

# Blacks, Hispanics of Caribbean descent have higher stroke risk than white neighbors

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Both Blacks and Hispanics of Caribbean descent living in Northern Manhattan have a significantly higher risk of stroke than their non-Hispanic, white neighbors, according to preliminary research to be presented at the American Stroke Association's International Stroke Conference 2020—Feb. 19-21 in Los Angeles, a world premier meeting for researchers and clinicians dedicated to the science of stroke and brain health.

While previous research documented an increased stroke risk among blacks and Mexican Americans, studies in Northern Manhattan have been the first to document the heightened risk for Hispanics of Caribbean descent.

Researchers from the University of Miami and Columbia University analyzed stroke risk in almost 3,300 people (average age 69; 37% men; 24% black; 21% white; 52% Hispanic) participating in the Northern Manhattan Study (NOMAS), an ongoing, community-based study that started in 1993 focused on stroke rates and risk factors.

Over an average follow-up time of more than 13 years, 460 participants had strokes, the majority of which were ischemic strokes (caused by a clot in an artery feeding the brain). Researchers also found:

- Overall, men had a 48% increased rate of stroke, even after adjusting for [socioeconomic status](#) and stroke risk factors;
- Compared with non-Hispanic whites, blacks had a 50% increased

risk of stroke, even after adjusting for sociodemographics, including education and insurance;

- The disparity in stroke risk between blacks and whites was highest in women and persisted into old age (70 and older);
- Compared with non-Hispanic whites, Hispanics had a 50% increased risk of stroke, and the disparity was substantially reduced, except for among women 70 and older, after adjusting for socioeconomic status; and
- By age 85, the highest stroke incidence rate was in Hispanics.

"Previous research has suggested that racial and ethnic disparities in stroke risk are greater at younger ages and dissipate as people get older, so we were surprised to find that the differences remained strong in women over 70 years old," said Hannah Gardener, Sc.D., lead author of the study, an epidemiologist and associate scientist in neurology at the University of Miami Miller School of Medicine in Miami, Florida.

"Disparities in stroke risk among elderly minorities are persistent. Identifying minority populations at a higher risk for stroke and targeting their modifiable risk factors are public health priorities."

In addition to socioeconomic status, the study adjusted for the following stroke risk factors: smoking, physical activity, alcohol consumption, body mass index, high blood pressure, high cholesterol and diabetes.

"It's important for everyone to know their [stroke risk factors](#), take their prescribed medications and make lifestyle changes that can reduce their risk," Gardener said. "Risk factor management starting at or before middle age is key in reducing [stroke risk](#), especially among blacks and Hispanics who are at increased risk."

Provided by American Heart Association

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