

Update of Association of Stroke and Family History of Stroke in Taiwan

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Efforts have been urged to gather family health history, the cornerstone of modern health-care setting, to prevent disease and promote personal health⁽¹⁾. Family history of stroke is supposed to be important in management of stroke. However, not all studies suggested familial aggregation in stroke. Left alone, due to the labor intensive data collection, methodology flaws and possible low yield of the results, few studies attempted to explore the impact of family history of stroke in Taiwan⁽²⁻⁸⁾.

In this issue, Hsu et al. offered the most update efforts to help the victims of stroke to know more about the families and the stroke⁽⁹⁾. As stated by the authors the inconsistency of findings of family history and stroke might be resulted from the methods adopted to investigate the familial clustering of stroke. The study was full of challenge with total 4997 subjects studied including 684 probands/controls, 1066 parents and 3247 siblings. The design and efforts of the study would be unprecedented and unrepeatable. The only pity might be at the minor imbalance in the age distributions of probands and siblings.

The most striking image was that 20.1-29.5% of parents of probands, and 11.2-13.7% of parents of controls had experienced stroke. These figures might reflect the occurrence of stroke in Taiwan among peer of age

70. As compared with 4.6-6.9% of siblings of probands and 2.0-3.4% of siblings of control, these figures might reflect the occurrence of stroke in Taiwan among peers of ages 50-60. If the risk of stroke among siblings and probands assumed equal, there is much to do to prevent stroke to occur in those stroke-free siblings in future 10-20 years.

Though the family history remains significant after adjustment of diabetes, hypertension, smoking and possible other modifiable risk factors, it is imperative to have the modifiable risk factors control to avoid the burden of stroke. Sadly, though guidelines available, the control of modifiable risk factors for stroke victims to prevent recurrent stroke in Taiwan might be far from optimal⁽¹⁰⁻¹²⁾. The efforts to offer stroke-free siblings to prevent the first stroke might be too tremendous to offer.

The information from the cardioembolism subtypes analysis need further clarification and should be referenced with great caution. As in the TOAST subtypes classification, investigators are allowed to express their certainty by classifying the likelihood of diagnosis as probable or possible, because most etiological diagnoses in stroke are not based on pathological confirmation and are thus presumptive⁽¹³⁾.

The results of Wu et al, point out many challenges of stroke prevention in Taiwan. With more background

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information to educate stroke-free siblings to prevent the stroke in their families, we may avoid the metaphor of neurologists as “diagnose and adios”⁽¹⁴⁾.

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