

Smokers with stroke in the family 6 times more likely to have stroke too

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A new study shows that people who are smokers and have a family history of brain aneurysm appear to be significantly more likely to suffer a stroke from a brain aneurysm themselves. The research is published in the December 31, 2008, online issue of *Neurology*, the medical journal of the American Academy of Neurology and will appear in the January 6, 2009, print issue of *Neurology*.

The type of stroke, called subarachnoid hemorrhage, is one of the bleeding types of stroke and is deadly in about 35 to 40 percent of people.

In the study, scientists looked at 339 people who suffered a stroke from a brain aneurysm and 1,016 people who had not had a stroke due to an aneurysm. Current smokers made up half of the group that had a stroke. The other half had never smoked or had smoked in the past.

The research found people who smoked and had a family history of stroke were more than six times more likely to suffer a stroke than those who did not smoke and did not have a family history of stroke or brain aneurysm. The study also found that people with a family history of stroke could cut their risk by more than half by quitting smoking. The results were the same regardless of high blood pressure, diabetes, alcohol use, body mass index and education level.

"While all people should be advised to quit smoking, our findings suggest that there is an interaction so that if you smoke and you have a

family history of aneurysms, you are at an extremely high risk of suffering a stroke from a ruptured brain aneurysm," says study author Daniel Woo, MD, with the University of Cincinnati in Ohio and member of the American Academy of Neurology.

To learn the five signs of stroke, visit www.giveme5forstroke.org. Give Me Five for Stroke is a joint campaign of the American Academy of Neurology, the American College of Emergency Physicians and the American Heart Association/American Stroke Association to encourage people to recognize stroke symptoms, call 9-1-1, and get to the emergency department.

Source: American Academy of Neurology

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