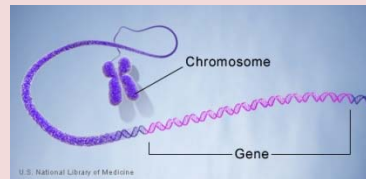


May is National Stroke Awareness Month

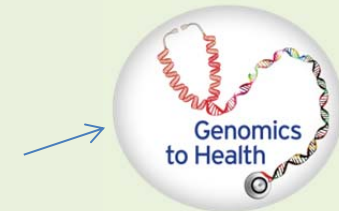
Stroke Facts



Genomics & Stroke Connections



How It Affects My Practice



Fourth-leading cause of death

Kills twice as many women as breast cancer does every year

Leading cause of serious long-term disability

African Americans risk of having a first stroke is nearly twice that of whites

People with a family history of early age-of-onset stroke (<60 years of age) are 4 times more likely to have a stroke (Mvundrua, 2009)

Genes (what we inherit) play a role in stroke risk factors, e.g. family history of hypertension, hyperlipidemia, diabetes, atrial fibrillation, and vascular conditions.

Genomics includes the family history of gene/environment risk factors, e.g. shared behavioral patterns of diet and exercise.

Most strokes are polygenic in origin (multiple genes in combination with environment). Coagulopathies and rare single gene disorders have a greater stroke risk, e.g. sickle cell disease, CADASIL (cerebral autosomal dominant arteriopathy)

Genes impact how we metabolize medications used in stroke prevention and treatment, e.g. warfarin, clopidogrel

Assess for family history of increased risk related to comorbidities, behavioral patterns, and racial differences. Teach patients/family members risk-reduction measures and the early warning signs for stroke.

Be alert to family history of strokes (number and early age-of-onset, e.g. <60) and red flags for single gene hereditary syndromes.

Be aware of emerging field and resources for pharmacogenomics.

For additional information call the THD Stroke Coordinator, 214-345-6483, or e-mail latoyabasden@teaxshealth.org