

Risk Factors of Stroke in Hadramout

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BACKGROUND:

Stroke now ranks as the second cause of death and the most common life-threatening neurological disease. The best approach to reducing the burden of stroke remains prevention.

OBJECTIVE:

To determine the distribution of stroke in Hadramout by type, stroke risk factors, and to compare the results of the study with other national & international studies.

METHODS:

In this descriptive study, 91 patients carried out in Ibn Sinaa General hospital, involved all stroke patients that admitted at hospital during period 1/7/2019 to 31/12/2019. Patients were subjected to history taking, examination and investigation. Demographic data, stroke- subtypes, stroke-prone individual, risk factors, and stroke outcome, were analyzed.

RESULTS:

Of 91 stroke patients, 51 patients (56%) were male and 40(46%) were female. Ischemic stroke reported in 65 (71.4%) & hemorrhagic strokes 26 (28.6%) with mean ages and standard deviation of 62.6 ± 13.7 . Ischemic strokes were higher in male 38(58.5%) compared with female 27(41%) but no deference between male and female in hemorrhagic

stroke. Hypertension reported in 50 (54.9%) of all patients of stroke and more in males 28(56%) and showed that hypertension significantly increased the risk of hemorrhagic stroke 19 (73.1%) $P = 0.036$, Diabetes reported in 41 (45.1%) of patients and showed that DM significantly increased the risk of ischemic stroke which were 34(52.3%) of patients of ischemic stroke had DM ($P = 0.036$), atrial fibrillation (AF) reported in 15 (16.5%) of patients and showed that AF significantly increased the risk of ischemic stroke which were 15(23.1%) of patients of ischemic stroke had AF ($P = 0.005$), heart failure reported in 3(4.6%) with statistically non-significant ($P=0.555$), smoking and qat showing reported in 22 (24.2%) and 16 (17.6%) respectively with non-significant difference between ischemic and hemorrhagic strokes ($P=NS$). Non educated stroke patients were the commonest 65 (71.4%) with non-significant difference between ischemic and hemorrhagic strokes. hospital mortality in stroke reported in (25.3%) with more mortality in hemorrhagic stroke 12(46%) compared with ischemic stroke 11(16.9%) ($P = 0.003$)

CONCLUSIONS:

Overall, hypertension, diabetes mellitus, and A F were the major risk factors of stroke in Hadramout. Establishment of stroke registry (population- or hospital-based) for the province is recommended

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