RAISING AWARENESS OF STROKE RISK FACTORS AMONG WOMEN

Recent research reveals women have a poor knowledge of their risk of stroke, even though they are more likely than men to die from the condition. Nerys Hairon reports

The majority of women are unaware of the risk factors for stroke, a survey has revealed. The research, carried out for The Stroke Association (2008), also found that most women did not know their last blood pressure reading or what an optimal reading should be.

GfK NOP carried out two surveys for the research, one exploring blood pressure control and the other awareness of risk factors for stroke. Both were based on 1,000 adults in the UK.

The survey results illustrate the importance of undertaking health promotion among women, who are twice as likely to die from a stroke as men.

Nurses have a vital role in raising awareness through health education, and in stressing the importance of good blood pressure control through health education.

These survey results follow the publication of the national stroke strategy at the end of last year (DH, 2007a), which outlined a clear direction for the development of stroke services in England over the next 10 years. NICE (2008) also published new guidance on the diagnosis and early management of acute stroke and transient ischaemic attack.

KEY FINDINGS

The Stroke Association’s (2008) survey on blood pressure revealed that 60% of women do not know their blood pressure, and 67% are unaware of what an optimal reading would be (120/80mmHg).

The survey also found that, while 22% of women had been prescribed medication to control their blood pressure, more than half of these said they did not take it regularly.

The second survey, which focused on risk factors and lifestyle changes, found that the vast majority (83%) of women did not know that a lack of exercise increases the risk of stroke. In addition, 72% of women did not recognise that poor diet is a risk factor, and 71% were unaware that alcohol increases the risk of stroke.

According to The Stroke Association (2008), 110 women under the age of 65 in the UK will have a stroke this week, and 37 will die as a result.

Of these, 15 lives could have been saved by simply controlling blood pressure, as hypertension is the single biggest risk factor for stroke. This assertion is based on research that found that 40% of all strokes could be prevented through controlling high blood pressure (van Gijn, 2002).

The Stroke Association warns that many

BOX 1. STROKE SYMPTOMS

Not all patients will have the same symptoms. The most common symptoms of stroke are:

- A sudden weakness or numbness of the face, arm or leg on one side of the body;
- Sudden loss or blurring of vision, in one or both eyes;
- Sudden difficulty speaking or understanding spoken language. In addition, the following symptoms may occur:
- Sudden confusion;
- Sudden or severe headache with no apparent cause;
- Dizziness, unsteadiness or a sudden fall, especially with any of the other symptoms.

Source: Department of Health (2007b)

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Source: Department of Health (2007b)
women are unaware that they may have high blood pressure caused by their lifestyle choices. As part of its drive to raise awareness, the charity is urging working-age women to be aware of the impact of lifestyle on stroke risk and to have their blood pressure measured regularly.

GfK NOP interviewed 1,000 UK adults aged over 16 at the end of September this year, and a further 1,000 at the end of October/early November. The surveys were conducted via telephone, the methodology used a quota sample and the results have been weighted to be nationally representative of all adults living in the UK.

STROKE AND TIA

NICE (2008) cites the World Health Organization’s definition of stroke as a clinical syndrome consisting of ‘rapidly developing clinical signs of focal (at times global) disturbance of cerebral function, lasting more than 24 hours or leading to death with no apparent cause other than that of vascular origin’. The institute says a transient ischaemic attack (TIA) is defined as stroke symptoms and signs that are resolved within 24 hours.

However, this guidance points out that there are limitations to these definitions. For example, they do not include retinal symptoms, such as the sudden onset of monocular visual loss, which should be considered as part of the definition of stroke and TIA.

NICE says the term ‘brain attack’ is sometimes used to describe any neurovascular event and may be a clearer and less ambiguous term to use.

Most strokes occur when a blood clot blocks blood flow to the brain (ischaemic stroke), while some are caused by bleeding in or around the brain from a ruptured blood vessel (haemorrhagic stroke). In both cases, the brain is starved of oxygen, and cells are damaged or killed.

Some strokes are fatal, while others can cause permanent or temporary disabilities such as paralysis to one side of the body and loss of the ability to speak, read or write. Recovery may be slow and can vary from person to person.

Symptoms of stroke include numbness, weakness or paralysis, slurred speech, blurred vision, confusion and severe headache (NICE, 2008). For a guide to stroke symptoms, see Box 1 (p21).

According to The Stroke Association (2008), each year an estimated 150,000 people in the UK have a stroke. It is the third biggest cause of death in the UK and the largest single cause of severe disability. At least 300,000 people in England are living with moderate to severe disabilities as a result of a stroke.

The cost of stroke to the economy is estimated to be £7bn a year in England. This is made up of direct costs to the NHS of £2.8bn, informal care costs of £2.4bn and costs through lost productivity and disability of £1.8bn (NICE, 2008).

STROKE AND WOMEN

It is often assumed that stroke primarily affects men. While men overall are at a higher risk of stroke, especially under the age of 65, women are twice as likely as men to die from stroke (The Stroke Association, 2006). Indeed, stroke accounts for 15% of female deaths in this country.

Stroke is also a major cause of disability among women. The association predicts this is likely to become even more so as the population ages, adding that the proportion of women affected by stroke has already risen.

Women share most of the same risk factors for stroke as men. These include: untreated hypertension; family history of stroke; age; diabetes; poor diet; smoking; and heavy alcohol consumption. However, research suggests that some of these factors may affect women slightly differently from men. Women also have additional risk factors specific to their gender, such as taking the combined oral contraceptive pill (The Stroke Association, 2006).

PREVENTING STROKE

The Stroke Association’s (2008) survey demonstrates a worrying lack of awareness among women about the risk factors for stroke and how to modify them. This suggests that nurses have an important role to play in raising awareness in general, and specifically in monitoring risk factors for stroke such as hypertension through measuring and controlling blood pressure.

Nurses also have a vital role to play in health promotion for all patients, and can suggest several lifestyle changes to reduce stroke risk (see Box 2). □

**REFERENCES**


**abox 2. reducing stroke risk**

Nurses can advise patients to reduce their risk of stroke (and several other conditions) by making the following lifestyle changes:

- Cutting smoking;
- Reducing weekly alcohol consumption;
- Eating a healthy diet – this means reducing salt intake, eating lots of fruit, vegetables, wholegrain foods and fish, and consuming less fat and red and processed meat;
- Taking regular exercise and maintaining a healthy weight;
- Maintaining optimum blood pressure levels and low cholesterol levels.

Source: DH (2007b)