

Script – Print – COVID and Its Impact on Stroke

Data Suggests COVID Patients Face Greater Risk

Can COVID-19 increase your chance of stroke? For a certain segment of the population the answer is yes.

Research gathered by the American Heart Association found that, overall, among 20,000 U.S. adults hospitalized for COVID last year, COVID patients had a greater risk of stroke compared to patients with other types of infections, such as flu.

“We are seeing increased strokes associated with COVID,” said Dr. Ayman Gheith, co-stroke director, OSF HealthCare Saint Anthony Medical Center. “The exact mechanism at this stage is not 100 % clear, but we are seeing strokes in younger patients in the age group between 30 and 40. Even in patients who’ve had an asymptomatic COVID infection, even months after the infection, are coming in with large vessel blockages in the brain. When we see them, there are basically no risk factors associated with this type of stroke with the exception of the fact they’ve had COVID, which is concerning.”

While younger people are experiencing strokes, according to the American Heart Association’s research, a majority of COVID patients with ischemic stroke were more likely to be older, male or have co-morbidities.

“The main risk factors are a person’s age and their co-morbidities,” said Dr. Gheith. “The patients who are greater than 75 and especially patients with diabetes, high cholesterol or any heart disease, those are the patients who are having a higher number of strokes. We think it’s related to a combination of different things, including something called a hypercoagulable state, where the body is making more clotting factors because of the underlying COVID infection.”

Another interesting finding from the study indicated that COVID patients who had a stroke spent an average of 22 days in the hospital, compared to 10 days of hospitalization for patients without a stroke. For that reason, Dr. Gheith says special attention is paid to these stroke patients.

“We have custom tailored our approach to the COVID patient,” said Dr. Gheith. “We look for certain markers in their blood to see whether they’re elevated, and if that’s the case, the treatment plan is altered and we start patients on a blood thinner who normally wouldn’t be on one if it hadn’t been for the COVID infection.”

Dr. Gheith stresses that whether you have COVID symptoms or not, does not change the risk for stroke. He encourages people of all ages to remember the acronym FAST (Facial drooping, Arm weakness, Speech difficulties and Time to call for help).

“It is paramount to come to the Emergency Department as soon as you have symptoms, whether you’ve had a COVID infection or not,” Dr. Gheith said. “Stroke is a time sensitive disease and the sooner we can reach a patient the better the chance of a good outcome.”

If you suspect you or someone you are with is having a stroke, don't hesitate to call 911. Calling for help from trained first responders is the best chance at survival, treatment and recovery.