

REDUCING THE RISK OF STROKE

Who is more likely to have a stroke?

The chance of a stroke increases with age and the majority of strokes happen to people over 65, but anyone can have a stroke.

There are, however, a number of major factors which increase the risk: high blood pressure, smoking, physical inactivity, diabetes and a past history of transient ischaemic attack (TIA or 'mini-stroke') or of cardiovascular disease such as a heart attack. High blood cholesterol is a greater risk factor for heart disease than for stroke but as there is a medical link between heart disease and stroke it should be considered.

Diabetes and raised blood pressure add to the risk of stroke. People from South Asia have a tendency to some forms of diabetes and raised blood pressure is more common in Afro-Caribbean people.

Contrary to popular belief stroke is not hereditary, but the fact that it recurs in families is being investigated. Stress is also often regarded as the cause for stroke, but there is no scientific evidence to link the two.

High blood pressure

If everyone understood the link between high blood pressure and stroke, arranged to have regular blood pressure checks as a preventive measure, and followed medical advice and treatment, then as a nation we could reduce

death by stroke by 40%. This is the target to be achieved by the year 2000, set by the Government in its *health of the Nation* policy document.

Although GPs, practice nurses and company occupational health departments are all carrying out regular blood pressure checks, people do not understand that high blood pressure is a greater risk factor for stroke than for heart disease.

If you are found to have high blood pressure, even if you feel well, it must be reduced and controlled. For some people changes in lifestyle are quite sufficient. We could all benefit from the following common sense approach to life:

- **try to keep your weight steady** and if you know that you are obese (really overweight), seek advice and help with your diet. Exercise is very important and few of us take enough of it.
- **control the amount of alcohol you drink** - 14 units for women and 21 units for men - that is two small drinks a day for women and three small drinks for men. An excessive amount of alcohol at any one time can produce extremely high blood pressure and can have devastating consequences resulting in a brain haemorrhage.
- **learn to live without extra salt added to your food.**

- If your blood pressure is (or remains) very high it can usually be controlled by taking medication prescribed by a doctor. It may be necessary to take drugs for long periods or indeed for the rest of your life. There are a number of drugs on the market and the newer ones have fewer side-effects. If a drug does not agree with you, discuss it with your doctor and ask to change

Smoking

Smoking is responsible for many diseases and stroke is no exception. Giving up smoking is worthwhile, whatever your age, Smoking is becoming less fashionable among older people but unfortunately it is increasing among the young.

Lack of exercise

There is now strong evidence which shows that lack of exercise doubles the risk of a stroke. Physical inactivity has for a long time been linked to high blood pressure. So whichever way you look at it exercise is good for you.

Most people incorrectly believe that they exercise enough but few achieve the minimum: 20 minutes three times a week. Although swimming is of benefit, brisk walking - which is weight bearing - is much better. To be effective the exercise should be sufficiently vigorous to make you become out of breath or perspire heavily. If you have not done any exercise for a while you will need to start gently and build up your stamina over a period of time.

Diabetes

If there is diabetes in your family it is important that your doctor is aware of it and that your blood sugar levels are checked from time to time. People with diabetes, or a tendency to a high blood sugar have twice the risk of stroke.

Heart disease of TIA (mini-stroke)

People who have had a heart attack or a small stroke, known as a transient ischaemic attack (TIA or mini-stroke), are at a greatly increased risk of having a stroke. They need to be aware not only of the risk factors but of the necessity to take action, for example, to have regular blood pressure checks and to make changes in their lifestyles. A small regular daily dose (say 150-300 mg) of aspirin has been shown in many studies to reduce the chances of a stroke by about 30%. It is important to take medical advice before embarking on this treatment, particularly if you have an active peptic ulcer or suffer from allergies of bleeding. People with an irregular heartbeat may be given warfarin, a drug which reduces the blood's tendency to clot.

Risk factors multiply

Risk factors do not simply add up, they multiply. This means that a smoker (2 fold risk) with high blood pressure (4 fold), who is inactive (2 fold) and has had a previous heart attack (3 fold) is at an extremely high risk of a stroke $2 \times 4 \times 2 \times 3 = 48$ fold risk compared with a person of the same age without these risk factors!

Stroke in younger people - the causes

In the main, risk factors are the same for older and younger people though the reason for the stroke can be different. Stroke in younger people may be due to certain rare medical conditions or to defects in blood vessels which have been present from birth. Reducing the chances of a second stroke can depend on detecting and treating the condition which caused the stroke in the first place.

Contraceptives

There is a false belief that a stroke can be caused by sexual intercourse. However, oral contraceptives do increase the risk of a stroke. The newer low-dose preparations are safer than the older ones. They should not be taken by women who have high blood pressure or who smoke. Particularly when they reach their late 30s or early 40s. Hormone replacement therapy, by contrast, is thought to reduce the chance of having a stroke.

The future

Research continues but the main task is to apply what we currently know about risk factors so that more strokes can be prevented. The risk of stroke has declined over the last few decades due in part to better general health, better nutrition, lower blood pressure and a reduction in smoking. However we still have a long way to go if we are to bring stroke out of the shadows and to reduce its incidence and effects - stroke is currently the country's third biggest killer and largest cause of severe disability.

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