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Age

Risk of stroke does increase with age, doubling every decade after age 55. A common myth, however, is that only the elderly suffer strokes. While the risk of stroke becomes greater with age, it can happen at any age. In fact, a recent study indicates an increase in the incidence of stroke in children.
Alcohol Use

Scientists are still figuring out how alcohol use is linked to stroke. Research has shown that one drink per day can reduce the risk of stroke. However, drinking more than two drinks per day has been linked to a greater risk of stroke. Your doctor is the best resource for determining how alcohol use will affect your stroke risk.
Atherosclerosis

Atherosclerosis is the progressive buildup of plaque—fatty deposits—in artery walls. It can clog arteries and block the flow of blood to the brain or other parts of the body. Until it does so, atherosclerosis is typically a silent disease, with no symptoms. A healthcare professional can often detect it through imaging of the arteries. Age, high cholesterol, high blood pressure and diabetes are major risk factors for atherosclerosis. Treatment often involves treating the associated risk factors. Sometimes plaques are surgically removed or treated with stents to open-up the arteries.
Atrial Fibrillation (Afib)

Afib is a major risk factor for stroke, making a person five times more likely to have a stroke.

Afib is present when the two upper chambers of the heart (atria) beat in an uncoordinated and unpredictable manner, producing an irregular heartbeat that leads to the formation of clots within the heart.

Often, Afib has no symptoms. Some people with Afib describe fluttering, racing or pounding sensations in their chests. Others may only experience dizziness, fainting or light headedness.

The goal for treating Afib is to restore the normal, regular rhythm of the heart. Often, this can be done with medications or the use of electrical stimulation. Blood thinning medications can be prescribed to protect against blood clots that could travel from the heart to the brain.
Birth Control Pills

Some research shows that using birth control pills increases the risk of stroke. The greatest concern about using oral contraceptives is for women with additional risk factors, such as age, cigarette smoking, high blood pressure or diabetes.

RISK + = RISK
Diabetes

Diabetes is a disease that affects a person’s ability to move blood sugar, or glucose, out of the blood and into the cells where it is used as the body’s primary source of fuel. People with diabetes often have other stroke risk factors, such as high blood pressure, atrial fibrillation and high cholesterol. Symptoms for diabetes include frequent urination, excessive thirst, extreme hunger, increased fatigue, irritability and blurry vision. Weight loss, exercise, changes in eating habits, oral medications and insulin shots are all ways to control diabetes.
Diet and Nutrition

A healthy diet can help reduce the risk of stroke. Reducing salt and adding potassium help lower blood pressure. Being overweight, consuming high amounts of alcohol and eating a poor diet contribute to a higher risk of stroke.
Family History

Family history of stroke increases personal stroke risk by approximately 30 percent. Women are more likely to have a parental history of stroke than men.
Fibromuscular Dysplasia (FMD)

FMD is a disorder in which fibrous tissue causes arteries to narrow. As a result, blood flow decreases, which can lead to stroke or other problems. Symptoms vary depending on which arteries are affected. They include leg pain, high blood pressure, headaches, dizziness, ringing or buzzing in the ears, neck pain, kidney failure, and heart attack, as well as stroke. While there is no cure for FMD, a doctor can provide treatment options to reduce stroke risk and increase blood flow.
Gender

Each year, approximately 55,000 more women than men have a stroke. More strokes occur in women than in men because women have a longer life expectancy and stroke rates increase substantially with age.
High Blood Pressure

Blood pressure is the pressure of the blood within the arteries. High blood pressure makes the heart pump harder to move blood through the body. Left untreated, it can lead to stroke as well as heart and kidney disease. In most people, high blood pressure can be controlled through diet, exercise, medication or a combination of all three.
High Cholesterol

Cholesterol is a soft, waxy fat that is made by the body. It is found in the bloodstream and in all of your body’s cells. High cholesterol may cause the buildup of deposits in the arteries called plaques. These can block blood flow to the brain and cause a stroke. Family history, age and gender are uncontrollable factors that can lead to high cholesterol. Diet, weight, and exercise are controllable factors. Cholesterol can be lowered with medications, but it can also be lowered by exercise, weight control and a healthy diet that includes avoiding foods high in fat and fried foods.
Hypercoagulability

