**2005 Georgia Data Summary:**

**STROKE and the Paul Coverdell Stroke Registry**

Stroke is the third leading cause of death in Georgia and is a major cause of disability. Education and better patient care can improve the outcome of stroke.

**DEFINITION**

- Cerebrovascular disease is a condition where blood vessels supplying the brain become narrowed or blocked.
- Stroke, or brain tissue death, occurs as a result of the absence of blood flow to or in the brain.
- A stroke can be the result of a thrombus (blocked artery) or a hemorrhage (ruptured artery).
- Some strokes can be prevented through behavioral modifications.

**DEATHS**

- Stroke is the third leading cause of death in Georgia, accounting for 4,285 deaths in 2003.
- From 2000 to 2003, black females in Georgia experienced 80 stroke deaths per 100,000 persons.
- Black males are 1.5 times more likely to die from a stroke than white males.
- In 2003, strokes were responsible for 18% of all cardiovascular deaths in Georgia.

**ESTIMATED COST**

Stroke cost Georgians an estimated $1.5 billion in 2003, including health care costs and costs due to death and disability.

**HOSPITALIZATIONS**

In Georgia, stroke was the primary diagnosis for 23,164 hospitalizations in 2003.

**RISK FACTORS FOR STROKE**

Modifiable risks factors can increase or decrease the occurrence of an event. Altering these risks can limit or prevent the occurrence of a stroke. Stroke modifiable risk factors include:

- Smoking
- Inadequate physical activity
- Obesity
- Diabetes
- Hypertension
- High blood cholesterol
- Poor diet

**Prevalence of risk factors for stroke among high school students, Georgia, 2003**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percent</th>
<th>Current smokers</th>
<th>Obese</th>
<th>Not meeting recommended physical activity</th>
<th>&gt;5 Hours TV per school day</th>
<th>&gt;5 daily fruits and vegetables</th>
<th>Ever hypertension (1)</th>
<th>Ever high cholesterol (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smokers</td>
<td>21%</td>
<td>21</td>
<td>20</td>
<td>23</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>11%</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
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<td></td>
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</tr>
<tr>
<td>Not meeting recommended</td>
<td>37%</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
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<td>physical activity</td>
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<tr>
<td>&gt;5 Hours TV per school day</td>
<td>42%</td>
<td>42</td>
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<td></td>
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<tr>
<td>&gt;5 daily fruits and vegetables</td>
<td>83%</td>
<td>83</td>
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</tbody>
</table>

**Prevalence of risk factors for stroke among adults, Georgia, 2003**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percent</th>
<th>Current smokers</th>
<th>Obese</th>
<th>&gt;5 Hours TV per day</th>
<th>Ever hypertension (1)</th>
<th>Ever high cholesterol (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smokers</td>
<td>23%</td>
<td>23</td>
<td>23</td>
<td>23</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>8%</td>
<td>8</td>
<td>8</td>
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</tr>
<tr>
<td>&gt;5 Hours TV per day</td>
<td>58%</td>
<td>58</td>
<td>58</td>
<td>58</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Ever hypertension (1)</td>
<td>77%</td>
<td>77</td>
<td>77</td>
<td>77</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Ever high cholesterol (2)</td>
<td>25%</td>
<td>25</td>
<td>25</td>
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</tr>
</tbody>
</table>

**Data sources:**


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**Publication number:** DPH05.125H

INTERVENTION MEASURES

PAUL COVERDELL STROKE REGISTRY

- Funded by the Centers for Disease Control and Prevention to enhance quality improvement in stroke care.
- The registry will measure, track, and standardize treatment practices to improve emergency and long-term care for acute stroke patients.
- Developed as an offspring of the Coverdell Pilot Program, launched by Emory University.
- Pilot program demonstrated significant improvement in stroke patient care indicators.
- Current program is implemented in Georgia, North Carolina, Illinois, and Massachusetts.
- Twenty-seven hospitals throughout Georgia began participation in 2005; additional hospitals will be recruited in 2006.

Methods/Agents for Secondary Prevention

- Lifestyle modifications – smoking cessation, adequate diet, frequent exercise, and low sodium intake.
- Antithrombotics – aspirin
- Antihypertensives - diuretics, angiotensin-converting enzyme inhibitors, and angiotensin receptor blockers
- Thrombolytics - Tissue-type Plasminogen Activator (tPA)
- Anticoagulants – Heparin and Warfarin

GET WITH THE GUIDELINES

- Developed by the American Heart Association / American Stroke Association to guide patient-driven care.
- Uses the Patient Management Tool (PMT) to report data on stroke care from emergency medical services through patient discharge.

Patient Management Tool

- PMT allows tracking of patient’s treatment to improve management and secondary prevention of stroke.
- PMT is a real-time instrument used to provide interactive guidelines and integrate discharge processes.
- All PMT data are de-identified and all hospital site information is confidential to comply with federal privacy and security laws.

STROKE AND HEART ATTACK PREVENTION PROGRAM (SHAPP)

- Mission is to reduce illness and premature death in Georgia due to stroke and heart disease.
- Is an education-based program that educates on primary prevention activities such as lifestyle modification.
- Offers medication assistance and screening, referrals, diagnosis, and treatment.

Objectives

- Increase quality improvement through collaborative efforts among participant hospitals.
- Lower the stroke morbidity experienced in Georgia.
- Enhance the effectiveness of secondary care and prevent recurrent strokes.
- Develop protocols to guide physician care with effective stroke management.
- Develop effective methods to care for acute stroke patients.
- Track the most effective and frequently visited facilities used by stroke patients.