last decade. Furthermore, dyslipidemia among stroke patients has decreased over the past decade. However, hypertension and diabetes prevalence among stroke patients has not decreased significantly and requires urgent strengthening of public health measures.

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YOUNG PEOPLE STORKE IN INDIA

Introduction

Stroke in young poses a major health problem. WHO defines stroke as an event caused by the interruption of the blood supply to the brain, usually because a blood vessel bursts or is blocked by a clot. This cuts off the supply of oxygen and nutrients, causing damage to the brain tissue [1]. The most common symptom of a stroke is sudden weakness or numbness of the face, arm, or leg, most often on one side of the body, occurring in 90 % of the strokes .A very severe stroke can cause sudden death.Globally, stroke is the third commonest cause of mortality [2] and the fourth leading cause of disease burden . It makes an important contribution to morbidity, mortality, and disability in developed as well as developing countries.risk of coronary artery disease (CAD) is higher in Indians especially in the young population [3]. Among younger patients, the epidemiolocal trends are highly concerning. Between 1990 and 2013, an increase in prevalence of cases, deaths was observed among younger adults aged 20–64 years. An absolute increase in stroke deaths by 36.7 % [95% UI, 26.3–48.5] among younger adults was observed in developing countries, compared to declining trends in developed countries. These numbers are alarming, considering that a large magnitude of stroke burden is borne by developing countries. Worldwide, around 2 million individuals in the age group of 18–50 years, experience stroke, and these numbers are continuing to rise.Stroke occurring in younger individuals presents specific implications. Apart from experiencing diverse predisposing factors for stroke, younger persons

are within a socially and economically productive period. Hence, stroke in this age group tends to carry manifold social, physical, emotional, vocational, and economic connotations [5].

Goal

Analyse the number of cases and there causes in young people with stroke in India .

Material and methods of research

This is a retrospective hospital-based study of stroke in young, conducted in the Department of Neurology of North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, which is a tertiary care center in the region. The study was conducted for a period of 1 year.The age of stroke in young between 15 and 45 years. A hospital-based study from India showed the proportion of stroke in young ranging between 15 % and 30 % [1]. In population-based study, 8.8 % of stroke participants were young.

The results of the research and their discussion

A total number of patients included in the study were 150. The total number of all stroke patients in this duration was 478. Stroke in young represented 31.38 % of all strokes. The mean age of onset was 34 years. The ratio of male to female was 1.34:1, showing male preponderance. A total number of patients with cerebral infarction were 76 (50.66).The atherosclerotic 39 (51.31 %), followed by cardioembolic 12 (15.78 %), other determined cause 9 (11.84 %), and idiopathic 16 (21.05 %). Cerebral infarction was more common in males, with a male-to-female ratio of 1.23:1. The most common risk factor in cerebral infarction was alcohol abuse 52 (68.42 %). History of smoking was present in 34 (44.73 %). Hypertension which is a common risk factor of stroke was detected in 11 (14.47 %) patients. Similarly, diabetes mellitus was detected in 2 (2.63 %). Lipid profile was deranged in 4 (5.26 %) patients. The ratio of alcohol abuse in male to female was 1.11:1. Vasculitis was detected in two patients, which was due to systemic lupus erythematosus. Evidence of neurosyphilis case is one, One male patient was detected as positive for HIV virus.Two patients of tuberculous meningitis had evidence of cerebral infarction. Two patients of moyamoya disease presented with cerebral infarction. Cause of infarction could not be ascertained in 16 (21.05 %) patients. The presence of seizure was found in 23 (37.09 %) hemorrhagic and 5 (6.57) of ischemic stroke. Seizure was found in 2 (40 %) of patients with CVT Neck rigidity was detected in all the patients with SAH, 17 (27.41 %) patients of ICH with intraventricular extension, and 2 (3.22 %) patients of intraventricular hemorrhage.The total number of patients with ICH was 62 (41.33 %). The ratio of male to female was 1.81:1. The most common site was basal ganglia 44 (70.96 %), followed by lobar 16 (25.8 %). Seventeen (27.41 %) of ICH had intraventricular extension. Primary intraventricular hemorrhage was detected 2 (0.32 %). The most common risk factor was alcohol abuse 41 (66.12 %). Common risk factor hypertension was detected in 11 (17.74 %). Intracranial arteriovenous malformation was detected in 5 (0.80 %). Coagulation abnormality was detected in 16 (25.80 %), in the form of elevated prothrombin time. SAH was detected in 7 (4.66 %) patients. Ratio of male to female patients was 1.5:1.CVT was detected in 5 (3.33 %) patients. All were female. Three of them were in puerperal period. All the patients had aseptic CVT.

Table 1 – The rate of incidences of strokes due to different etiology and male and female ratio

Diseases causing stroke	No. of patients	Gender	
		Male	Female
1. Cerebral infraction	76	1.23	1
2. Intra cerebral hemorrhage	62	1.81	1
3. Sub arachnoid hemorrhage	7	1.5	1
4. Cerebral venous thrombosis	5	None	1

Conclusion

Stroke in young requires a different approach to investigate and treat. This is due to the different underlying etiology as compared to elders. Although traditional risk factors, such as hypertension, diabetes, and smoking, are associated with stroke in both elderly and young, our study shows that other modifiable risk factors such as alcohol consumption were also prevalent. Unfavorable behavioral patterns may cause and promote the development of well-documented risk factors. Finally patient need to take care after stroke by regularmedicationanddiet. In medication include Thrombolysis (clotbluster) tissue plasminogenactivator, Aspirinandotherantiplatelets, Anticoagulants, Bloodpressuremedicines, Statins. If needed to do Thrombectomy, Carotid end arterectomy.

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