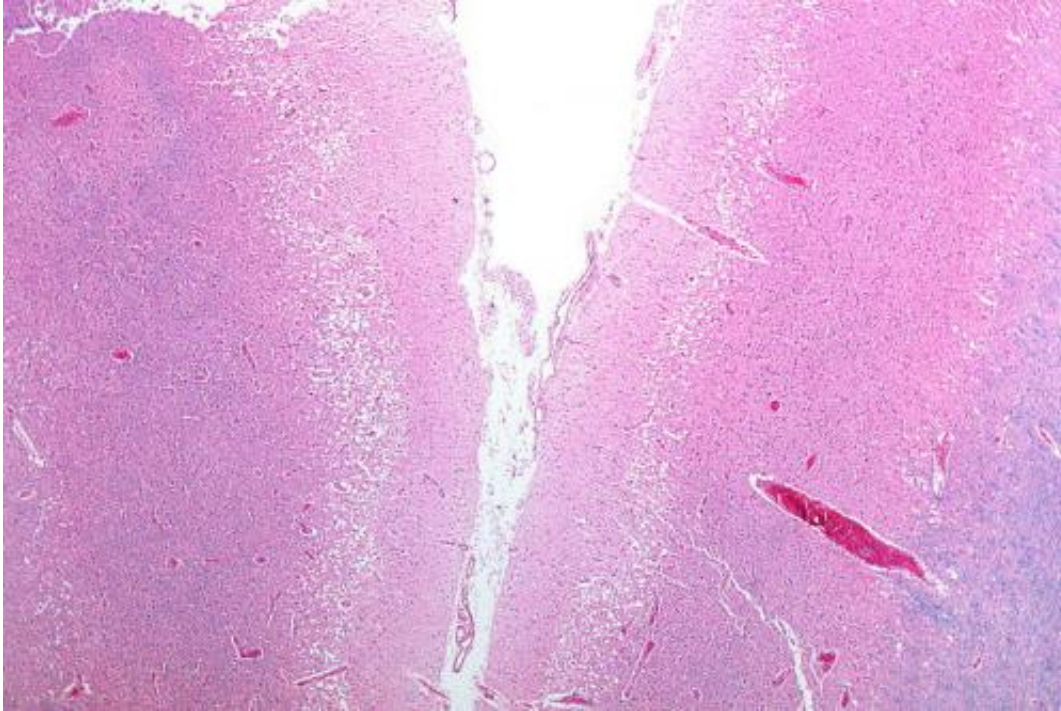


# Marital history linked to stroke survival

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Micrograph showing cortical pseudolaminar necrosis, a finding seen in strokes on medical imaging and at autopsy. H&E-LFB stain. Credit: Nephron/Wikipedia

People who were in a stable marriage, and had never been divorced or widowed, had the best prospects of survival after having a stroke, according to new research in *Journal of the American Heart Association*, the Open Access Journal of the American Heart Association/American Stroke Association.

"Our research is the first to show that current and past marital

experiences can have significant consequences for one's prognosis after a stroke," said Matthew E. Dupre, Ph.D., lead author and associate professor in the Department of Community and Family Medicine and the Clinical Research Institute at Duke University in Durham, North Carolina. "We hope that a greater recognition and understanding of these associations may enable healthcare providers to better identify and treat patients who may be at a potentially high risk of dying after suffering a stroke."

Stroke, one of the leading causes of disability and death in the United States, affects nearly 800,000 [adults](#) each year. The risk factors associated with stroke—high blood pressure, smoking and diabetes—are well established, as are the factors related to recovering from stroke and improving survival, such as access to quality healthcare, reducing risk factors, and adhering to treatment plans. While studies have shown that social support, such as marriage, can have a significant impact on treatment of cardiovascular disease, the influence of marital status on stroke survival in adults remains poorly understood.

To determine whether one's marital history plays a role in survival after suffering a stroke, Dupre and Renato D. Lopes, M.D., Ph.D., professor of medicine at Duke University Medical Center, used data from a nationally representative sample of older U.S. adults. The sample was collected as part of the Health and Retirement Study (HRS), an ongoing, prospective, study of older U.S. adults sponsored by the National Institute on Aging and the Institute for Social Research at the University of Michigan. The HRS includes marital histories from more than 50 years of prospective and retrospective interview data.

For this study, the researchers selected respondents who reported a stroke from 1992 to 2010. The final sample included 2,351 adults aged 41 and older who were observed an average of 5.3 years over the 18-year study period. The researchers found:

The risks of dying after a stroke were 71 percent greater for adults who never married than for adults who were continuously married.

For patients who were divorced or widowed, the risks of dying after a stroke were 23 percent and 25 percent greater, respectively, than continuously married adults.

In patients who were divorced or widowed more than once, the risks of dying after a stroke were 39 percent and 40 percent greater, respectively, than for continuously married adults.

There was no evidence that the findings significantly differed between men and women or by race or ethnicity.

Analysis of the data suggests that some of these risks are affected by differences in psychological and social factors, such as lack of children, limited social support and depressive symptoms that may have impeded recovery after a stroke. Multiple marital losses in one's lifetime were especially detrimental to recovery, regardless of one's current marital status. Unexpectedly, the researchers found that remarriage did not reduce the risks from past divorce or widowhood. A limitation of the study is that it only included adults who survived to hospital discharge and did not include those who died shortly after having a stroke.

The results of this study have possible implications for public health awareness and practice, Dupre said. "More research is needed to know the full clinical implications of our findings. Greater knowledge about the risks associated with marital life and marital loss may be useful for personalizing care and improving outcomes for those who are recovering from a [stroke](#)."

Provided by American Heart Association

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