Reducing your risk of stroke: information for South Asian people

Stroke can happen to anyone at any time, but if you are South Asian (someone of Bangladeshi, Indian, Sri Lankan or Pakistani 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 a 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.

**Facial weakness**
Can the person smile? Has their mouth or eye drooped?

**Arm weakness**
Can the person raise both of their arms?

**Speech problems**
Can the person speak clearly and understand what you say?

**Time to call 999**

If you see any one of these signs, seek immediate medical attention.

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.
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What do I need to know about stroke if I am South Asian?

Studies show that in the UK stroke-related deaths are higher among South Asian people than white people. The reasons for this are complex and not completely understood.

What we do know is that if you are South Asian you are more likely to develop high blood pressure, diabetes or high cholesterol, which are all risk factors for stroke.

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

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. South Asian people are more likely to have high blood pressure than the rest of the UK population.

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 and within 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 check is to have your blood pressure measured regularly. If you are over 40 you should get your blood pressure checked at least once every five years and more often if it is high or you have other health problems. 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

South Asian people are twice as likely to develop diabetes than the rest of the UK population, and are more likely to develop it at an earlier age.

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:

• 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.
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- **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 almost 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 or within the brain it could cause a stroke.

**What can I do about diabetes?**
As South Asian people are more at risk of developing diabetes it is important that you get checked by your GP, especially if you are over the age of 25 and you have any of the other main risk factors for developing the condition:
- 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.

**Atrial Fibrillation (AF)**
AF is a type of irregular heartbeat that can cause blood clots to form in the heart. If these clots block the blood supply to your brain, it can lead to a stroke.

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

**High cholesterol**
Cholesterol is a fatty substance and is vital for your body to function properly. Most of the cholesterol in our body is made by the liver, but it can also be absorbed from some of the foods we eat.

Cholesterol is carried in your blood by proteins and when they combine they form lipoproteins. There are two types of lipoprotein:
- Low-density lipoprotein (LDL) carries cholesterol from your liver to the cells that need it. It is often called ‘bad cholesterol’ because if there is too much, it can build up in your artery walls.
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• High-density lipoprotein (HDL) is known as ‘good cholesterol’ because it carries cholesterol away from the cells and back to your liver, where it is either broken down or passed out of the body.

It is the overall balance of good and bad cholesterol in the body that affects your risk of having a stroke. **Too much bad cholesterol in your blood 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.

**South Asian people are more likely to have high levels of total cholesterol** in their blood than people in other ethnic groups. In addition, some research suggests that South Asian people’s cholesterol is made up of lower levels of HDL and that their LDL is more likely to cause fatty deposits compared to people in other ethnic groups.

**What can I do about high cholesterol?**
High cholesterol has no noticeable symptoms, so you need to have your cholesterol level checked, especially if you are over 40 and have any of the other main risk factors for developing the condition:
• a history of heart disease or high cholesterol in your family
• you are overweight
• you have high blood pressure or diabetes.

Your GP can check your cholesterol level with a simple blood test. **Making changes to your lifestyle can help** to reduce your cholesterol but if your doctor thinks that you are at a high risk of developing heart disease or stroke he or she may suggest that you take medication to help reduce your cholesterol. Drugs called statins can help to prevent fatty deposits forming and reduce your risk of stroke.

Your lifestyle
Some of the factors that increase your risk of stroke are things that you can’t control like your age, gender, ethnic origin, family history and medical background. However there are other factors related to your diet and lifestyle that you can change.

**Tobacco**
**Smoking doubles your risk of having a stroke** and the more you smoke, the greater your risk. Smoking reduces the amount of good cholesterol in your blood and carbon monoxide from cigarette smoke damages artery walls and makes your blood more likely to clot.

Many South Asian people do not smoke cigarettes, but some groups, like Bangladeshi men, have very high levels of cigarette smoking compared to the rest of the population.

**Using gutka, qimam/kimam, paan or naswar** (sometimes known as ‘smokeless tobacco’ products) is also harmful to your health. Studies have shown that people who use them are more likely to die from a stroke than people who don’t.

