

2013 06.11 Health Matters Stroke Risks

This is Health Matters, with our second report on strokes. This week we're looking at risk factors.

The chance of having a stroke increases with age, but 1 out of 4 people who have stroke are under age 65, so it would be a mistake to think that stroke is primarily related to becoming elderly. Clearly the chance of stroke increases with age. Aging is not a factor we have control over. Gender, family history and race are also risk factors that not under our control. More men have strokes, but more women die from stroke each year, and you are at greater risk of stroke if a family member has had a stroke.

As for the race factor, all minority groups, including Native Americans, African-Americans and Hispanics, have a significantly higher risk of stroke and death from stroke than white people. The reasons for this are complex but poverty and lack of access to adequate medical care are without question primary. Unfortunately, stroke is a serious health issue in Indian Country. According to the national Office of Minority Health, American Indians and Alaska Native adults are 60% more likely to have a stroke than their white adult counterparts, and Native women have twice the rate of stroke that white women do.

The reasons for higher stroke risk among native populations include obesity, high blood pressure, hypertension (or high blood pressure), high cholesterol and nicotine addiction. In other words, the health issues afflicting Native people in contemporary America have the added downside of being contributors to stroke. These statistics have been compiled from various local and regional studies. A study done in Arizona by the Barrow Neurological Institute found that age at the time of a first stroke was significantly lower in Arizona Native Americans than in Hispanics and whites. We've chosen to highlight this particular finding because the fact that Native American are more vulnerable to stroke in middle age is a wake up call.

Right, and we're talking age 45 and up. Here's the bottom line; you can't change your family history, your race, your age, or your gender; but you do have the power to control all other risk factors because they are related to lifestyle. Plain and simple, you can take charge of your bad habits and you take better care of your body. And even if your genes, race, age or gender place you in higher risk statistics, you can still lower the risk of stroke by controlling unhealthy habits.

So these are the stroke risks that can be lowered by managing your lifestyle. Number one is high blood pressure. Of course you have to lower high blood pressure in collaboration with a doctor. This is usually done with medication and diet changes and exercise. Another manageable risk is atrial fibrillation; the technical term for an irregular heart beat. An irregular heart beat may be benign or it may be the result of a cardiac problem. In any case, it needs to be monitored by a doctor.

High cholesterol, diabetes and obesity are also manageable stroke risks. Not necessarily easy to manage, obviously, but these serious medical conditions are related to lifestyles that can be changed and improved. The same goes for poor circulation, something people are usually unaware of until it leads to a more serious problem.

Poor circulation is often related to lack of exercise, also a stroke risk factor that can be managed. Again, these are lifestyle issues. For people who have been sedentary for years, becoming active can be challenging and discouraging. Nevertheless, being sedentary is a habit that can be changed, and when it is, the overall gain in health and well-being is worth it.

Smoking is a stroke risk that can be managed. It's important to recognize that smoking is more than an ingrained bad habit, however, it's an addiction. The compulsion to smoke is a biochemical drive that has been created by changes in your body's cells. Changes that have come about primarily from the chemical additives tobacco companies put in cigarettes; to make sure you buy more of them. That sums up the main risks for strokes. Next week we'll report on preventive measures that reduce the risk of stroke.

Sources and Links

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2754380/>

<http://stroke.ahajournals.org/content/29/1/29.full>

<http://www.americanindianreport.com/wordpress/2011/06/native-americans-and-other-minorities-don%E2%80%99t-get-the-same-stroke-care-as-whites/>

<http://www.womenshealth.gov/minority-health/american-indians/stroke.cfm>

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=45>

www.strokeawareness.com

<http://www.webmd.com/stroke/tc/stroke-symptoms>

<http://www.medicinenet.com/stroke/article.htm>

My Stroke of Insight by Jill Bolte Taylor, 2006, The Penquin Group, New York, NY