

## Stroke Risk Assessment v3

### Client Review Document

#### Overview

The Stroke Risk Assessment evaluates various risk factors to determine a user's overall stroke risk.

#### Main Scientific Basis

This assessment uses the National Stroke Association Stroke Risk Scorecard<sup>1</sup> and the American Heart Association/American Stroke Association Guidelines for the Primary Prevention of Stroke.<sup>2</sup>

Self-reported healthy history is used to estimate the overall risk of stroke.<sup>1</sup> People with a personal history of stroke or transient ischemic attack (TIA) are stratified as high risk.<sup>2</sup>

Other risk factors contributing to the overall stroke risk category<sup>1</sup> include:

- Age<sup>2</sup>
- Blood pressure
- Atrial fibrillation
- Smoking
- Cholesterol
- Physical activity<sup>3</sup>
- Diabetes<sup>4</sup>
- Weight
- Immediate family history of stroke

People with 3 or more high-risk factors are stratified as high risk. Those with 3 or more moderate-risk factors are labeled as moderate risk. Individuals with a combination of moderate- and high-risk factors that sum to at least 3 are stratified as moderate risk (i.e. 2 high-risk factors and 1 moderate-risk factor - or- 1 high-risk factor and 2 moderate-risk factors).<sup>1</sup>

#### Key Result Provided

Stroke Risk Category (high, moderate, low) is the primary result. Follow-up messaging, emails, and programs can be developed to align with these categories.

#### References

1. The National Stroke Association. Stroke Risk Scorecard. 2018. <https://www.stroke.org/stroke-risk-scorecard-2018/>. Accessed February, 2019.
2. Meschia JF, Bushnell C, Boden-Albala B, et al on behalf of the American Heart Association Stroke Council, Council on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, Council on Functional Genomics and Translational Biology, and Council on Hypertension. Guidelines for the primary prevention of stroke: a statement for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2014;45:3754–3832
3. Lloyd-Jones DM, Hong Y, Labarthe D, et al. Defining and setting national goals for cardiovascular health promotion and disease reduction: the American Heart Association's strategic Impact Goal through 2020 and beyond. *Circulation*. 2010;121:586-613.
4. American Diabetes Association. Standards of medical care in diabetes—2019. *Diabetes Care*. 2019;42 Suppl 1:S1–S186.