Reducing your risk of stroke: information for black African and black Caribbean people

Stroke can happen to anyone at any time, but if you are black and of African or Caribbean origin you may have a higher risk of stroke than other people in the UK. This factsheet explains the factors that can make you more at risk of stroke and what you can do about them.

What is a stroke?

A stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. It can be caused by a blockage in one of the blood vessels leading to the brain or by a bleed in the brain.

Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or die.

Strokes affect people in different ways depending on the part of the brain that is affected, how widespread the damage is and how healthy you were before the stroke. A stroke can affect the way your body functions as well as your thought processes and how you feel and communicate.

The FAST test (right) can help you to recognise the symptoms of a stroke. These symptoms usually come on suddenly. Other symptoms include sudden weakness or numbness on one side of the body, sudden confusion, dizziness or unsteadiness.

A transient ischaemic attack or TIA is similar to a stroke but the symptoms are temporary – usually lasting from a few minutes up to 24 hours. A TIA is serious and should not be ignored. If you experience any of the symptoms described above you must call 999, as there is no way of telling whether you are having a TIA or a stroke when the symptoms first start.
Why am I more likely to have a stroke if I am black?

Studies show that if you are black and of African or Caribbean origin you are twice as likely to have a stroke, and at a younger age, than white people. The reasons for this are complex and not completely understood.

What we do know is if you are black and of African or Caribbean origin you are more likely to develop high blood pressure or diabetes or have sickle cell disease, which are all risk factors for stroke.

Some of the lifestyle factors that increase your risk of developing some of these medical conditions, and therefore of having a stroke, are also known to affect some African and Caribbean people more than the rest of the UK population. These include carrying weight around your waist and smoking.

What factors will increase my risk of stroke?

High blood pressure

High blood pressure is the most important risk factor, contributing to around 53% of all strokes. In the UK high blood pressure is more common among black Caribbean people than any other ethnic group.

Blood pressure is the measure of how strongly your blood presses against the walls of your arteries when it is pumped around your body. If this pressure is too high it puts a strain on your arteries and heart, which can cause health problems and lead to a stroke or heart attack.

High blood pressure (known as hypertension) develops when your blood pressure is consistently too high (140/90mmHg or higher).

High blood pressure puts a strain on all the blood vessels in your body, including the ones leading to your brain. This makes a blockage more likely to develop or a blood vessel in the brain to weaken and bleed, both of which could cause a stroke.

What can I do about high blood pressure?

High blood pressure does not have any symptoms so the only way to know if you have it is to have your blood pressure measured regularly.

Everyone over 40 should get their blood pressure checked at least once every five years, but as you’re more likely to have high blood pressure if you are black African or black Caribbean, you should get it checked more often, ideally once a year. This can be done by your GP or nurse, or you can check it yourself with a home testing kit.

Leading a healthy lifestyle can help to reduce your risk of high blood pressure. You can read more about this further on in this factsheet.

Diabetes

Diabetes is up to three times more common among black African and black Caribbean people compared to the rest of the UK population.

Diabetes is a condition caused by too much sugar (known as glucose) in the blood. This is why people with diabetes may say they’ve “got sugar”. There are two main types of diabetes:
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• **Type 1** develops when the **body stops producing insulin**, a hormone that helps your body to use up the glucose in your bloodstream. This type of diabetes usually begins in childhood or adolescence.

• **Type 2** diabetes develops when your **body does not produce enough insulin** or when your body does not react to it in the right way. This type of diabetes is much more common and tends to develop gradually, usually in adulthood.

**Having diabetes doubles your risk of stroke.** This is because high levels of glucose in the blood can damage your blood vessels, making them harder and narrower and more likely to become blocked. If this happens in a blood vessel leading to the brain it could cause a stroke.

