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Scientific Communications 12 – Epidemiology

WE ARE NOT THE SAME: GEOGRAPHIC DIFFERENCE IN INCIDENCE AND EPIDEMIOLOGY FOR ISCHAEMIC STROKE IN SPAIN. NEUROEPI STUDY.

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Background and aims: Spain is a country divided geographically and administratively into 17 autonomous communities (ACs) with different socio-cultural and environmental pollution characteristics. Our aim was to identify whether these differences are related to the prevalence of risk factors for ischaemic stroke (IS) and the IS in-hospital incidence and mortality rate.
Methods: Observational study based on hospital database collected by the Spanish National Health Service. Patients older than 18 years with IS (main diagnosis) during 2017 were included. Data about comorbidities, lifestyle and socio-economic factors in each AC were obtained from an European health survey (2014) including 22.842 respondents. Air pollution was obtained from the National inventory of atmospheric emissions. In-hospital incidence and mortality rates were estimated based on the population registered in the National Statistics Institute. A descriptive analysis was performed and factors related to a greater IS were identified for each AC.
Results: Overall, 55919 IS episodes included. There were significant differences in the distribution of vascular risk factors between ACs. Asturias (north) showed the highest in-hospital incidence (228.6/100.000inh.) whereas Galicia (Norwest) had the lowest (60.9/100.000inh.). IS in-hospital incidence was higher in ACs with older age, alcohol consumption, non-qualified workers and sedentary population ($p<0.05$). In-hospital mortality was higher in ACs with greater rates of non-qualified workers and higher NO2 levels emissions ($p<0.05$).
Conclusions: The in-hospital incidence, mortality and risk factors of IS differ among the Spanish ACs. Alcohol intake, sedentary lifestyle and non-qualified occupations were related to greater incidence whereas non-qualified workers and higher NO2 levels were related to mortality.



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STROKE INCIDENCE AND CASE-FATALITY IN MAINLAND CHINA, HONG KONG, AND MACAO: SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and aims: Stroke incidence and case-fatality in China vary by geographic region and are inconsistent. This systematic review and meta-analysis estimated pooled incidence and short-term case-fatality of acute first-ever stroke in mainland China, Hong Kong and Macao.
Methods: Longitudinal studies published in English or Chinese from 1990 were searched in PubMed/MEDLINE, Embase, CINAHL, and Web of Science, SinoMed, and CQVIP. Incidence was expressed as Poisson means estimated as number of events divided by time at risk. Random effect models calculated pooled incidence and case-fatality. Chi-squared trend tests evaluated change in estimates over time.
Results: Seventy-two studies were included. Pooled incidences of total stroke (TS), ischaemic stroke (IS) and haemorrhagic stroke (HS) were 468.9 (95% CI: 163.33-1346.11), 366.79 (95% CI: 129.66-1037.64) and 106.67 (95% CI: 55.96-203.33) per 100,000 person-years, respectively, varying by the four economic regions with the lowest rates detected in the East Coast. Increments in both the incidence of TS and IS were observed over time ($p<0.001$). One-month and three-to-twelve-month case-fatalities were 0.11 (95% CI: 0.04-0.18) and 0.15 (95% CI: 0.12-0.17), respectively for IS; and 0.36 (95% CI: 0.26-0.45) and 0.25 (95% CI: 0.18-0.32), respectively for HS. One-month case-fatality for both IS and HS decreased over time ($p<0.001$). Three-to-twelve-month fatalities following IS increased over time ($p<0.001$). Publication bias was not found.
Conclusions: Highest stroke incidence rates were detected in less-developed regions in mainland China, Hong Kong and Macao. Although 1-month fatality following IS decreased, the increase in 3-12-month fatality suggests potentially inappropriate long-term management following index hospital discharge.
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TRENDS IN INCIDENCE OF FIRST-EVER AND RECURRENT ISCHEMIC STROKES IN SWEDEN 2010 - 2019 – A RIKSSTROKE STUDY

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