

Stroke epidemiology in southwestern iran health and social care essay

[Science](#), [Epidemiology](#)



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Introduction

Harmonizing to the WorldHealthOrganization definition, the stroke is the rapid patterned advance of marks and symptoms caused by bound or widespread break of encephalon map which has a vascular beginning and takes more than 24 hours.

Stroke can be by and large divided into two classes: Ischemic and hemorrhagic.

The disease is the 2nd prima cause of decease in the universe and considered as the 3rd in the United States and other industrialized states. 55 million deceases occur each twelvemonth in the universe where 10 % of them are due to stroke. In the United States, about 780, 000 shots occur each twelvemonth (one every 40 seconds) while 87 % is ischaemic and 13 % is hemorrhagic type. Annual mortality of the disease in this state is 150, 000 people (one out of every 4-3 proceedings) so it is estimated that one out of every 16 Americans dies due to stroke. The Middle East and North Africa decrease happening within 28 years of the morbid varies from 10 % in Kuwait to 31/5 % in Iran. This disease, in which two-thirds of all instances of it occurs in developing states, although preventable but is increasing. Prognosis suggests that by 2030 deceases from the stroke will duplicate in the Middle East and North Africa.

Increasing age is such a major hazard factor for the disease that after age 55, the hazard of stroke doubles every 10 old ages. High blood force per unit area as the most common preventable causes of the disease is another

hazard factor. Other hazard factors included diabetes, smoke, fleshiness, deficiency of exercising, eating a diet high in cholesterol and salt, intoxicant, atrial fibrillation, and household history of OCP usage (7, 11, 14, 15). In addition gender is deciding factor in this disease; In general, the shot is more likely to happen in workforces, However, due to the longer life anticipation of adult females on one manus and the high incidence of a shot in older ages in the other manus, the figure of instances in adult females is more than in workforces. Another note is that shot as the most of import factor for physical disablement in the universe, is one of the chief factors that need long-run infirmity attention which led to an important addition in the cost of the intervention. In general, the direct and indirect costs (including old ages of lost benefits) related to the disease in the United States is about 5. 65 billion yearly.

Consequences from few surveys in Iran show the incidence of shot about 43 instances per 100, 000 people that 67 % is ischaemic and 23 % is haemorrhagic type. The most common hazard factor which has been achieved is high blood force per unit area with a prevalence of about 54 %. The incidence of the shot was somewhat higher in adult females in all age classes (51-53 %). However, in the age group 45-15 old ages occurs more in workforces; while the mean age of incidence is in the 7th decennary of life. Death within 28 years of a shot in a survey was 19. 2 %, and in another 1 was 31. 5 %. Another survey refers to the unknown state of affairs of this disease in the Middle East and mismatches with information in Western states (1) that one time once more makes clear the demand for more

surveys in this respect. The lone survey conducted in Shiraz investigates early encephalon bleeding due to high blood force per unit area in patients referred to Shiraz University of Medical Sciences infirmaries during 2002-2004. Sing the preventable nature of the disease, it is necessary to make more surveys to find hazard factors and implicit in causes in a peculiar population in order to Sketch and be after for the bar of it. Sing that no epidemiological survey has been conducted to clear up assorted facets of a shot in Shiraz since earlier, this survey was conducted in Shiraz Namazee learning Hospital as a referral center for shot patients in Fars state and southwesterly Iran to obtain general information about the position of the disease in this part.

Material and Method

We conducted this hospital-based survey between August 2010 and January 2011 in Shiraz Namazee learning infirmary. This infirmary is one of the chief referral centers for neurological diseases in southwesterly Iran and affiliated with the Shiraz University of Medical Sciences, Shiraz, Iran. As this survey was a cross-sectional one, all patients admitted in the exigency and neurology ward with diagnosing a shot based on their clinical manifestations and imaging (MRI or CT scan) during this period were included. Patients with the transeunt ischaemic onslaught and those who released by themselves during hospital course were excluded. Three medical pupils with supervising and part of one neurology occupant completed the information assemblage sheet by reading patient papers during and after the study period. It contains the most of import information about these patients

including age, sex, type of shot, drug history, hazard factors, degree of consciousness, neurologic marks, the continuance of hospitalization, result, and prescribed medicines after discharge. We analyzed our information with SPSS version 16 and considered P-Value less than 0. 05 important.

Consequences

- 305 CVA patients were investigated that 269 (88. 2 %) had ischaemic and 36 (11. 8 %) had hemorrhagic shots. 64 (21 %) had a recurrent stroke while others experienced their first of all-time shot.
- 133 (43. 6 %) adult male and 172 (56. 4 %) adult female between 27- 97 old ages old (mean: 68.33 ± 12.99) were classified to six age groups that most of them were between 61-80 old ages old, although information analysis didn't uncover the important difference between mortality rates. The average age of ischaemic shot was 68.6 ± 13.1 and hemorrhagic was 66.2 ± 12.1 .
- 15. 1 % of all patients expired during their hospital coarse while 11. 4 % of ischaemic and 40. 6 % of hemorrhagic shots lead to decease.

The most common hazard factors among all patients were high blood pressure and ischaemic bosom disease. Hyperlipidemia, ischaemic bosom disease and diabetes had important different prevalence between age groups in a manner that their most prevalence was between 41-50, above 60, and between 41-60 old ages old, severally. In another categorization, we categorized the patients into two groups: under and above 45 old ages old. 5 % were under 45 and 95 % were above 45 old ages old. CVA type and the mortality rate were non significantly different between these two groups. The

most common neurologic marks of patients were right side failing, left side failing, and dysarthria. In the facet of the degree of consciousness, 6.3 % were comatose, 7.2 % Stuporous, 22 % confused and 64.5 % were witting that 78.6 %, 31.3 %, 16.3 %, and 5.6 % of them expired during their hospital coarse severally.

Mean systolic blood force per unit area in dismissed patients was 148.2mmHg and in expired patients was 144.7mmHg. Besides, the mean diastolic blood force per unit area is dismissed and expired patients were 84.5mmHg and 86.6mmHg severally. The mean systolic blood force per unit area in ischaemic shots was 145mmHg and in hemorrhagic shots was 160mmHg ($P= 0.006$). Besides, the mean diastolic blood force per unit area in ischaemic shots and hemorrhagic 1s was 83mmHg and 90mmHg severally ($P= 0.013$). The most common drugs used among patients was antihypertensive drugs (43.3 %) and acetylsalicylic acid (26.9 %). Statins (32.7 %) and acetylsalicylic acid (31.6 %) were the most common drugs prescribed for ischaemic patients who were discharged. Median years of hospitalization for both types of shot and both discharged and expired patients was 2.