



RISK FACTORS FOR STROKE IN MEN AND WOMEN: AN EPIDEMIOLOGICAL PICTURE

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Introduction

Risk factors such as hypertension, diabetes, dyslipidemia, atrial fibrillation, patent foramen ovalis, and previous stroke episodes are considered crucial to the pathogenesis of stroke.

This observational cross-sectional study aimed to evaluate the prevalence of the most common stroke risk factors among the sexes.

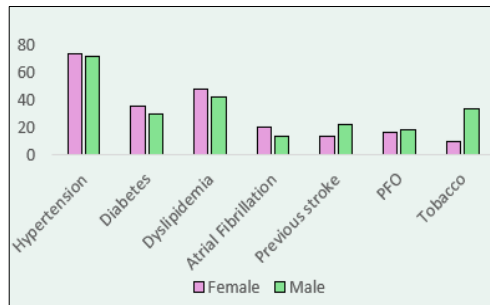
Methods

Patients admitted to the Neurology Unit of the Hospital Umberto I of Enna for stroke and treated with Actilyse from the 1st of January 2019 to the 30th of August 2025 were retrospectively selected. Demographic and clinical data were collected from the medical records. Sex differences in demographic characteristics and prevalence of risk factors were evaluated.

Results

A total of 168 patients were enrolled (mean age 71.9±14.5 years; 103 M). NIHSS before treatment was significantly higher among female. Moreover, male were more frequently smokers and presented a lower serum HDL cholesterol level than female.

	Total (n=168)	Female (n=65)	Male (n=103)	p-value
Age, years	71.9±14.5	72.9±14.8	71.2±14.4	0.430
NIHSS before treatment	7.5±5.0	8.9±5.8	6.7±4.2	0.005
NIHSS after treatment	3.5±4.8	3.2±4.2	3.2±4.2	0.365
Tobacco smoking	33 (24.8)	5 (10.0)	28 (33.7)	0.002
Hypertension	122 (72.6)	48 (73.8)	74 (71.8)	0.777
Diabetes	54 (32.1)	23 (35.4)	31 (30.1)	0.475
Atrial fibrillation	27 (16.1)	13 (20.0)	14 (13.6)	0.271
Previous stroke	32 (19.0)	9 (13.8)	23 (22.3)	0.173
Patent foramen ovalis	30 (17.9)	11 (16.9)	19 (18.4)	0.802
Dyslipidemia	74 (44.0)	31 (47.7)	43 (41.7)	0.450
Total cholesterol mg/dl	160.1±44.1	159.2±45.8	160.8±43.1	0.854
Cholesterol LDL, mg/dl	98.8±42.6	92.3±42.9	103.6±41.9	0.163
Cholesterol HDL, mg/dl	46.2±12.9	49.4±14.2	43.9±11.4	0.023
Triglycerides, mg/dl	102.9±39.7	98.8±31.4	105.9±44.9	0.352
Glycated hemoglobin, %	6.9±1.4	6.7±1.2	7.0±1.5	0.467
Homocysteine, µmol/L	19.2±16.9	20.1±24.1	18.7±10.9	0.763



Conclusions

Our findings support the need of an earlier recognition/triage for female and preventive strategies in men (smoking cessation, lipid control). Larger prospective studies should confirm and expand these observations.

References

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