

# **Etiologic Subtypes, Prevalence and Prognosis of Acute Ischemic Stroke in Female**



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## **Background and Aims:**

The majority of strokes occur in women have poorer outcome including higher mortality from stroke than men. The aim of this study was to determine the etiologic subtypes, risk factors, prevalence and prognosis of acute ischemic stroke in female.

#### **Methods:**

We reviewed the charts of 957 patients who were admitted with acute ischemic stroke between the dates January 2011 and May 2017. The demographic data, NIHSS scores at admission and mRS in follow-up period were recorded. We determined etiologic stroke subtypes using the automated Causative Classification System (CCS).

#### **Results:**

A total of 432 (45.1%) patients with female (mean age 71.2±14.7 [21-100] years) and 525 (54.9%) patients with male (mean age 67.2±12.9 [25-103] years) were included in the study. Females were older than males (p<0.001). AF and CHF were more common in female (p<0.001). Otherwise, CAD was more common in male (p<0.001). There were 75 (17.4%) patients with largeartery atherosclerosis, 209 (48.4%) patients with cardioaortic embolism, 23 (5.3%) patients with small artery occlusion and 31 (7.2%) patients with other causes, according to the CCS. Ninety-four (21.8%) patients remained undetermined. Admission NIHSS and follow up mRS were higher in patients with female than others (p<0.05). On logistic regression analysis, AF and CAD were significantly associated with patients with female (p<0.05).

## **Conclusions:**

Acute ischemic stroke in female was 45.1 % in our registry. AF was more common in female. It was concluded that female gender was not an independent factor for poor outcome.

# References:

1. Weimar C, Ziegler A, König IR, et al. Predicting functional outcome and survival after acute ischemic stroke. J Neurol 2002;249:888-895.

Table. Epidemiologic and clinical characteristics of patients in female and male

Female n=432	Male n=525	P
317(73.4)	361(68.8)	0.118
137(31.7)	168(32)	0.924
112(25.9)	55(10.5)	<0.01
88(20.4)	132(25.1)	0.081
80(18.5)	160(30.5)	<0.01
65(43)	43(8.2)	0.001
33(7.6)	48(9.1)	0.406
73(16.9)	112(21.3)	0.084
25.01±40.68	27.52±50.14	0.170
6.5±4.9	5.4±4.7	<0.01
(0-26)	(0-26)	
2.5±2.3	2±2.2	0.034
(0-6)	(0-6)	
37 (8.6)	56 (10.7)	0.271
	n=432 71.2±14.7 317(73.4) 137(31.7) 112(25.9) 88(20.4) 80(18.5) 65(43) 33(7.6) 73(16.9) 25.01±40.68 6.5±4.9 (0-26) 2.5±2.3 (0-6)	n=432 n=525  71.2±14.7 67.2±12.9  317(73.4) 361(68.8)  137(31.7) 168(32)  112(25.9) 55(10.5)  88(20.4) 132(25.1)  80(18.5) 160(30.5)  65(43) 43(8.2)  33(7.6) 48(9.1)  73(16.9) 112(21.3)  25.01±40.68 27.52±50.14  6.5±4.9 5.4±4.7  (0-26) (0-26)  2.5±2.3 2±2.2  (0-6) (0-6)

SD; Standard Deviation, CAD; Coronary Artery Disease, CHF; Congestive heart failure, TIA; transient ischemic attack

2. Irie F, Kamouchi M, Hata J, et al. Sex differences in short-term outcomes after acute ischemic stroke: the Fukuoka Stroke Registry. Stroke 2015;46:471-476