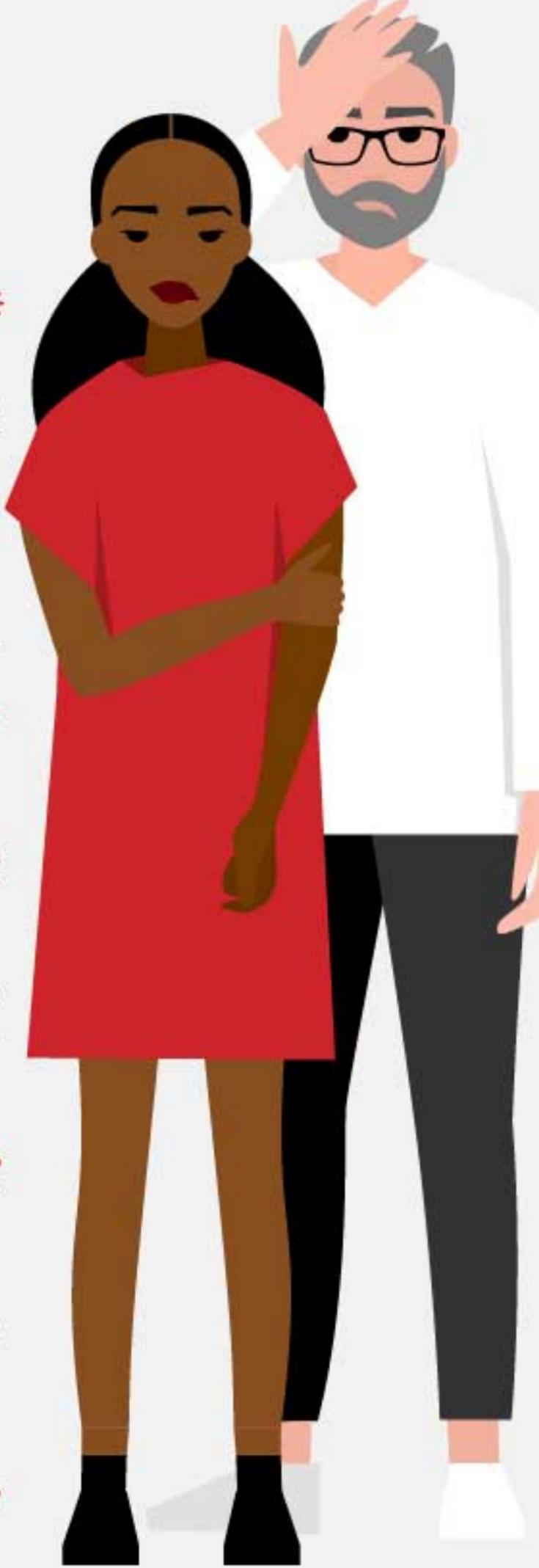


STROKE SYMPTOMS: WOMEN VS. MEN

Men and women share a common set of stroke symptoms. But women also can experience more subtle warning signs.



WOMEN		MEN
Face drooping		
Arm weakness		
Speech difficulty		
Vision problems		
Trouble walking or lack of coordination		
Severe headache without a known cause		
General weakness		
Disorientation & confusion or memory problems		
Fatigue		
Nausea or vomiting		

American Heart Association.



Sources: American Stroke Association; Gender Medicine; Journal of Neuroscience Nursing
Published May 31, 2019 | © 2019 American Heart Association, Inc.

By American Heart Association News



BE YOUR OWN HEART HERO



HEART DISEASE

causes more women's deaths than all cancers, including breast cancer.

STAND UP for your HEALTH!

- **GET SCREENED** every year
- **DON'T IGNORE** symptoms
- **ASK QUESTIONS** about your heart health

Women who served in the **MILITARY** have **HIGHER RATES** of heart disease than civilian women.

KNOW YOUR RISKS

At each health visit, talk about what increases the chance you will have heart disease or a stroke:

Smoking, inactivity, diabetes, high blood pressure, high cholesterol, and calcium buildup in your arteries can affect your heart.

Others factors such as **race** (South Asian, Black) also are linked with higher risk.

FEMALE SPECIFIC CONCERNS

- **Health problems during pregnancy** (gestational high blood pressure/preeclampsia, gestational diabetes, preterm delivery)
- **Many ovarian cysts** (polycystic ovarian syndrome)
- **Breast cancer**
- **Oral birth control** if you **smoke**
- **Inflammatory diseases** (lupus or rheumatoid arthritis) more common in women

For more information, visit [CardioSmart.org/Women](https://www.cardiosmart.org/Women)

 @CardioSmart

African-American Women and Stroke



African-American women are more likely to have a stroke than any other group of women in the United States. African-American women are twice as likely to have a stroke as white women. They also are more likely to have strokes at younger ages and to have more severe strokes.

These facts are alarming, but there is some good news: Up to 80% of strokes can be prevented. This means it is important to know your risk of having a stroke and taking action to reduce that risk.

What Is a Stroke?

