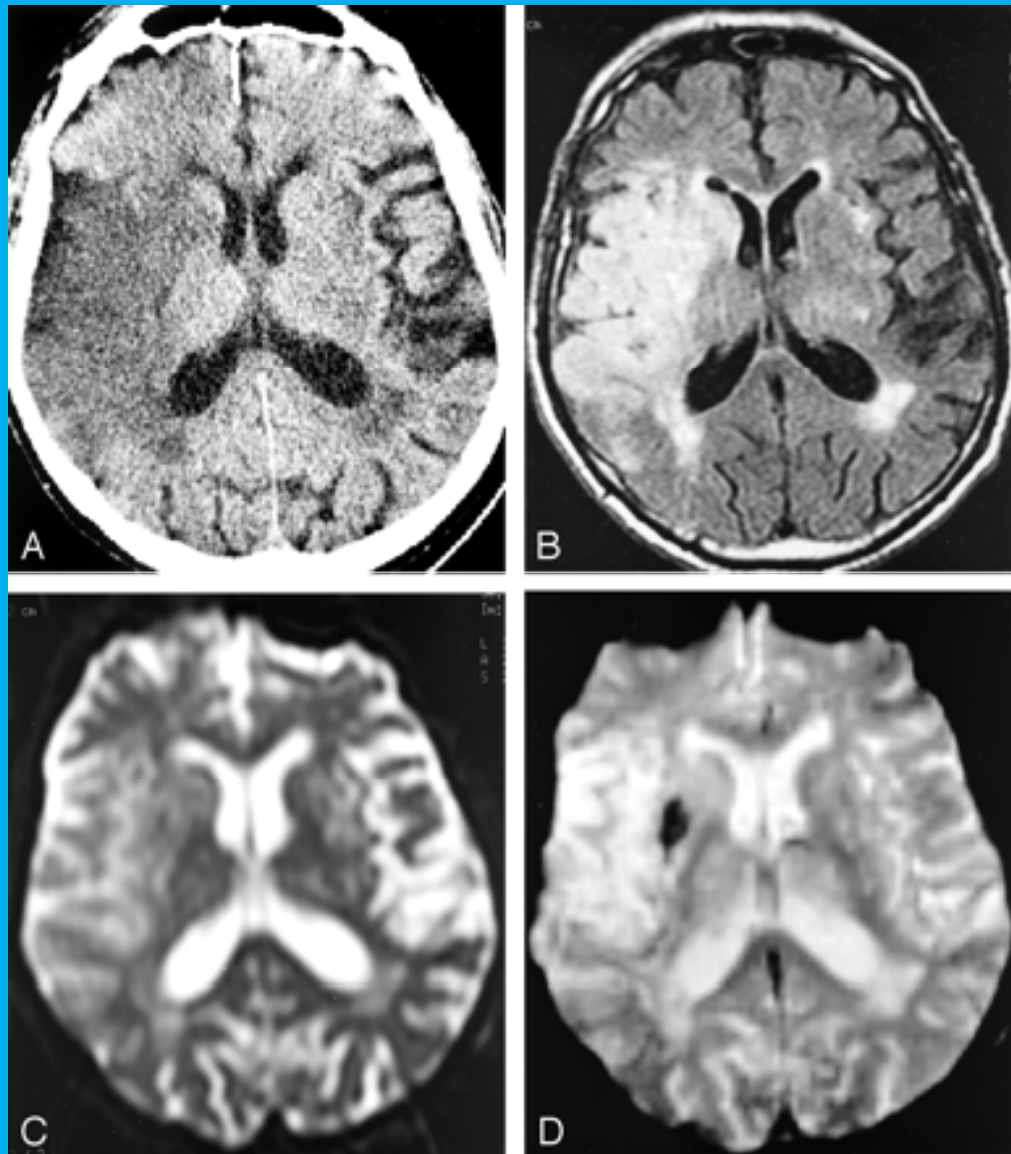


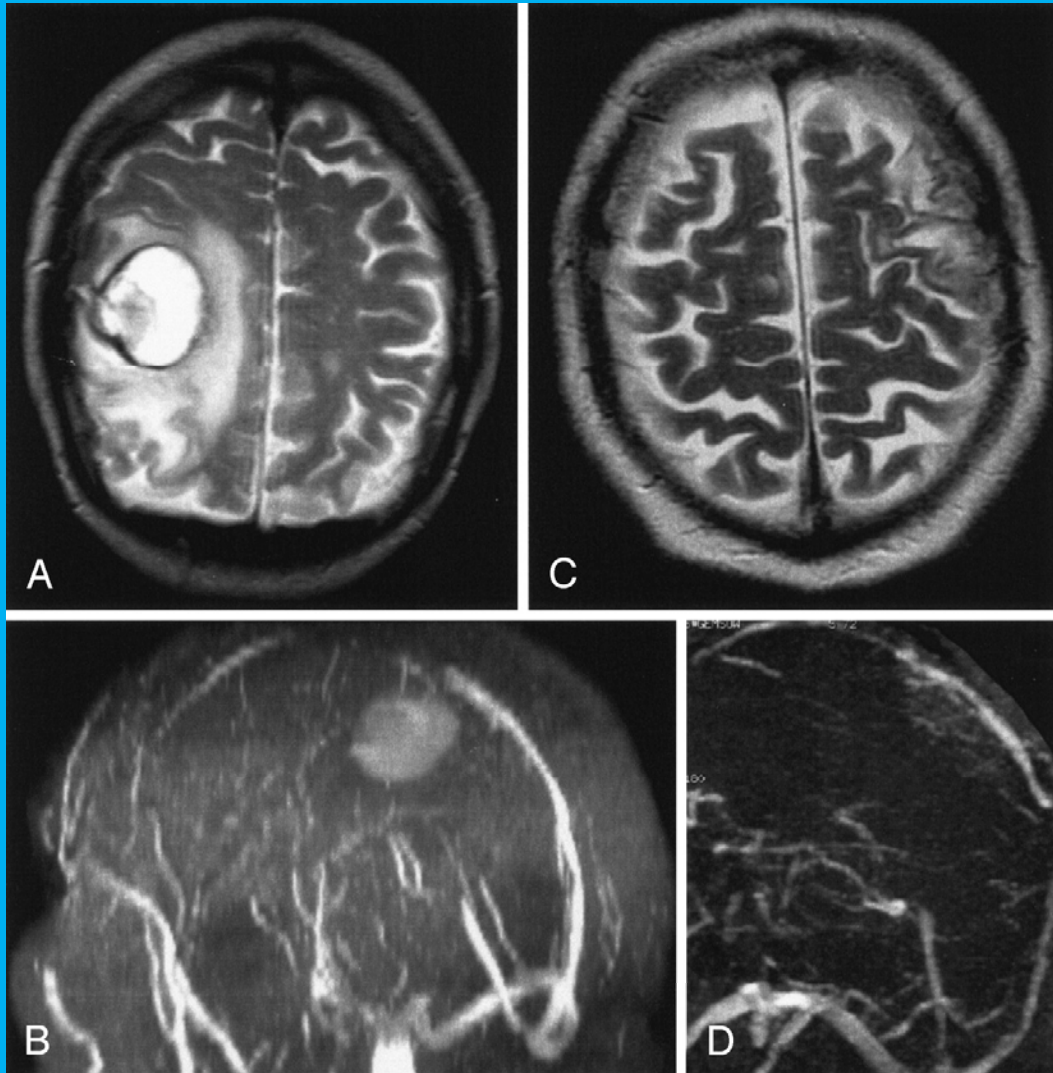
Incidence and Cause of Stroke: A National Epidemic

