

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.¹ A stroke is sometimes called a brain attack. There are two main types of stroke: ischemic and hemorrhagic stroke.¹



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.



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.

Stroke in Nebraska

Prevalence²

- 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.

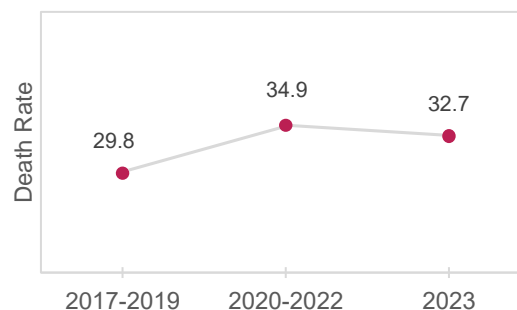
Hospitalization³

- In 2023, 5,008 inpatient hospitalizations occurred among Nebraska residents due to stroke.
- The average hospitalization length of stay for stroke was 8 days in 2023.
- Approximately 1 out of 3 persons hospitalized for stroke were under 65 years of age in 2023.

Death⁴

- In 2023, stroke was the fourth leading cause of death in Nebraska, claiming the lives of 795 residents of all deaths (with 17,730 deaths).
- In 2023, strokes were responsible for 16% of all cardiovascular deaths in Nebraska.
- The stroke death rate in Nebraska had been steadily declining between 2002-2016, increased between 2018-2020 and is currently following this slight downward trend. (Figure 1).

Figure 1: Nebraska 5 Year Age-Adjusted Stroke Death Rate, 2017-2023



Source: Nebraska Vital Statistics. ICD-10 codes I60-I69 Per 100,000 population

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

²Nebraska Behavioral Risk Factor Surveillance System (BRFSS). 2015 & 2016.

³Nebraska Hospital Discharge Data. 2016. Inpatient Hospital Discharge. Primary diagnosis ICD-10 CM codes: 160-169.

⁴Nebraska Vital Records. 2016. Mortality. ICD-10 codes: 160-169

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

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.⁵



HIGH BLOOD PRESSURE



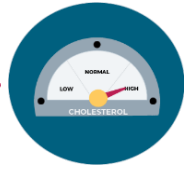
DIABETES



SMOKING



OBSESITY



HIGH BLOOD CHOLESTEROL

Signs & Symptoms

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



Face drooping or numbness: Ask the person to smile. Does one side droop?



Arm weakness: Ask the person to raise both arms. Does one arm drift downwards?



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



Time to call: If the person 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: <http://dhhs.ne.gov/publichealth/nebraskaems/Pages/Stroke.aspx>

More information about strokes can be found at:

National	State
American Stroke Association https://www.strokeassociation.org	Nebraska State Stroke Association https://nebraskastroke.org
National Institute of Neurological Disorders & Stroke https://www.ninds.nih.gov	Nebraska Stroke Advisory Council https://nestrokecouncil.org
Centers for Disease Control and Prevention's Division for Heart Disease and Stroke Prevention https://www.cdc.gov/dhdsp/index.htm	DHHS Emergency Health Systems Program DHHS.EMSTraumaProgram@Nebraska.gov 402-560-4949

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

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