Stroke deaths in the United States have declined dramatically in recent decades due to improved treatment and prevention, according to a scientific statement published in the American Heart Association journal Stroke.

The American Stroke Association commissioned this paper to discuss the reasons that stroke dropped from the third to fourth leading cause of death.

"The decline in stroke deaths is one of the greatest public health achievements of the 20th and 21st centuries," said Daniel T. Lackland, Dr. P.H., chair of the statement writing committee and professor of epidemiology at the Medical University of South Carolina, in Charleston, S.C. "The decline is real, not a statistical fluke or the result of more people dying of lung disease, the third leading cause of death."

Public health efforts including lowering blood pressure and hypertension control that started in the 1970s have contributed greatly to the change, Lackland said.

Smoking cessation programs, improved control of diabetes and abnormal cholesterol levels, and better, faster treatment have also prevented strokes. Improvement in acute stroke care and treatment is associated with lower death rates.

"We can't attribute these positive changes to any one or two specific
actions or factors as many different prevention and treatment strategies had a positive impact," Lackland said. "Policymakers now have evidence that the money spent on stroke research and programs aimed at stroke prevention and treatment have been spent wisely and lives have been saved.

"For the public, the effort you put into lowering your blood pressure, stopping smoking, controlling your cholesterol and diabetes, exercising and eating less salt has paid off with a lower risk of stroke." Stroke deaths dropped in men and women of all racial/ethnic groups and ages, he said.

"Although all groups showed improvement, there are still great racial and geographic disparities with stroke risks as well many people having strokes at young ages," Lackland said. "We need to keep doing what works and to better target these programs to groups at higher risk."

Provided by American Heart Association


This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.