According to The Stroke Association over 150,000 adults suffer a stroke each year in this country and many are incorrectly diagnosed. The majority of those affected by strokes are over 65 but it can happen to anyone. And the results are devastating, especially if a stroke is misdiagnosed or too late.

Strokes happen when the blood supply to the brain’s interrupted. Time is of the essence so the longer the gap between the event and treatment, the more damage the brain will suffer. Most stroke treatments only stop the worst effects of a stroke so are most effective if given within a few hours of it happening.

If there’s a delay in getting help, it can be deadly. A brain haemorrhage (arteries bursting or tearing in the brain causing localised bleeding), permanent brain damage and even death can occur or victims can suffer physical injuries if they fall or trip after having a stroke.

Other issues after incorrect or late diagnosis of strokes include cognitive problems – short or long term memory loss - and communication issues, where many victims lose all or some of their ability to talk. Suffers may also develop depression, emotional problems, fatigue and visual problems as a direct result of a stroke.

Many victims of strokes never fully regain their balance and remain incontinent for the rest of their lives. Early diagnosis means early treatment which in turn leads to a better chance of making as full a recovery as possible.

Misdiagnosis of a Stroke

According to The Stroke Association over 150,000 adults suffer a stroke each year in this country and many are incorrectly diagnosed

Diagnosing a Stroke

To diagnose a stroke, medical professions first perform a visual assessment of a patient’s symptoms. These include numbness on one side of the face or body, arm weakness, and speech problems. Most stroke victims can’t raise a smile or their arms and will slur when trying to talk.

Strokes are also often misdiagnosed as a number of other conditions, namely:

- Ear infections – strokes can cause dizziness, nausea and unsteadiness which can be mistaken for ear infections.
- Encephalitis – this condition is caused by an infection in the brain. It often causes swelling which can lead to very similar conditions to a stroke
- Epilepsy – because strokes are caused by sudden, unexpected interruptions to the flow of blood to the brain, seizures are a common occurrence which are like epileptic fits
- Lupus – again it’s the common symptoms that cause misdiagnosis here. Lupus sufferers often haver the speech and limb problems stroke patients have
- Mountain sickness – because mountain sickness happens when the brain’s starved of oxygen, it can cause slurred speech, headaches, nausea and dizziness
- Multiple sclerosis – smaller strokes can be confused with multiple sclerosis (MS) because the victim can have symptoms just like someone having an MS attack, such as loss of vision, trouble speaking and sudden sickness
- Todd’s paralysis - people with epilepsy often, though not exclusively, suffer from this neurological condition after a seizure. They become temporarily paralysed for between an

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• Hiccups – when a stroke first starts, victims often ‘twitch’ in a similar way to hiccups, particularly in new-born babies according to The Hospital for Sick Children in Canada. It’s due to blood clots in the placenta being passed to the infant which causes a stroke.

• Depression – occasionally stress can trigger seizures and fits in extreme cases. As strokes also do this, misdiagnosis occurs.

It’s worth noting here that if symptoms disappear after 24-hours, the patient may have had a transient ischaemic attack (TIA) which is a mini-stroke. Although serious, they’re not as harmful as a full-blown stroke but medical attention should still be sought as they may lead to a full-blown stroke in the future.

A simple way to diagnose a TIA is to remember the FAST (Face Arms Speech Time) rule:

**Face** – may drop on one side or the victim might not be able to smile

**Arms** – can’t be lifted above the head or kept there for any length of time

**Speech** – becomes slurred or garbled or disappears totally

**Time** – it’s time to call 999 immediately if the victim exhibits any of these symptoms

TIAs are difficult to diagnose because symptoms vary on a case to case basis. Victims show the same symptoms as normal strokes but they often happen at different times so medical professionals may not realise a stroke is taking place.

There’s no treatment as such but a hospital assessment is essential so that preventative measures can take place. These include statins, antiplatelets to thicken the blood, anticoagulants to help with clotting, blood pressure medicine and, in serious cases, surgery to remove blockages in arteries. Lifestyle changes are usually advised too.

Andrew Marr, the well-known TV broadcaster and journalist, suffered a number of TIAs in 2012 before going on to have a full-blown major stroke four months later. It was only when he had brain scans as part of his treatment that doctors could see the previous TIAs had taken place. Marr didn’t realise they’d happened but remembered he’d felt very tired a few times while filming and, on one occasion, wasn’t able to get his words out, something which was very unusual for him. The presenter had to spend four months in hospital to recover, as well as eight months off work and he’s been left with permanent disability. Another TV personality, Chris Tarrant, had a TIA on a flight which was at first put down to his asthma.

**Stroke Misdiagnosis in the Young**

Although we mentioned earlier that strokes predominantly affect the over 65s, they can affect the young and are often misdiagnosed as medical professionals seek alternative diagnoses.

The Guardian and the Stroke Association reported the case of Isaac Webber, a healthy 13-year-old boy, collapsed at his home during Sunday lunch and his parents called an ambulance to take him to hospital. He was very confused and couldn’t answer straightforward questions. His mouth was also drooping on one side – one of the tell-tale signs of a stroke.

Isaac’s mum was convinced her son had had a stroke as she’d seen people suffer from them before. The medical staff at the hospital weren’t convinced and some of the doctors even dismissed her claims as strokes in boys of Isaac’s age were very rare and they insisted that it must be something else.

A CT scan came back normal so doctors were stumped. The radiologist rejected a request for an MRI scan but the concern was so strong for Isaac’s condition that he was sedated and moved to a hospital in London.

A stroke was only revealed to be the cause of his condition after a stroke nurse noticed Isaac and called a stroke specialist to take a look. An MRI scan took place which revealed a hole in the teenager’s heart which contributed to his stroke. He’s since almost fully recovered but it has taken time and his family believes he would have got better quicker had he undergone an MRI scan and been diagnosed correctly earlier.

**What Next?**

If you are unhappy with your diagnosis or believe that your symptoms have been misdiagnosed, then you need to speak to your GP or doctor immediately. It is important to speak to them immediately to another opinion. Any delay may mean a delay to vital care and treatment.

If you’ve been misdiagnosed or suffered after a delayed diagnosis, then you may be eligible for compensation. Speak to our medical claims team about your right to compensation. [Request a free call back](https://www.compensation.co.uk) or call 0800 122 3130 anytime.