



THE GEORGE INSTITUTE
for International Health

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Study Reveals Maori and Pacific Islanders Have Increasing Incidence of Stroke

A study published this month in *Stroke** investigating trends in stroke incidence in Auckland, New Zealand shows Maori and Pacific peoples are suffering more strokes than other ethnic groups. The data from two decades of research reveals that stroke attack and incidence rates have increased in Pacific peoples since 1981, almost double that in New Zealanders of European origin (NZ/Europeans).

Stroke is a major health problem that affects around 17 million people globally. Auckland's population is one of the most ethnically diverse in New Zealand and, until now, limited data has been available on ethnic differences in stroke risk and outcome. The study, led by Kristie Carter, Health Research Council of New Zealand Pacific health PhD scholar, assessed data accumulated over a 20 year period, from general practitioners, hospital records, questionnaires and interviews. The study was funded by the Health Research Council of New Zealand and was facilitated by The George Institute for International Health in collaboration with the University of Auckland, New Zealand, as part of the Auckland Regional Community Stroke (ARCOS) Study Group.

"Encouraging declines in the rate of stroke among NZ/Europeans in Auckland have taken place over the last 20 years, yet, in the same period, Maori and Pacific populations have shown a near doubling of stroke incidence," Ms Carter noted.

In Maori and Pacific people, in particular, strokes are now occurring more frequently and at a younger age - on average up to 10 and 15 years earlier than in NZ/Europeans.

“These divergent trends and ongoing ethnic disparities in stroke call for urgent development and the implementation of prevention strategies for different ethnic groups in New Zealand.” Carter said.

“Significant change in the patterns of stroke management were identified over the 20 year period, however substantial action to improve prevention strategies must be planned as the local and global burden of stroke intensifies”.

Carter also points out that the positive changes in the profile of health risk factors, such as declines in smoking, was offset by increasing, or ongoing, high frequencies of diabetes and obesity in all ethnic groups.

In addition, data showed NZ/Europeans experienced less severe strokes than other local ethnic groups, which may reflect differences in accessing diagnostic investigations or managing of the illness for the different groups. These findings of this study mirror similar results in African-Americans compared with Caucasians in the United States and related studies in the United Kingdom. While genetic factors may be one explanation for these disparities, differences in socioeconomic circumstances, exposure to risk factors and access to services that assist in managing risk factors may also be significant.

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To obtain a copy of the study papers, or arrange interviews, contact:
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Notes for Editors:

Kristie Carter is a Research Fellow at The George Institute Kristie holds Bachelor of Arts (Psychology) and Master of Medical Statistics degrees from the University of Auckland. From 2000-2004, she worked as a biostatistician and research fellow at the Clinical Trials Research Unit of the University of Auckland's Faculty of Medical and Health Sciences. During this time, she was a research fellow and the principal biostatistician for the Auckland Regional Community Stroke (ARCOS) study which was undertaken during 2002-2003. By combining data from the current ARCOS study with that from the previous stroke studies in Auckland of 1981-1982 and 1991-1992, Kristie is analysing the determinants of trends in the incidence and early case fatality of stroke over 20 years in Auckland, New Zealand. This unique body of work forms the basis of her PhD thesis to be completed in 2006. As well as expertise in stroke epidemiology and statistical analyses, Kristie's interests are in the health issues of indigenous people.

Professor Craig Anderson is Director of the Neurological and Mental Health Division at The George Institute. He is also Professor of Stroke Medicine and Clinical Neuroscience in the Faculty of Medicine at the University of Sydney and the Institute of Neurosciences of Royal Prince Alfred Hospital. He is currently President of the Stroke Society of Australasia and a member of several specialist societies and is an Editor for the Cochrane Stroke Group. Craig has published widely on the clinical and epidemiological aspects of stroke, cardiovascular disease and aged care, and is on the Steering Committee for several large-scale research projects including the Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET) global trials program in cardiovascular prevention involving over 30,000 patients in 40 countries. He will be available during Stroke Week.

The George Institute for International Health seeks to gather evidence to address the growing problems of heart and vascular disease, injury, mental illness and neurological diseases through high-quality research, evidence-based policy development and a range of capacity development programs. Recognising the significant health burdens associated with the ever increasing numbers of older people around the world, The George Institute established the Neurological and Mental Health Division with the aims of developing new strategies for the prevention, treatment and rehabilitation of neurological diseases and related disorders that predominantly affect older people, namely stroke, dementia, depression and frailty. In addition to complimentary activities with the other Divisions of The George Institute, the Neurological and Mental Health Division is collaborating with neuroscience and health research institutes in Australia and overseas.

* *Stroke* is the journal of the American Heart Association. At the time of writing this paper had been accepted for publication but a publication date was not available.