Importance of Continuous Monitoring of Stroke Recurrence in the General Population

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Over the past few decades, the age-standardized stroke incidence and mortality rate have declined in Japan. However, there is limited evidence for the incidence and recurrence rate of stroke based on population-based studies. A meta-analysis of 59 randomized control trials for secondary stroke prevention observed the declined trend of stroke recurrence over the past five decades. In Japan, a recent population-based stroke registry reported that the annual recurrence rate of stroke was 3.2%. This recurrence rate was lower compared to the previous reports in Japan conducted 10–30 years ago. Therefore, the recurrence rate of stroke seems to have reduced over the few decades. However, there is limited evidence for the long-term trend of stroke recurrence in Japan.

Recently, Nakanishi et al. reported that the recurrence rate of stroke has decreased over the past half-century in Japan. The recurrence rate of stroke decreased mainly during the 1960s to 1990s; however, no apparent decreasing trend of the recurrence rate of stroke is observed in recent years. Similar results were observed in the United Kingdom, the recurrence rate of stroke was also noted to be unchanged over the last decade. Moreover, in Japan, decreasing trends of stroke incidence were observed to be slowed down in recent years. These observations suggest that both primary and secondary prevention of stroke in real-world setting might not have an impact as expected. Several studies or surveys reported insufficient risk factors control. In the real-world setting, adherence to stroke prevention in high-risk populations might be lower than we expected. These results suggested the importance of continuous monitoring for stroke incidence and recurrence in the general population to access the effectiveness of the stroke prevention act in real-world setting.

Several previous studies have reported the vascular risk factors and lifestyle factors for stroke. These factors are targets for both primary and secondary prevention for stroke. According to the National Health and Nutrition Survey, smoking rate and population blood pressure levels have been decreasing over the past few decades. The decreasing trends of stroke incidence as well as recurrence might be explained by the decreasing smoking rate and population blood pressure as major risk factors. Over the past decade, there was an increasing trend in the prevalence of medication for dyslipidemia and total serum cholesterol levels but an unclear increasing trend in non-HDL (high-density lipoprotein) cholesterol levels. Increasing trend in total serum cholesterol levels might be explained by the increasing trend in the HDL cholesterol levels. Despite the rapid westernization of lifestyle, the favorable trend in non-HDL cholesterol levels seems to be due to the effective intervention of dyslipidemia. The prevalence of diabetes seems to be increasing during the 2000s, but level off during the 2010s. The decline or unclear decreasing trends of stroke incidence and recurrence in the recent year might be partially explained by these trends of risk factors. There have been developing medical technologies for acute stroke care. Computed tomography (CT) and magnetic resonance imaging (MRI) scanners have become widely available in Japan. A minor stroke might have a chance to be diagnosed as a stroke using these devices. The acute case fatality rate of stroke has been decreasing. Acute stroke death is a significant competing risk for stroke recurrence. Therefore, the decrease in acute case fatality rate might influence the recurrence risk of stroke. Due to decline in the incidences and recurrences of stroke, larger study...
No apparent decreasing trend of stroke recurrence was observed in recent years. Similar trend was observed for the stroke incidence. These unfavorable trends of stroke incidence and recurrence in recent years might reemphasize the importance of public health measures to provide continuous primary and secondary prevention of stroke. Continuous monitoring of vascular risk factors and lifestyle factors is necessary. Furthermore, continuous monitoring of stroke incidence and recurrence might be needed to evaluate the effectiveness of the primary or secondary prevention of stroke.

**Founding**

None.

**Conflict of Interest**

None.

**References**


