Stroke Fact Sheet

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Defining Stroke
- Stroke occurs when blood flow to the brain is interrupted. Without oxygen-rich blood, brain cells die.
- 87% of strokes are classified as ischemic. An ischemic stroke occurs when a clot or a mass blocks a blood vessel, cutting off blood flow to a part of the brain.¹
- A hemorrhagic stroke occurs when a weakened blood vessel, or cerebral aneurism, ruptures, spilling blood into the brain. Like ischemic stroke, a major cause of hemorrhagic stroke is uncontrolled hypertension.
- A cryptogenic stroke is a stroke of unknown cause. About 1 in 3 ischemic strokes fall into this category.²
- A TIA (transient ischemic attack) is often called a “mini stroke” or “warning stroke”. The difference between a TIA and a stroke is that the blockage is transient, or temporary. Symptoms are exactly the same as stroke, but usually last less than five minutes. Even if symptoms go away, emergency help should be called immediately.

Stroke Incidence, Mortality and Disability
- Someone in the United States has a stroke every 40 seconds. Every four minutes, someone dies of stroke.³
- Stroke is the No. 5 cause of death in the United States, killing nearly 130,000 people a year (128,978). That’s 1 in every 20 deaths.¹
- Nearly 800,000 (approximately 795,000) people in the United States have a stroke every year, with about three in four being first-time strokes.¹
- Stroke deaths are higher in the southeastern U.S. in an area known as the “Stroke Belt”: North Carolina, South Carolina, Georgia, Tennessee, Mississippi, Alabama, Louisiana, and Arkansas.¹
• Stroke is more disabling than it is fatal.¹
• An estimated 6.6 million Americans 20 and older have had a stroke.¹
• Stroke is a leading cause of long-term disability and the leading preventable cause of disability. Stroke, or vascular dementia, is also a leading cause of memory loss.²
• Projections show that by 2030, stroke prevalence will increase by more than 20 percent over 2012.¹
• Total direct medical stroke-related costs are projected to triple by 2030, from $71.6 billion in 2012 to $184.1 billion.¹

**Stroke Warning Signs and Treatment**

• Stroke patients who receive tPA within 90 minutes of symptom onset are almost 3 x more likely to recover with little or no disability.³
• AHA/ASA updated guidelines for acute ischemic stroke to recommend the use of stent retrievers for eligible patients. While tPA is a drug to dissolve a clot, a stent retriever is a medical device used to pull it out. Guidelines recommend using them together in eligible patients at capable facilities.⁴
• Only 9 percent of Americans can identify each letter in the F.A.S.T. acronym for stroke.⁵
• Most people say they would call 9-1-1 for stroke,⁶ but fewer people are arriving at the ER by ambulance after suffering stroke symptoms.⁷
• Ethnic minorities and rural residents are less likely to call 9-1-1 at the onset of a stroke.⁸
• For stroke, someone other than the patient makes the decision to seek treatment in a majority of cases.
• Telestroke allows neurologists to deliver remote treatment to stroke patients through interactive videoconferencing.
• One study found telestroke increased use of tPA by two to six times.⁹
• Telestroke has proven effective in reducing racial and ethnic disparities in access to stroke care.¹⁰

**Stroke Prevention and Risk Factors**

• More than half (58%) of Americans don’t know if they are at risk for stroke.¹¹
• 80% of strokes can be prevented.¹²
• What’s good for your health is good for your brain. The American Heart Association recommends following “Life’s Simple 7” to achieve ideal health: don’t smoke, be physically active, eat a healthy diet, maintain a healthy body weight, and control cholesterol, blood pressure and blood sugar.
• About 15% of strokes are heralded by a transient ischemic attack (TIA), aptly known as a “warning stroke”. People who have a TIA are more likely to have a stroke within 90 days.¹
• High blood pressure is a leading risk factor for stroke
• Atrial fibrillation, which causes the heart to beat irregularly or rapidly, raises stroke risk up to 5 times. It’s often difficult to detect because it is sporadic and may not have symptoms.¹
• Stroke risk is 2 to 4 times higher among smokers than nonsmokers or those who have quit for more than 10 years.¹
• Exposure to secondhand smoke is a risk factor for stroke.¹
• Moderate to vigorous physical activity may reduce ischemic stroke risk by 35%.¹
**High Blood Pressure**

- About three in every four people (77%) who have a first stroke have blood pressure higher than 140/90 mm Hg.  
- One in three U.S. adults has high blood pressure.  
- Nearly 1 in 5 (17.2%) American adults with high blood pressure don’t know.  
- Nearly half of people with high blood pressure (46%) do not have it under control.  
- At age 50, total life expectancy is 5 years longer for someone without high blood pressure, compared to someone with it.  
- A 10-mm Hg drop in systolic blood pressure (the top number in your reading), or a 5mmHg drop in diastolic pressure (bottom number) can cut your risk of stroke death in half. 

