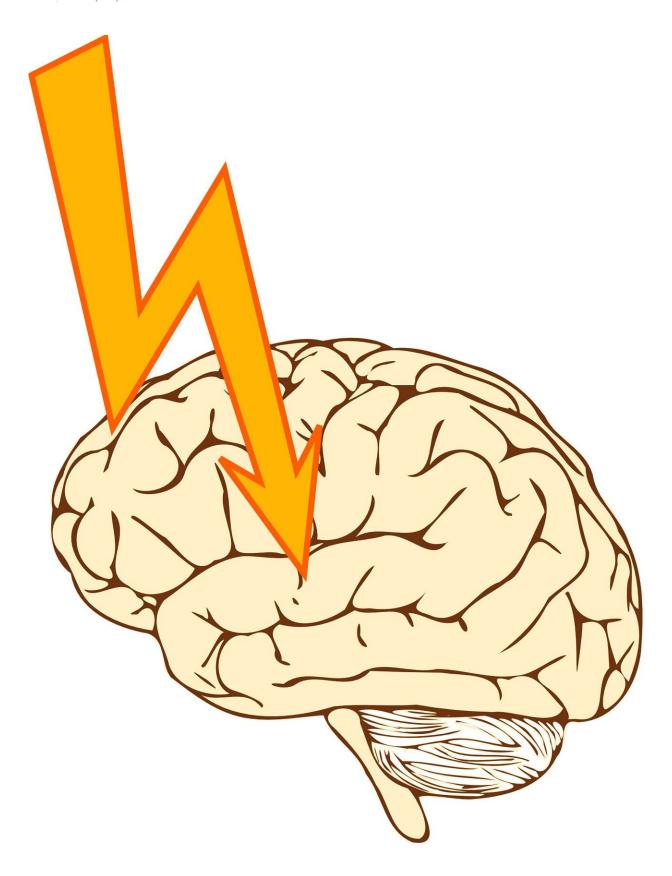


## Researchers call for focus on higher stroke risk in women

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While stroke is the fifth-leading cause of death for men, it's the third-leading cause of death for women in the United States.

Someone's risk of <u>stroke</u> increases as they age, and since <u>women</u> continue to live longer than men, they have more strokes over their lifetimes. However, a <u>review article</u> in the *Journal of Stroke and Cerebrovascular Diseases* has found that the risk is more complex than what can be explained only by an increased lifespan.

Parneet Grewal, M.D., is an assistant professor of vascular neurology at MUSC and the senior author on the paper. She says the differences in stroke rates are concerning and should be considered a massive public health concern. "It's paramount that we understand these gaps in knowledge and develop targeted approaches in reducing mortality and morbidity from stroke," Grewal said.

There are two types of stroke: <u>ischemic stroke</u> and <u>hemorrhagic stroke</u>. According to the National Heart, Lung and Blood Institute, the former occurs when blood clots or other particles block the blood vessels to the brain, restricting oxygen and nutrients. The latter refers to a sudden leaking or burst in a blood vessel, which can increase brain pressure.

After reviewing the published literature, Grewal and her team saw different trends in both traditional and nontraditional stroke risk factors between men and women. Hypertension, obesity, diabetes, hyperlipidemia and smoking are well-established risks for stroke in both men and women, but as they age, women have an increased risk of stroke related to some of these disorders.



Women appear to be more sensitive to <u>high blood pressure</u> than men. As the most prevalent modifiable risk factor for stroke, high blood pressure is something patients can potentially control with lifestyle changes. A <u>large national study</u> from 2019 found that the association between increasing blood pressure severity and risk of ischemic stroke was double in women when compared to men.

Other factors—like late puberty, early menopause, pregnancy and its complications and hormonal therapy—can significantly affect a woman's risk as well. Grewal focused on disorders of pregnancy that result in high blood pressure since women who develop these disorders are overall at an increased risk of mortality and stroke. She says she has also seen long-term effects later in life for these women and that the current tool for predicting risk likely underestimates the risk for <u>cardiovascular disease</u> in women who had high blood pressure during pregnancy.

Grewal stressed adequate education and follow-up appointments, as well as early detection and treatment, for improved outcomes for these women.

Grewal hopes that by applying this knowledge to <u>patient care</u> and education as well as developing targeted risk reduction strategies, women could see a more tailored approach to their stroke prevention in the future.

In their review, MUSC's research team was not focused on the causes of stroke or stroke outcomes, but on the trends in risk factors. Grewal hopes to dive into that side of the research next. More research on nontraditional causes of stroke may help researchers develop further prevention methods.



**More information:** Mckay Hanna et al, Sex and stroke risk factors: A review of differences and impact, *Journal of Stroke and Cerebrovascular Diseases* (2024). DOI: 10.1016/j.jstrokecerebrovasdis.2024.107624

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