2019 Stroke Fact Sheet

DEFINING STROKE
- Stroke occurs when blood flow to the brain is interrupted. Without oxygen-rich blood, brain cells die. About 2 million brains cells die per minute, during a stroke emergency.

STROKE INCIDENCE, MORTALITY AND DISABILITY
- About 800,000 (approximately 795,000) people in the United States have a stroke every year, with about 3 in 4 being first-time strokes.1
- In the U.S., about as many people have a stroke each year (795,000) as a heart attack (790,000).
- Someone in the United States has a stroke every 40 seconds. Every 3 minutes 42 seconds, someone dies of stroke.
- Stroke is the No. 5 cause of death in the United States, killing more than 140,000 people a year (approximately 142,000). That’s 1 in every 19 deaths.
- In the Stroke Belt, an 11-state region in southeast U.S., the risk of stroke is 34 percent higher for the general population. (Memphis is in the Stroke Belt!)
- Projections show that by 2030, an additional 3.4 million U.S. adults 18 and older will have had a stroke – a 20.5% increase from 2012.
- Stroke is a leading cause of long-term disability and the leading preventable cause of disability. Stroke, or vascular dementia, is also a leading cause of memory loss.
- Since 2013, overall awareness of the F.A.S.T. acronym for stroke has steadily increased from 24% to 47%. This means 47% are at least somewhat familiar with F.A.S.T. (Face drooping, Arm weakness, Speech difficulty, Time to call 911)
- For stroke, someone other than the patient makes the decision to seek treatment in a majority of cases (66 percent of the time).
- The appearance of nonmotor symptoms (such as speech difficulty) as the primary symptom and not using 911 are significant predictors of treatment delay greater than two hours.

STROKE PREVENTION AND RISK FACTORS
- 80% of first strokes may be prevented.2
- What’s good for your heart is good for your brain. The American Heart Association recommends following “Life’s Simple 7” to achieve ideal health: don’t smoke, be

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1 https://www.ahajournals.org/doi/10.1161/CIR.0000000000000558
2 https://www.ahajournals.org/doi/abs/10.1161/01.str.0000442009.06663.48
physically active, eat a healthy diet, maintain a healthy body weight, and control cholesterol, blood pressure and blood sugar.

- High blood pressure is the most common controllable risk factor for stroke.
- Atrial fibrillation, which causes the heart to beat irregularly or rapidly, raises stroke risk up to 5 times. It’s often difficult to detect because it is sporadic and may not have symptoms.
- Stroke risk is 2 to 4 times higher among smokers than nonsmokers or those who have quit for more than 10 years.
- Exposure to secondhand smoke, also termed “passive smoking,” is a risk factor for stroke.
- Moderate to vigorous physical activity may reduce stroke risk by 25%.
- A history of stroke in a first-degree relative increases the odds of stroke by about 12%.
- There is a positive association between higher estimated sodium intake and stroke.
- About 5 million Americans (2.3%) have had a self-reported physician-diagnosed warning stroke (or TIA). The true prevalence is likely higher because many people who experience symptoms consistent with a warning stroke fail to report it.
- About 15% of strokes are heralded by a transient ischemic attack (TIA), known as a “warning stroke” or “mini stroke”. People who have a TIA are more likely to have a stroke within 90 days.

**RECOVERY AFTER STROKE**

- Stroke is a leading cause of long-term disability and it is more disabling than it is fatal.
- While post-stroke rehabilitation is one of the most important phases of recovery, many survivors do not receive the level and amount of rehabilitation services needed to maximize recovery.
- Rehabilitation is key to recovery after stroke. Stroke rehabilitation can help patients build their strength, capabilities and confidence, potentially regaining skills and returning to independent living.

**HIGH BLOOD PRESSURE**

- High blood pressure (or hypertension) is when the force of the blood flowing through your blood vessels, is consistently too high.
- Updated guideline classifies high blood pressure as a reading of 130/80 mm Hg or higher. (The previous standard was 140/90 mm Hg.)
- Nearly half of all U.S. adults (an estimated 116.4 million) have high blood pressure
- At age 50, total life expectancy is 5 years longer for someone without high blood pressure, compared to someone with it.
• A 10-mm Hg drop in systolic blood pressure (the top number in your reading), or a 5mmHg drop in diastolic pressure (bottom number) can cut your risk of stroke death in half.
• Compared with white people, black people develop high blood pressure earlier in life, and their average blood pressure is much higher.

STROKE AMONG WOMEN
• More women than men have strokes each year, in part because women live longer.
• Each year in the U.S., about 55,000 more women than men have a stroke.
• After stroke, women often have greater disability than men.
• A woman’s risk for stroke is affected by hormonal status, pregnancy, childbirth and other gender specific risk factors.
• Risk factors such as high blood pressure, migraine with aura, atrial fibrillation, diabetes, depression and emotional stress are stroke risk factors that tend to be stronger or more common in women than in men.
• Stroke affects 34 pregnant women out of 100,000, compared to 21 women out of 100,000 who are not pregnant.

STROKE AMONG PEOPLE OF COLOR
• Non-Hispanic black people have nearly twice the risk for a first-ever stroke as whites, and a much higher death rate from stroke.
• African-Americans are more likely to suffer a stroke at a younger age. Among people ages 45 to 64, Non-Hispanic black people are two to three times more likely to have a stroke compared to whites.
• Diabetes increases stroke risk at all ages. African-Americans, Hispanics/Latinos and other ethnic minorities bear a disproportionate burden of diabetes in the U.S.

PEDIATRIC STROKE
• Black children in the U.S. have more than 2 times the risk of stroke, compared to white children.
• Maternal health and pregnancies are normal in most perinatal stroke cases.
• Children with congenital heart disease have 19 times the risk of stroke.
• Approximately 10% of all strokes occur in individuals 18 to 50 years of age.

STROKE POLICY WORK
• The Furthering Access to Stroke Telemedicine (FAST) Act is a bill that requires Medicare to pay for telestroke consultations regardless of where the patient lives. Stroke victims will be able take advantage of telemedicine no matter where they live.
• President George H. W. Bush first declared May National Stroke Awareness Month, also known as American Stroke Month, in 1989.
• Congress repealed Medicare’s caps on outpatient rehabilitative therapy for all Medicare beneficiaries, including stroke survivors. As of Jan.1, patients receive access to medically necessary rehabilitation services.

RESEARCH
• The AHA/ASA funds more research into cardiovascular diseases and stroke than any organization except for the federal government.
• In 2015-2016, the AHA/ASA committed to funding 980 new research projects worth more than $163 million. However, we did not have the additional $116 million to cover 766 other highly meritorious grant and fellowship applications. This means many scientific projects were shelved, and the knowledge that would result from them deferred.

ABOUT THE AMERICAN STROKE ASSOCIATION
The American Stroke Association is devoted to saving people from stroke — the No. 2 cause of death in the world and a leading cause of serious disability. We team with millions of volunteers to fund innovative research, fight for stronger public health policies, and provide lifesaving tools and information to prevent and treat stroke. The Dallas-based association was created in 1997 as a division of the American Heart Association. To learn more or to get involved, call 1-888-4STROKE or visit StrokeAssociation.org.