A stroke, sometimes called a brain attack, occurs when blood flow to an area of the brain is cut off. When brain cells are starved of oxygen, they die. Stroke is a medical emergency. It's important to get treatment as soon as possible. A delay in treatment increases the risk of permanent brain damage or death.

Why Are African-American Women at Higher Risk?

- **High blood pressure**, a main risk factor for stroke, often starts at a younger age and is more severe in African-American women than in white women.
- Eating too much **salt or sodium** can raise your blood pressure, putting you at higher risk of stroke. Some researchers think African Americans may be more sensitive to the effects of salt, which in turn increases the risk for developing high blood pressure. African Americans should reduce their sodium intake to 1,500 milligrams per day.
- **Sickle cell anemia** is the most common genetic disorder in African Americans and can lead to a stroke. Strokes can occur when sickle-shaped cells block blood vessels to the brain.
- African-American women tend to have higher rates of **obesity and diabetes**, which increases the risk for high blood pressure and stroke.

As an African-American woman, you may have some of the health problems that can lead to a stroke without even knowing it.

If Stroke Happens, Act F.A.S.T.

Strokes come on suddenly and should be treated as medical emergencies. If you think you or someone else may be having a stroke, act F.A.S.T.:



F—Face:

Ask the person to smile. Does one side of the face droop?



A—Arms:

Ask the person to raise both arms. Does one arm drift downward?



S—Speech:

Ask the person to repeat a simple phrase. Is the speech slurred or strange?



T—Time:

If you see any of these signs, call 9-1-1 right away.

Calling an ambulance is critical because emergency medical technicians, or EMTs, can take you to a hospital that can treat stroke patients, and in some cases they can begin life-saving treatment on the way to the emergency room. Some treatments for stroke work only if given within the first 3 hours after symptoms start.



Take Steps to Prevent Stroke— You Have the Power

Almost half of African Americans have a risk factor that can lead to a stroke. Most strokes can be prevented by keeping medical conditions under control and making lifestyle changes. A good place to start is to know your **ABCS of heart health**:

- A Aspirin:** Aspirin may help reduce your risk for stroke. But you should check with your doctor before taking aspirin because it can make some types of stroke worse. Before taking aspirin, talk with your doctor about whether aspirin is right for you.
- B Blood Pressure:** Control your blood pressure.
- C Cholesterol:** Manage your cholesterol.
- S Smoking:** Quit smoking or don't start.

Make lifestyle changes:

- **Eat healthy and stay active.** Choose healthy foods most of the time, including foods with less salt, or sodium, to lower your blood pressure, and get regular exercise. Being overweight or obese raises your risk of stroke.
- **Talk to your doctor about your chances of having a stroke,** including your age and whether anyone in your family has had a stroke.
- **Get other health conditions under control,** such as diabetes or heart disease.

What Is CDC Doing About Stroke?

CDC and its partners are leading national initiatives and programs to reduce the death and disability caused by stroke and to help women live longer, healthier lives.

- CDC's [Division for Heart Disease and Stroke Prevention](#) (DHDSP) provides resources to all 50 states to address heart disease and stroke. DHDSP and its partners work together to support efforts that reduce differences in health due to a person's ethnicity, income, or where they live.
- DHDSP supports the [WISEWOMAN](#) program that provides low-income, under-insured or uninsured women with chronic disease risk factor screening, lifestyle programs, and referral services in an effort to prevent heart disease and strokes.
- The [Paul Coverdell National Acute Stroke Program](#) funds states to measure, track, and improve the quality of care for stroke patients. The program works to reduce death and disabilities from stroke.
- The [Million Hearts](#)[®] initiative, which is co-led by CDC and the Centers for Medicare & Medicaid Services, works with other federal agencies and private sector partners to raise awareness about stroke prevention. Million Hearts[®] aims to prevent 1 million heart attacks and strokes by 2017.

Learn more by visiting www.cdc.gov/stroke

Top Questions About 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.

For more information...

For more information about stroke, call the OWH Helpline at 1-800-994-9662 or contact the following organizations:

National Heart, Lung, and Blood Institute (NHLBI), NIH, HHS

1-800-222-2225 • www.nhlbi.nih.gov

National Institute of Neurological Disorders and Stroke (NINDS), NIH, HHS

1-800-352-9424 • www.ninds.nih.gov

Centers for Disease Control and Prevention (CDC), HHS

1-800-232-4636 • www.cdc.gov/stroke

American Stroke Association

1-888-478-7653 • www.strokeassociation.org

A full fact sheet on this topic is available online at www.womenshealth.gov. All material contained on this page is free of copyright restrictions and may be copied, reproduced, or duplicated without permission of the Office on Women's Health in the U.S. Department of Health and Human Services. Citation of the source is appreciated. OWH content is available for syndication through the HHS Syndication Storefront at digitalmedia.hhs.gov.

Content last updated: December 7, 2018.



www.facebook.com/HHSOWH



www.twitter.com/WomensHealth



www.youtube.com/WomensHealthgov



HEART HEALTH AFTER PREGNANCY

Your health is important to you and your baby.
Look out for these symptoms of heart disease after you give birth.

