

Psychosocial distress associated with increased stroke risk

December 13 2012

People over age 65 with high psychosocial distress face increased risk of stroke, according to new research in the American Heart Association journal *Stroke*.

Psychosocial distress is a broad concept that includes depression, stress, a [negative outlook](#) and dissatisfaction with life.

In their 10-year study, researchers followed 4,120 people in the Chicago Health and Aging Project for rates of death and stroke incidents. Due to some participants being involved in an HMO only 2,649 participants were analyzed for rates of incident stroke. Participants were 65 years and older (average age 77, 62 percent women, 61 percent African American). Researchers identified 151 deaths from stroke and 452 events that led to first-time hospitalization for stroke.

Those with the most psychosocial distress had three times the risk of death from stroke and a 54 percent increased risk of first hospitalization from stroke compared to those least distressed.

The impact of psychosocial distress on stroke risk did not differ by race or by sex, researchers said.

"People should be aware that stress and [negative emotions](#) often increase with age," said Susan Everson-Rose, Ph.D., M.P.H., study senior author and associate professor of medicine and associate director of the Program in Health Disparities Research at the University of Minnesota

in Minneapolis. "Family members and caregivers need to recognize these emotions have a profound effect on health."

In a separate analysis, researchers found a striking association between psychosocial distress and risk of hemorrhagic stroke (bleeding), but not [ischemic stroke](#) (caused by blood clot).

"There was about 70 percent excess risk for each unit increase in distress that wasn't explained by known [stroke risk factors](#)," Everson-Rose said. "So there must be other biologic pathways at play linking distress to [hemorrhagic stroke](#) in particular."

The researchers measured psychosocial distress by four indicators: perceived stress, life dissatisfaction, neuroticism and depressive symptoms. They used standardized rating scales to determine the score of each indicator, such as the 6-item Perceived Stress Scale. For each indicator, higher scores represent a higher level of psychosocial distress. A distress factor score was based on averaging the values of the psychosocial measures. For the study, researchers conducted in-depth interviews in homes in three stable neighborhoods on the south side of Chicago representing African-Americans and Caucasians from the same socio-economic spectrum. The interviews covered medical history, cognitive function, socioeconomic status, behavioral patterns, traditional risk factors for stroke and psychosocial characteristics.

Stroke deaths were verified by the National Death Index and stroke hospitalizations were based on Medicare claims from the Center for Medicare and Medicaid Services.

"It's important to pay attention when older people complain of distress and recognize that these symptoms have physical effects on health outcome and clearly affect stroke risk," Everson-Rose said.

Provided by American Heart Association

Citation: Psychosocial distress associated with increased stroke risk (2012, December 13)
retrieved 4 May 2024 from <https://medicalxpress.com/news/2012-12-psychosocial-distress.html>

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