



STROKE AND WOMEN

A stroke, sometimes called a “brain attack,” happens when blood flow to a part of the brain stops or is blocked and brain cells begin to die. Stroke is the third leading cause of death for women. Stroke also kills more women than men each year. A stroke can leave you permanently disabled. But many strokes are preventable or treatable.

Q: How does stroke affect women differently than men?

A: Stroke affects women differently than men in several ways. • More women than men die from stroke, and more women have strokes later in life. It is twice as common for women between 20 and 39 to have a stroke than men of the same age. Also, more women than men have another stroke within 5 years of the first stroke. • Women have unique risk factors for stroke, such as: ◦ A history of problems during pregnancy, including gestational diabetes or preeclampsia ◦ Use of hormonal birth control while smoking ◦ Use of menopausal hormone therapy during or after menopause • Some risk factors for stroke are more common in women than in men. These include migraine with aura, atrial fibrillation (irregular heartbeat), and diabetes.

Q: What are the most common symptoms of stroke?

A: Stroke symptoms come on suddenly. The most common symptoms are: • Numbness or weakness of face, arm, or leg, especially on only one side of the body • Confusion or trouble speaking or understanding • Trouble seeing in one or both eyes • Trouble walking, dizziness, or loss of balance or coordination • Severe headache with no known cause Strokes happen fast and are a medical emergency. If you think you or someone else may be having a stroke, use the F.A.S.T. test: F—Face: Look in the mirror and smile, or ask the person to smile. Does one side of the face droop? A—Arms: Raise both arms. Does one arm drift downward? S—Speech: Repeat a simple phrase, like “Hello, my name is ____.” Is the speech slurred or strange? T—Time: Act fast. If you see any of these signs, call 911 right away. Some treatments for stroke work only if given in the first 3 hours (or up to 4½ hours for some people) after symptoms appear.

Q: What do I need to know about my risk of stroke?

A: Certain habits and health problems raise your risk of stroke. You can control many of the risk factors for stroke. • Habits you can control include not smoking, eating healthy, getting physical activity, limiting alcohol, and reducing stress. • Health problems you can improve include high blood pressure—the leading risk factor for stroke—high cholesterol, overweight and obesity, and diabetes. • Risk factors you can’t control include your age, family history, race and ethnicity, and menopause. Knowing about your risk factors, including those you can’t control, can help you and your doctor or nurse decide on a plan to lower your risk of stroke.

Q: Why does pregnancy affect my stroke risk?

A: The increased risk of stroke during pregnancy comes from several changes that happen to your body during pregnancy, such as increased blood clotting. Your body also makes more blood during pregnancy. After birth, these changes reverse rapidly, and this can trigger a stroke. Health problems that can happen during pregnancy, such as preeclampsia, gestational hypertension, and gestational diabetes, also increase stroke risk later in life. Although pregnancy-related stroke is not common, the number of women who have a stroke during or soon after pregnancy is going up. You may be more at risk if you already have risk factors for stroke, such as high blood pressure, and you are African-American, are older than 35, or have lupus or migraine headaches.

Q: How does menopause affect my stroke risk?

A: Menopause raises your risk of stroke because your ovaries stop making estrogen. Estrogen is a hormone that may help keep blood vessels relaxed and open and help the body maintain a healthy balance of good and bad cholesterol. Without estrogen, cholesterol may start building up on artery walls. This can lead to stroke and other types of heart disease.