KNOW THE SIGNS

- Headache
- Vision changes
- Chest pain
- Heart palpitations
- High blood pressure > 140/90 mmHg
 - Shortness of breath
 - Difficulty breathing when lying flat
 - Leg swelling

Heart disease is the leading cause of maternal death (death during pregnancy, at delivery, or soon after)

WHAT YOU CAN DO

If you experience any of these signs:

- Call your obstetrician
- Call your primary care physician



If you think you are having a heart attack or stroke, call 911 right away.

CAUSES OF HEART DISEASE AT DELIVERY OR SOON AFTER

- ▶ **High blood pressure**
 - Preeclampsia
 - Gestational high blood pressure
 - Chronic high blood pressure
- ▶ **Heart failure**
- ▶ **Stroke**
- ▶ **Blood clot** traveling through the bloodstream and getting caught in the lung (**pulmonary embolism**)

For more information, visit [CardioSmart.org/Women](https://www.CardioSmart.org/Women)

 @CardioSmart



HEALTH PROBLEMS DURING PREGNANCY can signal trouble for your heart.

Women are at greater risk of having heart disease or a stroke if they had the following:



**HIGH BLOOD PRESSURE WITH PREGNANCY,
PREECLAMPSIA OR ECLAMPSIA**



**GESTATIONAL
DIABETES**



**PRETERM BIRTH
DELIVERY BEFORE 37
WEEKS OF PREGNANCY**

Try to lose weight
gained during
pregnancy within
12 months of delivery
to lower your risk
of heart disease.

WHAT YOU CAN DO

Make sure your primary care doctor knows
if you had these pregnancy problems



Know your risk for heart
disease now and as you age

Adopt healthy habits: exercise daily, eat a
heart-healthy diet, maintain a healthy weight



**Pregnancy
can be nature's
stress test on
the heart.**

For more information, visit [CardioSmart.org/Women](https://www.cardiosmart.org/Women)

 @CardioSmart

Women face higher risk of stroke

STROKE IN U.S. WOMEN BY THE NUMBERS



One in 5 women has a stroke.
About 55,000 more women than men have a stroke each year.



#4
cause of death

Stroke is the No. 4 cause of death in women.
Stroke kills over 80,000 women a year.



Among women, black women have the highest prevalence of stroke.

TALK TO YOUR HEALTH CARE PROFESSIONAL ABOUT HOW TO LOWER YOUR RISK

and use the American Heart Association/American Stroke Association prevention guidelines:

STROKE RISK INCREASES IN WOMEN WHO:



Are pregnant

Pregnant women are three times more likely to have a stroke as non-pregnant women of the same age.



Have preeclampsia

This dangerous condition of high blood pressure during pregnancy doubles stroke risk later in life.



Take birth control pills

These can double the risk of stroke, especially in women with high blood pressure.



Use hormone replacement therapy

It doesn't lower stroke risk if postmenopausal, as once thought.



Have migraines with aura and smoke

Strokes are more common in women who have migraines with aura and smoke, compared with other women.



Have atrial fibrillation

This quivering or irregular heartbeat can increase stroke risk fivefold.

STROKE RISK DECREASES IN WOMEN WHO:

Talk to their health care professional to **determine safest medication** if pregnant with high blood pressure.

Discuss with their health care professional **low-dose aspirin guidelines** starting in the second trimester (week 12) to lower preeclampsia risk.

Get their blood pressure checked before taking birth control pills and monitor every six months.

Review the risk and benefits of hormone replacement therapy with their health care professional and discuss if the benefit outweighs the risks. For some women, it might not.

Quit smoking. All women who experience migraines and smoke should avoid smoking, nicotine use, vaping and e-cigarettes.

Get screened for atrial fibrillation if over the age of 75 as this condition then becomes more common in women.

Learn more at stroke.org

Aspirin reduces stroke risk in women with prior hypertensive disorders of pregnancy (HDP)



Increased incidence of HDP in US.

HDP increases long-term risk of cardiovascular events, including stroke.



Aspirin treatment decreases HDP risk during pregnancy.

Study question

Does aspirin or statin use reduce long-term stroke risk in women with prior HDP?



83,749 women aged ≤ 60 years

1995

California Teachers Study

2015

Parameters assessed: HDP History | Aspirin/statin use | All stroke | Stroke at < 60 years



4.9%

4,070 women with HDP history.

Risk of stroke was increased by...

1.3x

overall in women with prior HDP.

1.5x

in women aged ≤ 60 years with prior HDP and who did not take aspirin regularly.

No increased risk of stroke...

in women aged ≤ 60 years with prior HDP who took aspirin regularly.

Statin use did not affect stroke risk.

Guidelines estimating 10-year cardiovascular risk including stroke, **do not** consider HDP history.

HDP history increases long-term stroke risk in women.



Risk estimation guidelines should consider HDP.



Recommend trials exploring aspirin use for stroke prevention in women with prior HDP.



Women with prior HDP have increased long-term stroke risk, which is reduced by aspirin use.