**What can I do about diabetes?**

As black African and black Caribbean people are more at risk of diabetes it is **important that you get checked by your GP**, especially if you have any of the other main risk factors for developing the condition:

• you are over 40
• there is a history of diabetes in your family
• you are overweight or obese
• you have had diabetes during pregnancy.

If you have diabetes, **you must have regular check-ups** with your GP or at a diabetes clinic to make sure your blood glucose and blood pressure stay at healthy levels.

Although there is no cure, **diabetes can often be managed by making changes to your lifestyle**, such as altering your diet or doing more exercise. There are tips about leading a healthier lifestyle further on in this factsheet.

**Sickle cell disease**

Sickle cell disease is a disorder that **affects your red blood cells**. Blood cells are normally round and flexible, but in people with sickle cell disease they become stiff and sickle-shaped. This can lead them to block blood vessels, often causing pain. This is known as a sickle cell crisis. If sickle cells **block the blood supply to your brain** this can lead to a stroke. Research shows that 24% of people with sickle cell disease will have a stroke by the age of 45.

Around 10,000 people in the UK have sickle cell disease and it **predominantly affects people of African, Caribbean, Asian and Mediterranean origin**.

**What can I do about sickle cell disease?**

Sickle cell disorders can be detected with a blood test. All newborn babies in the UK are checked for sickle cell disease.

Although sickle cell disease cannot be cured, **treatment can reduce its symptoms** and the complications that result from it like stroke. If you are diagnosed with sickle cell disease you will be referred to a team of health professionals that will help you manage the condition.

As stroke is one of the most serious complications of sickle cell disease, you will need to **have regular checks to monitor your risk**. If you are diagnosed with sickle cell disease it is likely that you will have a Transcranial Doppler (TCD) scan every year from the age of three. This scan uses ultrasound to measure the flow of blood through your brain and can indicate whether a blockage may be forming.

If the scan shows that you are at a high risk of stroke, your doctor may recommend...
that you have more regular scans or a blood transfusion, which can significantly reduce your risk.

**Drinking plenty of water, taking regular exercise and eating healthily can help to reduce the symptoms of sickle cell disease.**

Some things are known to trigger a sickle-cell crisis and can be avoided. These include very hot or cold temperatures, stress and smoking cannabis.

**Atrial Fibrillation (AF)**

AF is a type of irregular heartbeat that can cause blood clots to form in the heart. If these clots move up into the brain, it can lead to a stroke.

Some studies suggest that black African and black Caribbean people are less likely to have AF than white people. However, **if you are black and have AF, your risk of stroke could be slightly higher** because you’re more likely to have other risk factors (such as high blood pressure and diabetes) as well.

**What can I do about AF?**

Your doctor can test whether you have AF by checking your pulse and performing an electrocardiogram (ECG) – a simple and painless test that records the rhythm and electrical activity of your heart.

If you have AF you can be treated with blood thinning medication such as warfarin, or drugs called novel oral anticoagulants, which can reduce your risk of stroke by 50–70%.

**Smoking**

Smoking doubles your risk of having a stroke and the more you smoke, the greater your risk. Smoking damages your artery walls and makes your blood more likely to clot.

Many black people do not smoke, but research shows that out of all ethnic groups in England, **black Caribbean men and women (and especially younger women) have some of the highest rates of smoking.**

The nicotine in tobacco is highly addictive so **giving up is not always easy, but there is a lot of support available to help you.**

You should be able to find an NHS service near to you that can give you advice on the best way to quit. Speak to your GP or call the NHS Smokefree helpline to find your nearest service. You can find the helpline number at the end of this factsheet.

**Alcohol**

If you do drink alcohol, keep within the safe limits recommended by the government. The guidelines say that men and women should drink no more than 14 units per week.

Drinking a lot in a single session is particularly risky, as it can cause your blood pressure to rise very quickly. To reduce your risk:

- spread out your drinking over the week
- have several dry days in a week.

