

Race and gender may tip the scales on traditional stroke risk factors

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Traditional stroke risk factors, such as high blood pressure, smoking and diabetes, impact people of various races and genders differently, new research shows.

"The biggest thing we found was that hypertension has a bigger effect on stroke among African American men than it does on ([white people](#)) or African American [women](#), even in young adulthood," said lead investigator Elizabeth Aradine, a vascular neurology fellow at the University of Maryland School of Medicine in Baltimore. Aradine will present the preliminary findings Wednesday at the American Stroke Association's International Stroke Conference in Los Angeles.

The study of more than 2,100 adults ages 18-49 in the Baltimore-Washington, D.C., region found the proportion of stroke incidence due to [high blood pressure](#), also called hypertension, was 45.8% for African American men, compared to 26.4% for African American women. Among their white peers, it was 17.2% for men and 19.3% for women.

Among smokers, white women had the highest chance of having a stroke. The incidence of stroke attributable to smoking was 32.5% for white women, compared to 23.8% for black women, 19.7% for white men and 10.1% for black men.

Diabetes had a greater impact on stroke risk for African American men. The proportion of stroke due to diabetes among black men was 17.2%, compared to 13.4% for [black women](#), 10.5% for white men and just 7.4% for [white women](#).

Prior research shows African Americans are expected to live 3.4 fewer years than their white peers, largely because they experience higher rates of heart disease and stroke. What's more, risk factors such as obesity, diabetes and high blood pressure appear earlier among African Americans than other groups.

The new findings point to a need for greater public health initiatives targeted to African Americans of all ages, said Aradine. "I'm hoping that the health community will get together and focus on screening patients more aggressively, even in their teens and 20s."

This study reinforces previous findings that "hypertension exerts a unique burden on cardiovascular risk for African Americans," said Dr. Clyde Yancy, past president of the American Heart Association and chief of the Division of Medicine-Cardiology at the Northwestern University Feinberg School of Medicine in Chicago.

While education programs have long targeted this group, he said, it's clear that more work is needed.

"It tells us that even when our best efforts have been deployed, we still see in 2020 these findings that associate an increased burden of stroke in African American men with hypertension. This has significant public health impacts."

Yancy suggested the conversation be reframed from one that highlights the negative consequences of poor diet and a sedentary lifestyle to a "strategy of optimism" and more patient engagement that encourages people to make changes that will reward them with a "hopeful, positive future."

"We need to challenge communities to think differently," he said, "especially those communities in which the risk of [stroke](#) is quite high."

Provided by American Heart Association

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