Other products like bidi/beedi and shisha include tobacco so if you smoke these you are at risk of the same kinds of diseases as cigarette smokers, including stroke. The World Health Organisation has shown that in one session of using shisha you can inhale as much smoke as if you smoked 100–200 cigarettes.

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, who can give you advice on
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the best way to quit. Speak to your GP or call the NHS Smokefree helpline to find your nearest service. You can find helpline numbers at the end of this factsheet.

Alcohol
The use of alcohol among South Asian people in the UK varies greatly, and you may never drink alcohol at all. However, if you do drink, it is important to be aware that regularly drinking large amounts of alcohol greatly increases your risk of stroke.

Binge drinking (drinking six units of alcohol within six hours) is particularly dangerous as it can cause your blood pressure to rise very quickly. If you do drink, stick to the recommended amounts. For men this is no more than four units per day and for women this is no more than three units per day.

Weight
Studies in England have shown that South Asian people carry more weight around their waist than the rest of the population. If you carry extra weight around your waist you are more likely to develop diabetes, high blood pressure or other health problems.

The South Asian Health Foundation suggests that South Asian men whose waist measures over 90cm and South Asian women whose waist measures over 80cm should be considered overweight.

Diet
Eating a healthy, balanced diet can help to lower your blood pressure and the amount of cholesterol in your blood. It can also help to control diabetes. All of this will reduce your risk of having a stroke.

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

  A third of your daily diet should be made up of starchy foods such as bread, cereals, rice and potatoes. Doubling up on these at mealtimes, by combining potato with chapatti, rice, puri or naan for example, can lead to an unbalanced diet. Try to rebalance your meals by adding more vegetables or a salad.

- **Eat more fibre**
  Foods that are high in fibre help to reduce the amount of cholesterol in your blood, so eat more wholegrain cereals, brown rice or grains such as couscous.

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

  Most red meat is high in saturated fat, which can raise your cholesterol, so limit the amount you eat.

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

  Milk and other dairy products can also provide a good source of protein but try to use low fat options. When making lassi, paneer, yoghurt or pudding use semi-skimmed instead of full-fat milk.
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• **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. Food that has been fried in butter or ghee will contain high amounts of fat.

Sweetmeats such as jalebi, ladoo, gulab jamun and burfi contain a lot of sugar, so try not to eat them every day.

• **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 such as samosas, pakoras, chips or fried bread like bhaturas or puri should be enjoyed as occasional treats, rather than a regular part of your diet.

• **Watch the salt**
Too much salt can increase your blood pressure. Therefore you should not eat more than 6g (or a teaspoon) of salt per day. Much of the salt we eat is ‘hidden’ in processed foods such as ready meals, sauces and snacks like chevda, ganthia, sev and salted nuts. Keep these as an occasional treat and avoid adding salt to food when you’re cooking or at the table.

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 everyday – 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

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 Bengali, Gujarati, Hindi, Punjabi and Urdu.

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.

NHS Brainstroke
Website: www.brainstroke.org.uk
Provides information about stroke for South Asian communities, including information in Urdu, Sylheti, Punjabi and Gujarati.

NHS Inform
Website: www.nhsinform.co.uk
Provides health and care information for people in Scotland. Its ‘Common health questions’ section has information on blood pressure, diet and lifestyle.

Blood Pressure UK
Website: www.bloodpressureuk.org
BP Info Line: 0845 2410989
Works to lower the nation’s blood pressure and tries to prevent stroke and heart disease. A range of publications is available.

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 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.

Confederation of Indian organisations (UK) Stroke project
Website: www.ciostrokeproject.co.uk
Tel: 0116 266 8068
Works to prevent stroke in South Asian communities and to ensure that their needs are included within national and local policy and services.

Diabetes UK
Website: www.diabetes.org.uk
Careline: 0845 120 2960
Provides information and support for people affected by diabetes.
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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