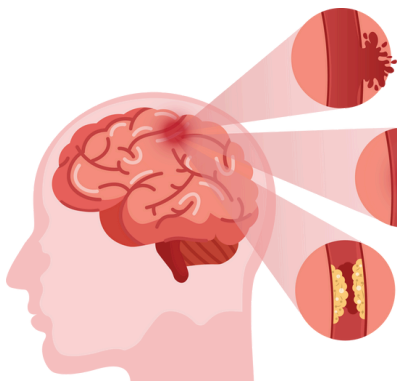


# Stroke 2024 Fact Sheet

Chronic Disease Prevention and Control Program | Division of Public Health

## What is a stroke?

A stroke occurs when the blood supply to part of the brain is blocked or when a blood vessel in the brain bursts, stopping the blood flow and causing damage to part of the brain.<sup>1</sup> A stroke is sometimes called a brain attack. There are two main types of stroke: hemorrhagic and ischemic stroke.<sup>1</sup>



**Hemorrhagic strokes** occur when a blood vessel in the brain ruptures.

A **transient ischemic attack (TIA)** is a temporary blockage in the blood supply to the brain. Sometimes a TIA is called a mini-stroke. It is a warning that the person is at risk for a more serious stroke.

An **ischemic stroke** occurs when there is blockage in a blood vessel supplying oxygen to the brain. The majority of all strokes fall into this category.

## Stroke in Nebraska

### Prevalence<sup>2</sup>

- In 2021, 2.7% of adults reported ever being told they had a stroke.
- The stroke prevalence in Nebraska was 2.5% in males, and 2.8% in females in 2021.

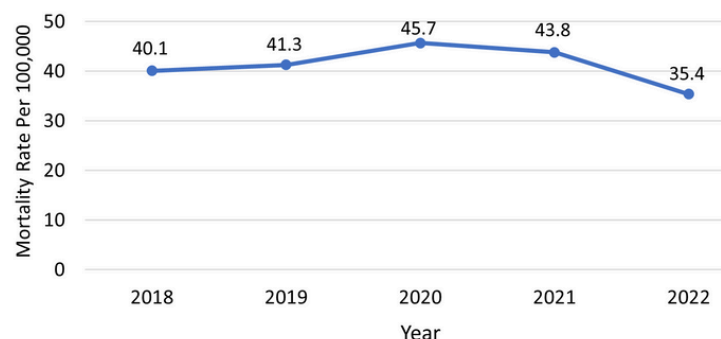
### Hospitalization<sup>3</sup>

- In 2022, **3,499** hospitalizations occurred among Nebraska residents due to stroke.
- Approximately **1 out of 3** persons hospitalized for stroke were under 65 years of age.

### Death<sup>4</sup>

- Stroke was the sixth leading cause of death in Nebraska in 2020, claiming the lives of **912** residents.
- In 2020, strokes were responsible for **17%** of all cardiovascular deaths in Nebraska.
- The stroke death rate in Nebraska has been decreasing steadily since 2020 (Figure 1).

Figure 1: Stroke Mortality Rate in Nebraska (2018-2022)



<sup>1</sup>Centers for Disease Control and Prevention. 2018. About Stroke. Retrieved from: <https://www.cdc.gov/stroke/about.htm>

<sup>2</sup>Nebraska Behavioral Risk Factor Surveillance System (BRFSS). 2021

<sup>3</sup>Nebraska Hospital Discharge Data. 2022. Inpatient and Outpatient Hospital Discharge. Primary diagnosis ICD-10 CM codes: 160-169.

<sup>4</sup>Nebraska Vital Records. 2018-2022. Mortality. ICD-10 codes: 160-169

# Stroke Modifiable Risk Factors Among Nebraskan Adults



Anyone can have a stroke at any age, but certain factors can increase your chances of having a stroke, and it is important to understand your risk and how to lower it. 80% of strokes can be prevented.<sup>5</sup>

## Signs and Symptoms

A stroke is a serious medical condition that requires emergency care. Recognize the signs of stroke **BE FAST**:



**B**alance: Does the person have a headache, loss of balance, or dizziness?



**E**yes: Does the person have blurry vision in one or both eyes?



**F**ace drooping or numbness: Ask the person to smile. Does one side droop?



**A**rm weakness or numbness: Ask the person to raise both arms. Does one drift downwards?



**S**lurred, difficult speech: Ask the person to repeat a simple sentence. Are the words slurred?



**T**ime to call: If someone exhibits any of these symptoms, call 9-1-1 immediately.

## Stroke Resources

A list of hospitals that are designated as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals can be found at: <https://dhhs.ne.gov/Pages/EHS-Stroke-STEMI.aspx>

More information about strokes can be found at:

National	State
American Stroke Association <a href="https://www.strokeassociation.org">https://www.strokeassociation.org</a>	Nebraska State Stroke Association <a href="https://nebraskastroke.org">https://nebraskastroke.org</a>
National Institute of Neurological Disorders & Stroke <a href="https://www.ninds.nih.gov">https://www.ninds.nih.gov</a>	
Centers for Disease Control and Prevention's Division for Heart Disease and Stroke Prevention <a href="https://www.ninds.nih.gov">https://www.ninds.nih.gov</a>	Nebraska Emergency Health Systems Program <a href="mailto:DHHS.EMSTraumaProgram@Nebraska.gov">DHHS.EMSTraumaProgram@Nebraska.gov</a> 402-560-4949

Chronic Disease Prevention and Control Program, Division of Public Health, Nebraska Department of Health and Human Services | [DHHS.CDPCprogram@Nebraska.gov](mailto:DHHS.CDPCprogram@Nebraska.gov) | 402-471-2102

<sup>5</sup> D'Agostino, R. B. et al. (1994). Stroke Risk Profile: Adjustment for Anti-hypertensive Medication. *Stroke*, 25(1), 40-43.

Notes: Age-adjusted rate per 100,000 population (2000 U.S. standard population). Population estimates are calculated by the U.S. Department of Commerce, Bureau of the Census.