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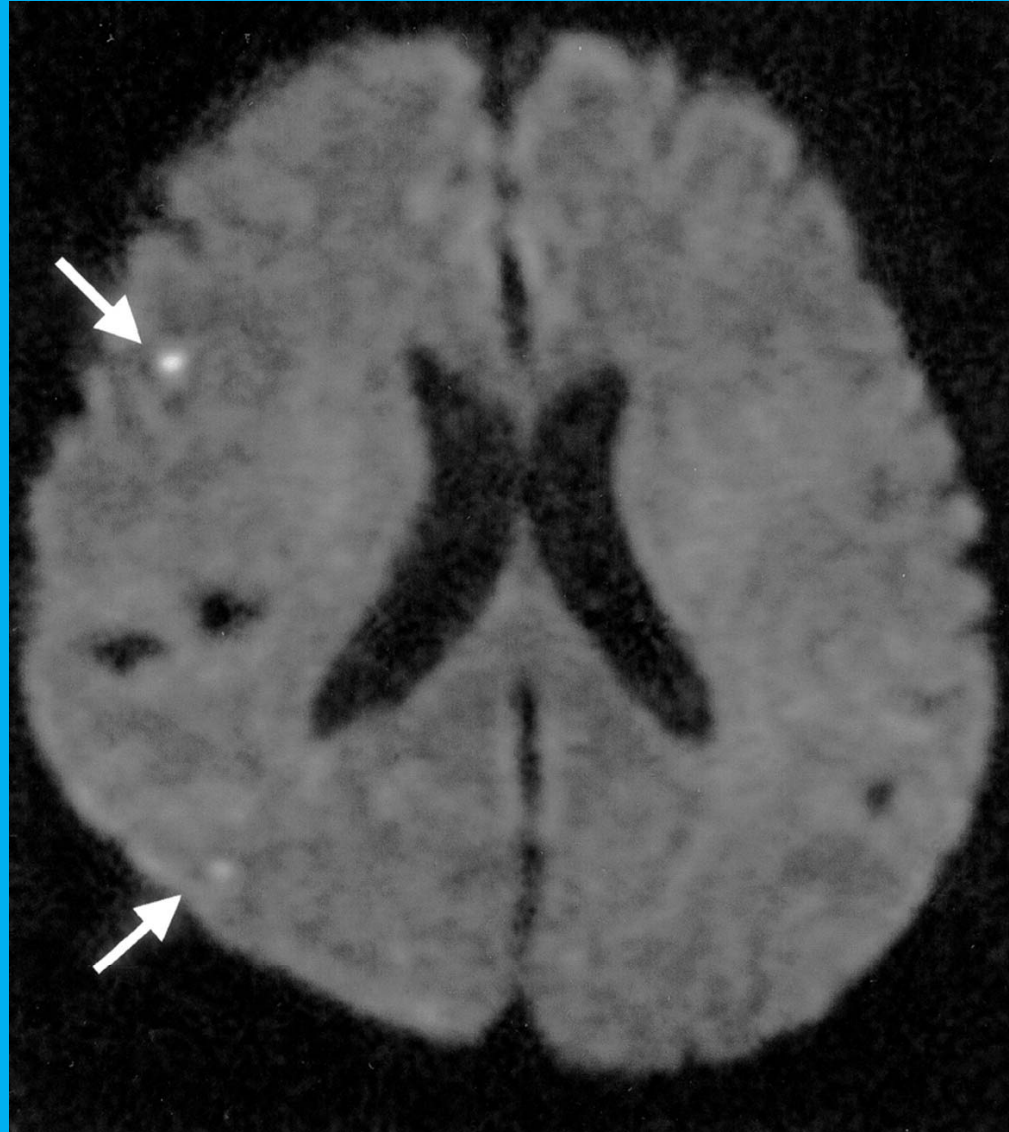
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Hemorrhagic Stroke



Cerebral Thrombosis



Cerebral Embolism



Subarachnoid Hemorrhage

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Cerebral Hemorrhage

Ischemic Stroke

An ischemic stroke, the most common stroke, happens when an artery bringing blood to your brain is completely blocked. Brain tissues die and parts of one side of your body become weak or numb for days or weeks or even permanently.

Causes of Ischemic Strokes

Most are caused by atherosclerosis, the buildup of fatty deposits inside artery walls. Blood clots can form along walls damaged or narrowed by these deposits. Clots also can flow from other areas and get stuck in a narrowed artery. Pieces of plaque can break free and travel to the brain.

