

6

An educational service of NetCE

Ask Your Patients...

"Are you aware of the warning signs of a stroke?"

If Your Patient Asks...

"Am I at risk for having a stroke?"

UNDERSTAND the problem

Approximately 13.8% of men and 14.9% of women have a stroke by 85 years of age, and stroke is the cause of death for more than 142,000 Americans per year. 1,2 Stroke is also the leading cause of long-term disability in adults. 1,3

Research has documented gaps between healthcare professionals' knowledge and practice with respect to prevention.⁴ While public knowledge of the warning signs and risks of stroke has improved, the majority of the general public is still unaware that early treatment can prevent severe disability and death.⁵ Yet, early identification and management of the risk factors for ischemic stroke can lead to substantial improvement in health and reductions in cost.⁶

WHAT warning signs to recognize

The International Stroke Trial found that only 4% of patients with acute stroke arrive at the emergency department (ED) within 3 hours after the onset of symptoms, and a separate study found that 21% to 25% of individuals with acute stroke arrive at an ED within the same timeframe. ^{10, 11} To improve the rate of early treatment, all patients should be counseled regarding methods of recognizing a stroke or cerebrovascular accident. Either the "five sudden warning signs" or FAST, a mnemonic device created by study investigators on the basis of the Cincinnati Prehospital Stroke Scale, may be used when providing information to patients. ^{12; 13} Early signs and symptoms that comprise the five sudden warning signs include sudden onset of: ¹³

- Numbness of the face, arm, or leg (especially on one side)
- Trouble seeing from one or both eyes
- Severe headache
- Dizziness, difficulties with walking, and loss of balance and coordination
- · Confusion and trouble speaking or understanding

WHO is at highest risk

Age

Prolonged damage of the aging cardiovascular system by various risk factors for stroke doubles the risk of ischemic stroke for each decade of life after 55 years of age. As many as 75% of strokes occur in individuals older than 65 years of age, and the average age at the time of ischemic stroke is 71 years in men and 75 years in women.

Gender

Studies suggest that, compared to men, women are evaluated less frequently following a stroke and any evaluation is more likely to be delayed. This pattern results from women's presentation with nontraditional symptoms or without traditional symptoms and inappropriate worry by both clinician and patient about treatment-related risks. From the evaluation of the example of the evaluation o

Ethnicity

The prevalence of stroke is highest for the American Indian/Alaskan Native population and lowest for Hispanics (of any race). The risk of death from stroke among black individuals is 1.5 times that among white individuals in the United States.

Lifestyle

Four lifestyle factors are significant contributors to stroke: smoking, diet and nutrition, physical inactivity, and obesity and body fat distribution. Modifiable risk factors are important as they highlight the substantial role the patient has in helping to manage risk. These factors are the cornerstones of stroke prevention.

FAST has been designed to focus on fewer common signs of stroke onset (face numbness, arm numbness, and slurred speech) and to include an action component (time) for lay persons who may have trouble recalling the warning signs and the appropriate action.⁸

HOW stroke can be prevented

To decrease the incidence of first-time stroke in the United States, primary prevention should focus on individuals at high risk with modifiable risk factors. The American Heart Association recommends addressing lifestyle risk factors, as discussed, and medically managing several risk factors, including hypertension, diabetes, atrial fibrillation, other cardiac conditions, dyslipidemia, and asymptomatic carotid stenosis.⁷

The findings of a large study have shown that depressive symptoms are also an independent risk factor for stroke, especially for patients younger than 65 years of age. ¹⁴ Clinicians may consider managing depressive symptoms and mood disorders as aggressively as hypertension or diabetes, because mood disorders appear to increase risk for all types of stroke. ¹⁵

