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## Socioeconomic Status and Stroke Incidence, Prevalence, Mortality and Worldwide Burden: An Ecological Analysis from the Global Burden of Disease Study 2017

Abolfazl Avan<sup>1</sup>, Hadi Digaleh<sup>2</sup>, Mario Di Napoli<sup>3</sup>, Saverio Stranges<sup>4,5,6</sup>, Reza Behrouz<sup>7</sup>, Golnaz Shojaeianbabaei<sup>1</sup>, Amin Amiri<sup>1</sup>, Reza Tabrizi<sup>8,9</sup>, Naghmeh Mokhber<sup>10,11</sup>, J. David Spence<sup>12,13,14</sup>, Mahmoud Reza Azarpazhooh<sup>1,4,12,13,\*</sup>

<sup>1</sup> Department of Neurology, Ghaem Hospital, School of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

<sup>2</sup> Neurobiology Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

<sup>3</sup> Neurological Service, San Camillo de' Lellis General Hospital, Rieti, Italy

<sup>4</sup> Department of Epidemiology & Biostatistics, Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada

<sup>5</sup> Department of Family Medicine, Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada

<sup>6</sup> Department of Population Health, Luxembourg Institute of Health, Strassen, Luxembourg

- 7 Stroke Program, Department of Neurology, School of Medicine, University of Texas Health Science Center, San Antonio, TX
- <sup>8</sup> Health Policy Research Center, Institute of Health, Shiraz University of Medical Sciences, Shiraz, Iran

<sup>9</sup> Clinical Neurology Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

<sup>10</sup> Department of Psychiatry & Behavioural Neurosciences, Western University, London, Ontario, Canada

<sup>11</sup> Department of Psychiatry, Mashhad University of Medical Sciences, Mashhad, Iran

<sup>12</sup> Stroke Prevention & Atherosclerosis Research Centre, Robarts Research Institute, Western University, London, Ontario, Canada

<sup>13</sup> Department of Clinical Neurological Science, Western University, London, Ontario, Canada

<sup>14</sup> Division of Clinical Pharmacology, Western University, London, Ontario, Canada

\* Corresponding author: Mahmoud Reza Azarpazhooh, Department of Neurology, Ghaem Hospital, School of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Article Info	A B S T R A C T
<i>Article type:</i> Original article	<ul> <li>Background and Aim: Socioeconomic status (SES) is associated with stroke incidence and mortality. Distribution of stroke risk factors is changing worldwide; evidence on these trends is crucial to the allocation of resources for prevention strategies to tackle major modifiable risk factors with the highest impact on stroke burden.</li> <li>Materials and Methods: We extracted data from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017. We analysed trends in global and SES-specific age-standardised stroke incidence, prevalence, mortality, and disability-adjusted life years (DALYs) lost from 1990 to 2017. We also estimated the age-standardised attributable risk of stroke mortality associated with common risk factors in low-, low-middle-, upper-middle, and high-income countries. Further, we explored the effect of age and sex on associations of risk factors with stroke mortality from 1990 to 2017.</li> <li>Results: Despite a growth in crude number of stroke events from 1990 to 2017, there has been an 11.3% decrease in age-standardised stroke incidence rate worldwide (150.5, 95% uncertainty interval [UI] 140.3–161.8 per 100,000 in 2017). This has been accompanied by an overall 3.1% increase in age-standardised stroke prevalence rate (1300.6, UI 1229.0–1374.7 per 100,000 in 2017), and a 33.4% decrease in age-standardised stroke incidence and mortality in all income categories since 2005. Further, there has been almost a 34% reduction in stroke death rate (67.8, UI 64.1–71.1 per 100,000 in 2017) attributable to modifiable risk factors, more prominently in wealthier countries.</li> <li>Conclusion: Almost half of stroke-related deaths are attributable to poor management of modifiable risk factors, and thus potentially preventable. We should appreciate societal barriers in lower-SE groups to design tailored preventive strategies. Despite improvements in general health knowledge, access to healthcare, and preventative, strategies, SES is still strongly associated with modifiable risk factor</li></ul>
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