



Potential Hazards, Implications and Mitigation Methods for the Strokes

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DESCRIPTION

The unique pathophysiology of a stroke affects its risk factors and course of treatment since it is a diverse disease. Modifiable and non-modifiable risk factors for stroke are both present. Age, sex, and race/ethnicity are risk factors for both ischemic and haemorrhagic stroke that cannot be changed, but hypertension, smoking, nutrition, and physical inactivity are some of the more often reported modifiable risk factors. Stroke risk factors and initiators that have been more recently identified include inflammatory conditions, infections, pollutants, and cardiac atrial conditions unrelated to atrial fibrillation. Stroke may be the major symptom of uncommon, inherited illnesses that are caused by single-gene abnormalities. There is proof that developing nations, where the burden of hypertension illnesses is higher, have a higher proportion of haemorrhagic strokes than ischemic strokes. The percentage of haemorrhagic strokes has decreased and the proportion of ischemic strokes, as well as cardiovascular disease in general, has increased in those nations as the detection and management of hypertension have progressed, frequently with an increase in standard American diet.

The chance of having a stroke can increase by two to four times if high blood pressure is not controlled. The highest risk factor for stroke in both men and women is high blood pressure. The highest improvement in vascular health that people can make is probably to monitor their blood pressure and, if it is elevated, to treat it. Obesity increases the risk of developing diabetes and high blood pressure, two conditions that are associated with it. Exercise helps people lose weight and lower blood pressure, but it also acts as a stroke preventer on its own. Heart clots can occur as a result of the irregular heartbeat known as atrial fibrillation. When such clots reach the brain, a stroke may result. Stroke risk increases roughly fivefold with atrial fibrillation, thus it must be

addressed carefully. The symptoms of a mini-stroke are similar to those of a stroke, although they don't stay as long. A transient ischemic attack is another name for a mini-stroke. When blood supply to the brain is interrupted for a brief period of time, often minutes to hours, it can result in a transient ischemic attack. Typically, a stroke occurs unexpectedly. But it can also occur over a period of hours or even days.

The key to preventing strokes is controlling blood pressure and cholesterol, whether *via* dietary changes or by talking to doctor about taking medication.

Health professionals must be aware of how diseases like hypertension, diabetes, and atrial fibrillation increase the risk of stroke, especially when they are paired with other modifiable and non-modifiable hazards like age. Healthcare providers should make sure that patients with a history of cardiovascular diseases are provided preventative therapies that will help them lower their risk of stroke in addition to offering information, guidance, and assistance with lifestyle changes. Health professionals play a significant role as advocates for our patients, for legislation that would improve community health and more equal access to healthcare. The ability of people to make a difference can be severely constrained by factors such as levels of service investment, healthcare access hurdles, and educational and economic disparities.

Our knowledge of the risk factors and treatment of stroke has advanced significantly in recent years. The many etiologic subtypes of stroke, as well as haemorrhagic versus ischemic stroke, have been the subject of increased research into the risk factors for stroke. It shows that whereas related atrial cardiopathies linked to cardio embolic strokes, lipids are a risk factor for atherosclerotic stroke. In particular, the focus on distinct types of stroke has been advantageous for genetic analysis.

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