

Wywiad rodzinny w kierunku udaru mózgu oraz status zatrudnienia, a czynniki ryzyka udaru oraz objawy sugerujące niedokrwienie mózgu w populacji dorosłych w wieku 40-65 lat

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Streszczenie w języku angielskim (abstract)

Stroke is increasingly prevalent in people aged 40-65 years, posing a serious economic problem. About 30% of stroke risk is dependent on genetic factors, however identifying individual susceptibility genes is costly and time-consuming. One of the available strategies remains collecting a family history of stroke in first-degree relatives. In primary prevention family history of stroke is associated with the risk of stroke, hypertension and hypercholesterolemia. In secondary prevention it may indicate a specific etiology of stroke and suggest an additional risk of developing depression or dementia. Information about family history of stroke is readily available during interview collection by medical personnel, as is information on a patient's employment status. The association between family history of stroke and employment status with the incidence of stroke and its risk factors is the subject of ongoing debate.

The presented series of publications was based on data collected as part of the National Cerebrovascular Disease Prevention Program. Patients were recruited between November 2018 and October 2021 in 100 primary care centers located in the provinces of Małopolska, Podkarpackie and Świętokrzyskie. The only inclusion criterion was age in the range of 40-65 years. There were no exclusion criteria. The subjects underwent anthropometric and blood pressure measurement, as well as auscultation of the carotids for the presence of a systolic murmur. Using comprehensive questionnaires, we collected data on the incidence of stroke, TIA, comorbidities, use of diet and regular physical activity, and the subjects' knowledge of stroke. The data were analyzed with respect to family history stroke status, defined as first-

degree consanguinity, as well as employment status – we distinguished four groups: employed, voluntarily unemployed, involuntarily unemployed and disability pensioners.

The prevalence of family history of stroke and self-reported stroke symptoms was about 25%. Family history was shown to be associated with a higher prevalence of hypertension, TIA and self-reported stroke symptoms in the general population, and a higher prevalence of atrial fibrillation in women. Voluntary unemployment was associated with a higher prevalence of stroke and its risk factors: hypertension, diabetes and obesity. Involuntary unemployment was associated with hypertension and the presence of self-reported stroke symptoms: sudden arm or leg weakness, sensory disturbances, speech difficulties and facial asymmetry in subjects without a history of stroke or TIA.

Based on the collected data, we concluded that middle-aged adults with a positive family history of stroke, as well as those who are unemployed, represent a population at increased risk of stroke. These individuals should be closely monitored and referred for further neurological work-up, should they report symptoms suggestive of cerebral ischemia.