



Difference In Stroke Risk Factors Among Hospitalized Patients with Cerebral Infarction and Cerebral Hemorrhage: A Comparison Between Patients in New York Downtown Hospital (New York Chinatown) and Those Contained in the Northern Manhattan Stroke Study

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Abstract

We have retrospectively reviewed hospitalized Chinese patients with cerebral infarctions between 1994 and 1995 (N=108) in New York Downtown Hospital (whose admission patients are 50% of Chinese), compared their social demographics and vascular risk factors with those patients in the Northern Manhattan Stroke Study.

According to this comparison, the mean age of stroke among the Chinese is seven years younger than the individuals of a White background (Chinese 73 y, White 80 y, $P<0.001$) and the various stroke risk factors differ as well. There is more untreated hypertension among the Chinese (C 23% vs W 6%, $P<0.001$; Hispanics 11% <0.01). a fact supported by the EKG finding of more left ventricular hypertrophy (C 33% vs W 9% or H 10%, $P<0.01$) and higher Initial diastolic pressure (C 32% vs W 17%, $P<0.05$). Although fewer Chinese patients smoke (C 11 % vs B 31 % $P<0.001$; W 17%), those who do smoke smoke more packs/day than members of the other groups (C 1.3 packs vs W.17 pack or H 0.159 pack, 6 0.429, $P<0.001$). Also, the comparison states that fewer Chinese patients drink alcohol or have heart disease.

The Chinese stroke patients have a higher incidence of intracerebral hemorrhage (Chinese 17.8%, nonchinese 9%, $P<0.01$). Although the Chinese patients with intracerebral hemorrhage had a lower incidence of diabetes mellitus (9% vs 38%, $P<0.001$), they were younger (70 years vs 73 years) and had higher initial systolic blood pressure (64% vs 32%, $P<0.001$), diastolic blood pressure (46% vs 27%, $P<0.05$), and EKG evidence of left ventricular hypertrophy (53% vs 33%, $P<0.05$).

Stroke risk factors are clearly significant in determining methods of treatment; noting the differences in stroke risk factors among the different ethnic groups (contained in the above analysis) is crucial to helping us plan treatment strategies for stroke prevention in NY Chinese community and to maximum the effective use of resources.