

ISHIB Health Facts

STROKE

Ethnic minority populations are at greater risk of, and have greater incidence of stroke than the general population. ACT QUICKLY if someone you know has experienced the symptoms of stroke. Read on.

WHAT IS STROKE?

A stroke occurs when the blood supply to part of the brain is altered. Brain cells in the immediate area begin to die because they are no longer receiving oxygen and the nutrients they need to function.

Two types of stroke occur: ischemic and hemorrhagic. An ischemic stroke occurs when the blood supply is suddenly interrupted by a blood clot that blocks or plugs a blood vessel or artery to the brain. Ischemic strokes account for about 80% of all strokes.

A hemorrhagic stroke occurs when a blood vessel in the brain bursts, spilling blood into the spaces surrounding the brain cells. Nearly 20% of strokes are hemorrhagic.

WHEN STROKE OCCURS

Stroke is the third leading cause of death in the United States. Every 53 seconds, someone in America has a stroke. About 600,000 Americans will have a stroke this year – and 160,000 of them will die.

BE ALERT TO SIGNS AND SYMPTOMS

The symptoms of stroke are easy to recognize. One or more of these symptoms may result from stroke:

- sudden numbness or weakness of face, arm or leg, especially on one side of the body;
- sudden confusion or trouble speaking or understanding;
- sudden trouble seeing in one or both eyes;
- sudden trouble walking, dizziness, or loss of balance or coordination
- sudden severe headache with no known cause.

WHAT TO DO IF STROKE OCCURS

Because a stroke affects the brain, a stroke victim will most likely be unable to assess his or her problems correctly. A stroke victim stands the best chance if a

knowledgeable, concerned person is available when the stroke occurs.

If you notice someone experiencing the symptoms above, ACT QUICKLY. Call 911 immediately. Stroke is a medical emergency. Immediate treatment may save someone's life and enhance his or her chance for successful rehabilitation and recovery.

Why is time so important for stroke victims? Ischemic strokes can be treated with a drug called t-PA, which dissolves artery-obstructing clots. Victims have a window of three hours within which to receive this medication; however, patients need to get to the hospital within 60 minutes to be evaluated and started on treatment as soon as possible.

TAKE THESE STEPS TO REDUCE RISK OF STROKE

- Monitor your blood pressure
- Track your cholesterol level
- Stop smoking
- Exercise regularly
- Find out if you should be taking a medication to reduce blood clotting



PREVENTING STROKE: KNOW THE RISK FACTORS

A risk factor is a condition or behavior that places an individual at greater risk of experiencing a disease or other medical disorder. Having one or more of the risk factors for stroke does not mean that an individual will have a stroke; it means an individual's risk of stroke increases with the number and severity of risk factors.

Treatable risk factors include:

- **High blood pressure** - increases your risk of stroke four to six times. *Treat it.* **ISHIB Health Facts on Hypertension Facts** offers ways to control high blood pressure.
- **Cigarette smoking.** *Quit smoking.* Ask your doctor for programs and medication that may help you quit smoking. Cigarette smoking has been linked to the buildup of fatty substances in the main neck (carotid) artery supplying blood to your brain. Blockage of this artery is the leading cause of stroke in Americans.
- **Heart disease** - especially atrial fibrillation can double your risk of stroke. *Treat it.* Common heart disorders such as coronary artery disease, valve defects, irregular heart beat, and enlargement of one of the heart's chambers can result in blood clots that may break loose and block vessels in or leading to the brain. Your doctor will treat your heart disease and may prescribe medication to help prevent the formation of clots.
- **History of stroke.** *Seek help.* If you have had a stroke in the past, it's important to reduce your risk of a secondary stroke. A second stroke can be twice as bad because your brain has been drawing on your body systems that are doing double duty. Be watchful for signs of a transient

ischemic attack (TIA), which will have similar symptoms of a stroke, except that the symptoms often disappear after one hour.

- **Diabetes.** *Control it.* A common misconception is that diabetes only affects the body's ability to use sugar, or glucose. But, it also causes destructive changes in the blood vessels throughout the body, including the brain. If blood glucose levels are high at the time of a stroke, then brain damage is usually more severe and extensive than when blood glucose is well-controlled. Treating diabetes can delay the onset of complications that increase the risk of stroke.

HOW STROKE AFFECTS MINORITY POPULATIONS

Minority ethnic populations are at greater risk of, and have greater incidence of stroke than the general population.

- Non-Hispanic Blacks, aged 35-54 years, are at four times the risk for dying from stroke than are their White counterparts. Non-Hispanic Blacks aged 55-64 years are at three times the risk for stroke mortality as are their White counterparts.
- American Indians/Alaska Natives (AIs/ANs) had almost twice the risk for stroke mortality than non-Hispanic Whites.



- Among Asian/Pacific Islanders (As/Pis), the relative risk for stroke is 1.3 times higher at ages 35-54 and 1.4 times higher at ages 55-64 than the general population.
- Among Hispanics, the relative risk for stroke is about 1.3 times higher at ages 35-64 and slightly lower at ages 65-74 than the general population.
- Excess death rates among minority populations may be the result of a greater prevalence of risk factors for stroke (for example, obesity, uncontrolled hypertension, physical inactivity, poor nutrition, diabetes, and smoking) or other factors (for example, lower socioeconomic status, predisposition for greater disease severity, and poor survival at younger ages).
- Excess death rates may also occur because of barriers such as difficulty in accessing adequate medical care or health insurance coverage; fear of, or lack of trust in, invasive medical treatment; lack of transportation; and, unfamiliarity of the early warning signs of stroke.
- Based on the ARIC study (sponsored by the National Heart, Lung, and Blood Institute – NHLBI), stroke incidence rates per 1,000 were: 1.78 for White men, 4.44 for Black men; 1.24 for White women, 3.10 for Black women. This study also found that Blacks had a 38 percent greater risk of first strokes than Whites.

WHAT STROKE COSTS OUR NATION EACH YEAR

Besides the sudden loss of life or quality of life, stroke takes it toll on our country as a major health burden. The National Stroke Association estimates stroke costs the United States about \$43 billion a year. Direct costs for medical care and therapy average \$28 billion a year. The average cost per patient for the first 90 days after a stroke is \$15,000, although 10 percent of these cases exceed \$35,000.

Other health facts sheets
available at www.ishib.org:

- diabetes
- hypertension
- substance use
- obesity