WHERE to find resources

American Heart Association 1-800-AHA-USA-1 (242-8721)

https://www.heart.org

American Stroke Association

1-888-4STROKE (478-7653) http://www.strokeassociation.org

Brain Aneurysm Foundation

1-888-BRAIN02 (272-4602) https://www.bafound.org

Brain Attack Coalition

301-496-5751

https://www.brainattackcoalition.org

Centers for Disease Control and Prevention

https://www.cdc.gov/stroke

BrightFocus Foundation

https://www.brightfocus.org

National Stroke Association

1-800-STROKES (787-6537)

http://www.stroke.org

Hazel K. Goddess Fund for Stroke Research in Women

http://www.thegoddessfund.org

National Aphasia Association

https://www.aphasia.org

- 1 Benjamin EJ, Virani SS, Callaway CW, et al. Heart disease and stroke statistics—2018 update: a report from the American Heart Association. Circulation. 2018;137(12):e67-e492.
- 2 Heron M. Deaths: leading causes for 2016. Natl Vital Stat Rep. 2018;67(6):1-77.
- 3 National Institute of Neurological Disorders and Stroke. Stroke: What Research is Being Done? Available at https://www.ninds.nih.gov/Disorders/All-Disorders/Stroke-Information-Page. Last accessed December 20, 2018.
- 4 Castaldo J, Nester J, Wasser T, et al. Physician attitudes regarding cardiovascular risk reduction: the gaps between clinical importance, knowledge, and effectiveness. *Dis Manag.* 2005;8(2):93-105.
- 5 Müller-Nordhorn J, Nolte CH, Rossnagel K, et al. Knowledge about risk factors for stroke: a population-based survey with 28,090 participants. *Stroke*. 2006;37:946-950.
- 6 Holloway R, Benesch C, Rush SR. Stroke prevention: narrowing the evidence-practice gap. Neurology. 2000;54:1899-1906.
- 7 Meschia JF, Bushnell C, Boden-Albala B, et al. Guidelines for the primary prevention of stroke: a statement for healthcare professionals from the American Heart Association/American Stroke Association. Stroke. 2014;45(12):3754-832.
- 8 Mitka M. Studies explore stroke's gender gap. JAMA. 2006;295:1755-1756.
- 9 Smith MA, Lisabeth LD, Brown DL, Morgenstern LB. Gender comparisons of diagnostic evaluation for ischemic stroke patients. *Neurology*. 2005;65(6):855-858.
- 10 Rosamond WD, Gorton RA, Hinn AR, Hohenhaus SM, Morris DL. Rapid response to stroke symptoms: the Delay in Accessing Stroke Healthcare (DASH) study. Acad Emerg Med. 1998;5(1):45-51.
- 11 International Stroke Trial Collaborative Group. The International Stroke Trial (IST): a randomised trial of aspirin, subcutaneous heparin, both, or neither among 19,435 patients with acute ischaemic stroke. *Lancet*. 1997;349(9065):1569-1581.
- 12 Kothari, R, Pancioli A, Liu T, Brott T, Broderick J. Cincinnati Prehospital Stroke Scale: reproductivity and validity. Ann Emerg Med. 1999;33(4):373-378.
- 13 American Heart Association. Stroke Warning Signs Quiz. Available at http://www.strokeassociation.org/STROKEORG/WarningSigns/Warming-Signs_UCM_308528_SubHomePage.jsp. Last accessed December 20, 2018.
- 14 Salaycik KJ, Kelly-Hayes M, Beiser A, et al. Depressive symptoms and risk of stroke: the Framingham Study. Stroke. 2007;38:16-21.
- 15 Lamberg L. Advances seen in mood disorders research. JAMA. 2006;296:1220-1222.

Released: September 2008 Revised: January 2019 Copyright © 2008 NetCE

What Every Healthcare Professional Should Know is a service of NetCE, a nationally accredited provider of continuing education for physicians, nurses, dentists, psychologists, and allied healthcare professionals.

NetCE disclaims any liability, loss, or damage incurred as a consequence, direct or indirect, of the use or application of any contents.