For more information see our factsheet Alcohol and stroke.
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Weight
Studies in England have shown that black African and black Caribbean women are more likely to carry weight around their waist than the rest of the population. If you carry extra weight around your waist you are more likely to have high blood pressure, diabetes or other health problems.

Diet
Eating a healthy, balanced diet can help to lower your blood pressure and control diabetes. Cholesterol is a fatty substance that can be absorbed from foods. If there is too much cholesterol in your blood it can cause fatty deposits to build up in your arteries and restrict the flow of blood. It also increases the chance of a blood clot developing. However, eating well can reduce your cholesterol level.

We should all eat a variety of fruit, vegetables, starchy food and protein in our diet. Here are a few tips for eating a healthy, balanced diet:

• Eat more fruit and vegetables
  Fruit and vegetables are an important source of vitamins and minerals and you should aim to have five portions of fruit and vegetables every day.

• Eat more fibre
  A third of your daily diet should be made up of starchy foods such as bread, cereals, rice and potatoes. Plantain, yam, sweet potato, breadfruit, squash and cassava are all good choices as well.

  Foods that are high in fibre help to reduce the amount of cholesterol in your blood, so when choosing starchy foods, go for wholegrain cereals, brown rice or grains such as couscous.

• Eat healthy protein
  Meat and fish, beans, peas and lentils are all good sources of protein and you should aim to have two portions of protein every day.

  Most red meat is high in saturated fat, which can raise your cholesterol, so limit the amount of red meat you eat. You could try adding beans or lentils to your stews and curries to replace some of the meat you use.

  It’s a good idea to eat two portions of fish every week, especially oily fish like mackerel, sardines or salmon, as these contain omega-3 fatty acids, which can prevent blood clots and lower blood pressure.

  Vegetarian or vegan sources of protein include tofu, mycoprotein (such as Quorn), textured vegetable protein and tempeh.

• Cut down on fat and sugar
  We all need small amounts of fat and sugar in our diets, but too much can lead to weight problems.

  Palm and coconut oils are very high in saturated fat, which increases the amount of cholesterol in your blood. Use vegetable, nut and olive-based oils instead, as these are higher in unsaturated fats, which can help to reduce cholesterol.

  Red meats, full-fat cheese and manufactured cakes and biscuits all contain a lot of saturated fat, so try to limit the amount of these in your diet.
**Try new ways of cooking**
How you prepare your food is just as important as what you eat. Steaming, boiling and grilling are all healthier than frying, which adds extra fat. Fried foods like jerk chicken, beef jerky, corn and pineapple fritters and plantain should be enjoyed as occasional treats, rather than as a regular part of your diet.

**Watch the salt**
Too much salt can increase your blood pressure. You should not eat more than 6g (or a teaspoon) of salt per day. This is particularly important if you are black African or black Caribbean, as research shows you are likely to be more sensitive to the effects of salt.

Much of the salt we eat is ‘hidden’ in processed foods like ready meals, crisps, nuts, cake and biscuits, as well as salt fish, corned beef, bacon, salt pork and processed meats.

Premixed flavourings such as jerk seasoning or curry powders can also be high in salt. Try using fresh ginger, lemon juice and chillies or dried herbs and spices like paprika or pimento to flavour food instead. Also avoid adding salt to food when you’re cooking or at the table.

**Exercise**
Regular exercise can reduce your risk of having a stroke by lowering your blood pressure and helping you to maintain a healthy weight.

Research shows that regular exercise can reduce your risk of stroke by 27%. You should **aim to do at least 30 minutes of moderate physical activity five or more times a week**.

You don’t have to do all 30 minutes at once, it can be broken up into smaller blocks of time throughout the day.

You can **choose any form of exercise** as long as the activity increases your heart rate and makes you feel warm and a little out of breath. So you could try yoga or dancing or simply make small changes to the things you do every day – activities like walking to the shops or using the stairs instead of a lift can all count towards your daily total.