**Stroke in Women**

- More women than men have strokes each year, in part because women live longer.  
- Each year, about 425,000 U.S. women have a stroke.  
- There are about 3.8 million women stroke survivors in the U.S.  
- More women die from stroke than from breast cancer.  
- A woman’s risk for stroke is affected by hormonal status, pregnancy, childbirth and other gender specific risk factors.  
- Preeclampsia doubles the risk of stroke later in life.  
- Risk factors such as high blood pressure, migraine with aura, atrial fibrillation, diabetes, depression and emotional stress are stroke risk factors that tend to be stronger or more common in women than in men.  
- Stroke during pregnancy affects 34 pregnant women out of 100,000, compared to 21 women out of 100,000 who are not pregnant.  

**Stroke in Multiculturals**

- African-Americans are more impacted by stroke than any other racial group within the American population.  
- African Americans have nearly twice the risk for a first-ever stroke than white people, and a much higher death rate from stroke.  
- African-Americans are more likely to suffer a stroke at a younger age. Among people ages 45 to 64, African Americans are two to three times more likely to have a stroke compared to Caucasians.  
- African-American stroke survivors are more likely to become disabled and have difficulty with activities of daily living than their white counterparts.  
- Stroke prevalence is projected to increase the most among Hispanic men between now and 2030.  
- Lack of English proficiency is strongly associated with lack of stroke knowledge among Hispanics.  
- Hispanics are less likely than whites or blacks to know stroke warning signs.  
- Diabetes increases stroke risk at all ages. African-Americans, Hispanics/Latinos and other ethnic minorities bear a disproportionate burden of diabetes in the U.S.
Stroke in Children

- Estimates of the overall annual incidence of stroke in US children are 6.4 per 100,000 children (0 to 15 years), with approximately half being hemorrhagic strokes. \(^1\)
- Compared with white children, black children in the U.S. have more than 2 times the risk of stroke. \(^1\)
- Maternal health and pregnancies are normal in most perinatal stroke cases. \(^1\)
- Children with congenital heart disease have 19x the risk of stroke. \(^1\)

Stroke Policy Work

- The Furthering Access to Stroke Telemedicine (FAST) Act is a bill currently in Congress that would require Medicare to pay for telestroke consultations regardless of where the patient lives.
- President George H. W. Bush first declared May National Stroke Awareness Month, also known as American Stroke Month, in 1989.
- The AHA/ASA will continue to urge Congress to repeal Medicare’s harmful caps on outpatient rehabilitative therapy for all Medicare beneficiaries, including stroke survivors.
- Among other things, the AHA/ASA is also working to address inappropriate limits imposed on therapy services by private insurers, to support the Credit for Caring Act to provide a tax credit to family caregivers who are caring for stroke survivors or others with disabilities, and for policies to prevent stroke and its risk factors.
- Numerous state legislative and regulatory policy advancements have been achieved around the recognition by state health departments of all three tiers of stroke facilities and require EMS authorities in the states to develop and implement transport protocol plans for acute stroke patients. As of March 2016, **12 states and the District of Columbia** have enacted these important policies.
- As of March 2016, **12 states and the District of Columbia** have enacted policies across the country for the requirement of statewide stroke registries that collect nationally approved consensus measures and metrics.

Research

- The American Heart Association/American Stroke Association funds more research into cardiovascular diseases and stroke than any organization except for the federal government.
- In 2014-2015, AHA/ASA committed to funding 926 new research projects worth more than $149 million. However, we did not have the resources to fund an additional 1,121 worthy projects worth $189.6 million. This means that many scientific projects must be shelved, deferring the knowledge that would result from their completion.
- For fiscal year 2016, Congress gave the National Institutes of Health (NIH) an additional $2 billion in funding. Despite this increase, NIH invests only 1 percent of its budget on stroke research.

About the American Stroke Association

- The American Stroke Association is devoted to saving people from stroke — the No. 2 cause of death in the world and a leading cause of serious disability. We team with millions of volunteers to fund innovative research, fight for stronger public health policies, and provide lifesaving tools and information to prevent and treat stroke. The Dallas-based association was created in 1997 as a division of the American Heart Association. To learn more or to get involved, call 1-888-4STROKE or visit StrokeAssociation.org. Follow us on Facebook and Twitter.
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