



## **STROKE RISK FACTORS: WHAT PATIENTS AND FAMILIES SHOULD KNOW**

Evaluating the risk for stroke is based on heredity, natural process and lifestyle. Many risk factors for stroke can be changed or managed, while others that relate to hereditary or natural processes cannot be changed.

### **RISK FACTORS THAT YOU AND YOUR HEALTH CARE PROVIDER CAN CHANGE, TREAT OR CONTROL:**

**High blood pressure** – The most important controllable risk factor for stroke is controlling high blood pressure. In an adult, high blood pressure is defined as a systolic pressure of 140mm Hg or higher and /or a diastolic pressure of 90 mm Hg or higher for an extended time.

**Diabetes mellitus** – Diabetes is treatable, but having it increases the risk for stroke.

On ASA website, TIAs are under non-modifiable risk factors w/prior stroke/mi (can't change the past)

**Carotid and other artery disease** – The carotid arteries in the neck supply blood to the brain. When the carotid arteries are narrowed by atherosclerosis (plaque in artery walls), they may become blocked by a blood clot. People with peripheral artery disease (narrowed blood vessels in legs/arms) have a higher risk of carotid artery disease, which raises their risk of strokes.

**Atrial fibrillation** – This heart rhythm disorder raises the risk for stroke because the heart's upper chambers quiver instead of beating effectively. This lets the blood pool and clot.

If a clot breaks off, enters the blood stream and lodges in an artery leading to the brain, a stroke results.

**Other heart disease** – People with coronary heart disease or heart failure have a higher risk of stroke as those with hearts that work normally. Dilated cardiomyopathy (an enlarged heart), heart valve disease and some types of congenital heart defects may also increase the chance of stroke.

**Cigarette smoking** – Smoking is the number one preventable risk factor for stroke. The nicotine and carbon monoxide in tobacco smoke reduce the amount of oxygen in your blood. They also damage the walls of blood vessels, making clots more likely to form. Using some kinds of birth control pills combined with smoking cigarettes greatly increases stroke risk.

**Certain blood disorders** – A moderate increase in the number of red blood cells thickens the blood and makes clots more likely, thus increasing the risk of stroke. Sickle cell anemia increases risk of stroke because the “sickled” cells tend to stick to vessel walls, which can block arteries to the brain, causing a stroke.

**High blood cholesterol and lipids** – High blood cholesterol and lipids increase the risk for stroke. Diet: diets high in salt can increase blood pressure. Excess calories lead to obesity. Fruits and veggies can decrease risk of stroke. A poor diet has lots of saturated fats and/or trans fats.

**Physical inactivity and obesity** – Being inactive and/or obese can increase your risk of high blood pressure, high blood cholesterol, diabetes, heart disease and stroke.

**Excessive alcohol use** – More than two drinks per day in men, or more than 1 drink/day in women is considered excessive. This can raise blood pressure, and binge drinking can lead to stroke.

**Illegal drug abuse** – Intravenous drug abuse carries a high risk of stroke. Cocaine, amphetamine, and heroin use have been linked to strokes and heart attacks. Some have been fatal even in first-time users.

**IT IS VERY IMPORTANT THAT YOU FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN SOON AFTER YOUR DISCHARGE FROM THE HOSPITAL TO CONTINUE ADDRESSING YOUR CONTROLABLE RISK FACTORS FOR STROKE.**

### **RISK FACTORS FOR STROKE THAT CANNOT BE CHANGED:**

**Age** – Stroke happens to people of all ages, including children. But the older you are, the greater your risk for stroke.

**Sex (gender)** – Stroke is more common in men than women. However, more women than men die of strokes. Use of birth control pills and pregnancy pose special risks for women.

**Heredity (family history) and race** – The chance of stroke is greater for someone whose parent, grandparent, sister or brother has had a stroke. African Americans have a much higher risk of death and disability from a stroke than Caucasians do, in part because the African American population has a greater incidence of high blood pressure.

Prior stroke, TIA, or MI increases risk of another stroke. A TIA is a “warning stroke” that does not cause long-term damage but is a strong predictor of future stroke. Recognizing and treating TIAs can reduce the risk of a major stroke. It is very important to recognize the warning signs of a TIA or stroke. Call 9-1-1 to get medical help immediately if they occur! Do not take these lightly!

Virginians live in part of the “stroke belt”; strokes are more common in the Southeastern United States than in any other part of the country.