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 fourth leading cause of death for women. Stroke also kills more women than men each year. Women have some unique risk factors for stroke, including hormonal birth control use, menopause, and certain pregnancy problems like preeclampsia. 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. This is because more women have strokes later in life and women live longer than men. But women between 45 and 54 years of age are also more likely to have a stroke than men of the same age.

- More women than men have another stroke within five years of the first stroke.

Q: What are the symptoms of stroke in women?
A: Stroke symptoms come on suddenly. The most common symptoms are:

- Numbness or weakness of the 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

Q: What do I need to know about my risk for stroke?
A: Certain habits and health problems raise your risk for 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. Talk to your doctor and nurse about steps you can take to quit smoking, eat healthier, and lower your stress.

- **Health problems you can improve** include high blood pressure—the leading risk factor for stroke, high cholesterol, overweight and obesity, and diabetes. If you have one or more of these health problems, work with your doctor and nurse to make healthy changes to lower your risk. Your doctor may also give you medicine to help control your blood pressure or cholesterol.

- **Risk factors you can’t control** include your age, family history, and menopause. Knowing about risk factors you can’t control can help you and your doctor decide on a plan to reduce any other risk factors for stroke.

Q: What risk factors for stroke are unique to women?
A: Some risk factors for stroke are unique to women. These can include:

- Having a history of problems during pregnancy, such as gestational diabetes or preeclampsia
- Using hormonal birth control (certain types of combination pills, patches, and vaginal rings)
- Using menopausal hormone therapy during or after menopause
• Having a waist size larger than 35 inches, with a triglyceride level greater than 128 milligrams per deciliter

Other risk factors for stroke that can affect men but are more common in women include migraines with aura, atrial fibrillation (irregular heartbeat), and diabetes.

Q: Why does pregnancy affect my stroke risk?
A: During and soon after pregnancy, your risk for stroke is higher. Although pregnancy-related stroke is not common, the number of women who have a stroke during or soon after pregnancy is going up. African-American women, women older than 35, and women who have lupus or migraines are more at risk for pregnancy-related strokes. Health problems that can happen during pregnancy, such as preeclampsia, gestational hypertension, and gestational diabetes, also increase stroke risk later in life.

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.