Hypercoagulability, also called thrombophilia, is a condition in which the blood clots too readily. While more research is needed, people with hypercoagulability are at a greater risk for stroke.
Inflammation

Inflammation can cause plaque deposits in the arteries (e.g., atherosclerosis) to form or grow. Inflammation alone does not conclusively increase the risk of a stroke. However, people with chronic inflammation diseases, such as rheumatoid arthritis and lupus, have an increased risk of stroke.
Low Birth Weight

Odds of stroke may increase for people with low birth weight. One study showed that people born weighing less than 5 lb., 8 oz. are twice as likely to have a stroke compared to people born weighing more than 8 lb., 13 oz.
Migraine

Migraine headaches, particularly when the migraine includes a visual disturbance known as aura, have been linked to a higher incidence of stroke, especially in women less than 55 years old.
Obesity

Obesity and excessive weight put a strain on the circulatory system. They also make people more likely to have high cholesterol, high blood pressure and diabetes—all of which can increase the risk for stroke. Maintaining a healthy weight through diet, physical activity and, if needed, medical treatments with the help of a doctor are all important for stroke prevention.
Patent Foramen Ovale (PFO)

About 1 in 5 Americans has a PFO, or a hole in the heart. Thus, it is not surprising that many patients with a stroke also have a PFO. In some cases this is merely a coincidence. In others, the PFO may have contributed to the stroke. Treatment options for PFO include medicines and closure of the hole. Research to determine the best treatment is still ongoing.
Physical Inactivity

Physical activity can help reduce stroke risk. A recent study showed that people who exercise five or more times per week have a reduced stroke risk. Many healthcare professionals recommend 30 minutes of exercise per day; however, it is best to develop a specific exercise plan with your doctor.
Postmenopausal Hormone Therapy

Hormone replacement therapy increases the risk of stroke in postmenopausal women.
Previous Stroke

About 35 percent of people who have a stroke will have another stroke in their lifetime, with the greatest risk coming within five years of the first stroke. Recurrent strokes often have a higher rate of death and disability because parts of the brain injured by the original stroke may not be as resilient. Stroke survivors should consult a healthcare professional to best manage risk.
Race/Ethnicity

Blacks and some Hispanic/Latino Americans have more strokes than whites. They also have a higher rate of death from stroke. This is partially explained by the fact that these ethnicities are more susceptible to medical conditions known to increase the risk of stroke.
Sickle Cell Disease (SCD)

SCD is a genetic disorder in which red blood cells take on an abnormal shape that can cause problems with circulation. People with SCD have a very high risk of stroke. The highest stroke risk is in early childhood. A doctor can administer tests to children with SCD to determine those at greatest risk. Regular red blood cell transfusion is a treatment shown to prevent stroke in these individuals.
Sleep Apnea

Sleep apnea involves pauses in breathing while sleeping. This causes oxygen levels to fall. In addition to being linked to other risk factors, sleep apnea may independently increase the risk of stroke. Research shows that treating sleep apnea can reduce blood pressure.
Transient Ischemic Stroke (TIA)

TIA is sometimes called a mini-stroke with stroke symptoms that last less than 24 hours before disappearing. While TIAs generally do not cause permanent brain damage, they are a serious warning sign of stroke and should not be ignored. The medicine and therapy used to prevent stroke in these individuals depends on the cause of the TIA.
Tobacco Use and Smoking

Smoking doubles the risk for stroke when compared to a nonsmoker. It reduces the amount of oxygen in the blood. It causes the heart to work harder and it makes blood clots form more easily. Smoking also increases the amount of plaque build-up in the arteries, which may block the flow of blood to the brain, causing a stroke. Smoking-induced strokes and overall stroke risk can be greatly reduced by quitting smoking.