If you haven’t been active for some time, and especially if you’re over 40 or have a medical condition, make sure you speak to your doctor before you start doing lots of physical activity.

**How can I find out more?**

**Talk to us**
At the Stroke Association, our helpline team can give you information about stroke and tell you about services and support available in your local area.

Call us on **0303 3033 100** (Monday to Friday, 9am-5pm) or email **info@stroke.org.uk**

You can speak to our helpline in any language you choose through a telephone interpreter. Just call us, tell us the language you’d like to use, your name and telephone number and we will call you back – there’s no charge for using this service.

**Get online**
We have lots of information about stroke and how to prevent it on our website. Go to **stroke.org.uk**
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Read our publications

We also produce a range of other leaflets and factsheets about stroke and related issues. You can download these for free or order a printed copy to be posted to you via our website stroke.org.uk or by calling the helpline on 0303 3033 100.

Some of our other factsheets include:
- High blood pressure and stroke (F06)
- Diabetes and stroke (F15)
- Atrial Fibrillation (AF) and stroke (F26)
- Smoking and the risk of stroke (F19)
- Alcohol and stroke (F13)
- Healthy eating and stroke (F08)
- Exercise and stroke (R07).

Our leaflet How to prevent a stroke is also available in Somali.

Other useful contacts

If you’re looking for more information the following organisations may also be able to help. All are UK wide unless otherwise stated.

Please note that details of these organisations are for information only. We are not recommending or endorsing anyone by including them in this factsheet.

Afiya Trust
Website: www.afiya-trust.org
Tel: 0207 803 1180
Email: info@afiya-trust.org
Works to promote health and social care issues for the UK’s black and minority ethnic communities.

Blood Pressure UK
Website: www.bloodpressureuk.org
Take control website: www.bloodpressureuk.org/microsites/AfricanCaribbean
Tel: 0845 241 0989
Works to lower the nation’s blood pressure and tries to prevent stroke and heart disease. Their Take control website provides information for people in African and Caribbean communities.

British Dietetic Association
Website: www.bdadweightwise.com
Tel: 0121 200 8080
Email: info@bda.uk.com
Runs the Weightwise website, which offers health, food and lifestyle information and materials to help you lose weight.

British Heart Foundation
Website: www.bhf.org.uk
Heart Helpline: 0300 330 3311
Publications Order Line: 0870 600 6566
Offers a wide range of publications on heart conditions and blood pressure. The helpline is staffed by cardiac nurses who can provide information and support on heart and health issues.

British Nutrition Foundation
Website: www.nutrition.org.uk
Tel: 020 7557 7930
Email: postbox@nutrition.org.uk
Provides information on nutrition and healthy eating.

Diabetes UK
Website: www.diabetes.org.uk
Careline: 0845 120 2960
Email: careline@diabetes.org.uk
Provides information and support for people affected by diabetes.
Information for black African and black Caribbean people

NHS Smokefree
Website: www.smokefree.nhs.uk
Tel: 0800 022 4332
Provides information and support with stopping smoking.

Reach Community Health Project
Website: www.reachhealth.org.uk
Tel: 0141 585 8022
Email: admin@reachhealth.org.uk
Dedicated to improving health and social care for black and minority ethnic communities in Scotland.

Sickle Cell Society
Website: www.sicklecellsociety.org
Tel: 0208 961 7795
Email: info@sicklecellsociety.org
Offers information about sickle cell conditions for individuals, families and teachers.

Sickle Cell and Young Stroke Survivors
Website: www.scyss.org
Tel: 0844 209 2922
Email: info@scyss.org
Provides information, emotional support and monthly meetings for young people affected by stroke and sickle cell disease.

About our information
We are committed to producing clear, accurate and unbiased information for stroke survivors, their families and friends. To produce our publications we use information from professional bodies and other reliable sources including NICE, SIGN, Royal College of Physicians, medical journals and textbooks. For a list of all the sources used in this factsheet go to stroke.org.uk

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