



North Carolina Stroke Fact Sheet

Stroke is PREVENTABLE and TREATABLE.

- A stroke or “brain attack” occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. When this happens, brain cells begin to die and brain damage occurs.
- The vast majority — up to 80 percent — of strokes are **PREVENTABLE** by making changes in lifestyle such as controlling high blood pressure, losing weight and not smoking.
- Stroke is **TREATABLE**. Knowing the symptoms of stroke and seeking immediate treatment is key to reducing stroke morbidity and mortality.
- In 2007, less than 20 percent of N.C. adults knew the signs and symptoms of stroke. Only 17.6 percent said they knew the symptoms and would call 9-1-1.

Stroke is a leading cause of death and disability in NORTH CAROLINA, part of the “STROKE BELT” and the “STROKE BUCKLE.”

- Stroke is the third leading cause of death in the state. North Carolina is part of the nation’s “Stroke Belt,” an eight to 12-state region in the southern part of the country where death rates from stroke are significantly higher than the rest of the U.S.
- The coastal plain of North Carolina is in the nation’s “Stroke Buckle” (which includes coastal areas of South Carolina and Georgia) where the death rate from stroke is twice as high as the national average.
- Every 20 minutes, someone in North Carolina is hospitalized with a stroke and every two hours someone dies from a stroke.
- North Carolina has one of the highest stroke death rates in the nation — it is sixth highest among the 50 states. The age-adjusted stroke rate in North Carolina is 57.4 per 100,000 — 23 percent higher than the U.S. rate.
- More than one-third of all stroke hospitalizations in North Carolina occur in people younger than 65.

STROKE has significant RACIAL DISPARITIES.

- American Indians and African Americans have higher stroke death rates than Caucasian North Carolinians.
- The incidence of first strokes in African Americans is nearly double that for Caucasians.

- African Americans are more likely to die of stroke at a younger age. Among African American men, 35 percent of stroke deaths occur before age 65 compared to 15 percent among Caucasian men. Among African American women, 20 percent of stroke deaths occur before age 65 compared to 7 percent among Caucasian women.
- African Americans tend to have strokes at a younger age and they are more likely to be disabled from a stroke. Among those aged 20 to 44, African Americans are 2.4 times more likely to have a stroke compared to Caucasians.
- African Americans tend to have a greater incidence of key stroke risk factors: One in three African Americans suffer from high blood pressure, the No. 1 stroke risk factor

Each year, STROKE KILLS more WOMEN than men.

- Twice as many women die of stroke than of breast cancer every year.
- In 2006, females accounted for 60.2 percent of stroke deaths. Each year about 55,000 more women than men have a stroke.
- Fifty percent of all African American women will die from a stroke or heart disease.
- Because women live longer than men, and stroke occurs at older ages, more women than men die of stroke each year.
- There risk factors for stroke that are unique to women, including: taking birth control pills, using Hormone Replacement Therapy, being a migraine headache sufferer (most Americans who suffer migraines are women) and having a fatty diet.
- Women may experience unusual stroke symptoms, such as sudden face and limb pain, sudden nausea or even sudden hiccups.

Stroke has a significant ECONOMIC IMPACT.

- Two-thirds of stroke survivors are moderately to severely disabled. Approximately 20 percent of stroke survivors require long-term care, and up to 30 percent are permanently disabled.
- Nationally, there are 4.7 million living survivors of stroke.
- The medical and non-medical cost of taking care of a stroke patient during the first year is approximately \$50,000 per patient.
- The mean lifetime cost of ischemic stroke in the United States is estimated at \$140,048. This includes inpatient care, rehabilitation and follow-up care.
- The direct and indirect cost of stroke in North Carolina is estimated at more than \$1.05 billion per year, including the direct costs of initial hospitalization, subsequent hospitalizations, inpatient and outpatient physician costs, and drug costs.
- Americans will pay about \$73.7 billion in 2010 for stroke-related medical costs and disability.