Treatment. Treatment usually begins in the emergency room so doctors can diagnose the type of stroke you are having. You may be given drugs to dissolve a possible clot. If your brain swells (edema) from blood leaking from damaged vessels, you may receive medications to reduce this swelling. Once a patient becomes stable, doctors may prescribe medications to improve blood flow to the brain over the long-term.

- Aspirin

- Other medications

- Anticoagulants (blood thinners)

Hemorrhagic Stroke

Hemorrhagic Stroke is a stroke that results from an artery rupturing in the brain, causing tissues in that area to die. While less common than ischemic strokes, this stroke usually is more severe.

Types of Hemorrhagic Strokes

- Aneurysms. A weakened part of a blood vessel ruptures.
- Subarachnoid hemorrhage. Blood leaks between the brain and the skull wall.
- Intracerebral hemorrhage. Bleeding occurs deep within the brain

Hemorrhagic Stroke Symptoms

- A sudden, extremely severe headache is main symptom
- Weakness
- Dizziness
- Confusion
- Extreme sensitivity to light
- Stiff neck
- Paralysis or unconsciousness in severe cases

Diagnosis—Symptoms, CT scans and a lumbar puncture to determine if it is a hemorrhagic stroke.

Treatment—Limiting brain damage is the primary treatment goal for hemorrhagic stroke. Monitoring blood pressure and draining blood from the brain to reduce swelling and prevent damage are two priorities. A subarachnoid hemorrhage requires immediate surgery to repair the ruptured vessel.

Results—The effects of a stroke vary among individuals, depending on the area of the brain affected and severity of the stroke. Common effects include the following:

- Vision difficulties
- Speech difficulties
- Paralysis in parts of the body
- Loss of consciousness

Recovery—Most people can resume many of their usual activities once they go home from the hospital. About 20 percent of people who have strokes continue to need help with some tasks; another 15 percent become dependent on others. Stroke patients can benefit from

- Physical therapy. Keep joints of paralyzed limbs flexible.
- Occupational therapy. Teaches ways to adapt to new tasks.
- Speech therapy. Helps with speaking and understanding of language, including learning new ways to communicate. Support groups. Can help with recovery, learning new behaviors, and countering depression.

Stroke Statistics

U.S. Statistics

Stroke is the third leading cause of death in the United States. Over 143,579 people die each year from stroke in the United States.

Stroke is the leading cause of serious, long-term disability in the United States. Each year, about 795,000 people suffer a stroke. About 600,000 of these are first attacks, and 185,000 are recurrent attacks. Nearly three-quarters of all strokes occur in people over the age of 65. The risk of having a stroke more than doubles each decade after the age of 55. Strokes can—and do—occur at ANY age. Nearly one quarter of strokes occur in people under the age of 65. Stroke death rates are higher for African Americans than for whites, even at younger ages. Among adults age 20 and older, the prevalence of stroke in 2005 was 6,500,000 (about 2,600,000 males and 3,900,000 females). On average, every 40 seconds someone in the United States has a stroke. Each year, about 55,000 more women than men have a stroke. Men's stroke incidence rates are greater than women's at younger ages but not at older ages. The male/female incidence ratio is 1.25 at ages 55–64; 1.50 for ages 65–74; 1.07 at 75–84 and 0.76 at 85 and older. Of all strokes, 87 percent are ischemic, 10 percent are intracerebral hemorrhage, and 3 percent are subarachnoid hemorrhage. Stroke accounted for about one of every 17 deaths in the United States in 2005. Stroke mortality for 2005 was 143,579 (56,586 males, 86,993 females). From 1995–2005, the stroke death rate fell 29.7 percent and the actual number of stroke deaths declined 13.5 percent. The risk of ischemic stroke in current smokers is about double that of nonsmokers after adjustment for other risk factors. Atrial fibrillation (AF) is an independent risk factor for stroke, increasing risk about five-fold. High blood pressure is the most important risk factor for stroke. Sources: [U.S. Centers for Disease Control and Prevention](#) and the [Heart Disease and Stroke Statistics - 2010 Update](#), published by the [American Heart Association](#).