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### Rising stroke rates highlight widening ethnic and socioeconomic inequalities across populations, major study finds

**(Wednesday, 6 May, Maastricht, the Netherlands) A new study presented today at the European Stroke Organisation Conference (ESOC) 2026 shows that after decades of decline, stroke incidence is rising again, driven by higher rates in some ethnic minority populations and concentrated among socioeconomically disadvantaged groups.[1]**

These findings reflect broader patterns seen in diverse urban populations internationally, pointing to widening health inequalities and highlighting an urgent need to improve uptake of cardiovascular risk programmes across all socioeconomic and ethnic groups.[2]

These findings come from the South London Stroke Register (SLSR), one of the longest-running population-based stroke registers in the world. Unlike hospital audits or clinical trials, the SLSR recruits every person with a first-ever stroke within a geographically defined, ethnically diverse area of South London, and investigates how stroke affects communities over time, including people who may never reach specialist care.

Sustaining this infrastructure for 30 years has required long-term commitment and funding, and the depth of insight it generates, including the inequalities documented here, would not be possible without that continuity.

This 30-year analysis examined how the risk of having stroke varied in different ethnic and socioeconomic groups in a population of 333,000 people in South London, of whom 7,726 had a stroke. After a 34% decrease between 1995–1999 and 2010–2014 (from 198 to 131 cases per 100,000 people), the risk of stroke increased by 13% in 2020–2024.

Although overall trends initially improved, the recent rise was not evenly distributed. In 2020–2024, stroke incidence was more than twice as high in Black African (Incidence Rate Ratio [IRR] 2.31; 95% CI 2.03–2.62) and Black Caribbean (IRR 2.00; 95% CI 1.73–2.31) populations compared with the White population.

Rates remained consistently higher in these groups across the study period, with the highest incidence observed among those experiencing socioeconomic deprivation. These patterns are consistent with evidence from other high-income settings.[3]

Lead researcher, Dr Camila Pantoja-Ruiz from King's College London, commented, "This trend may partly reflect the lasting impact of the COVID-19 pandemic, which reduced access to primary care, blood pressure monitoring and prescribing, particularly affecting Black and deprived communities."

Compared with White participants, Black African and Black Caribbean populations were more likely to have high blood pressure (47% and 29% higher prevalence, respectively) and diabetes (92% and 123% higher, respectively), both of which increase stroke risk.[4, 5] Notably, 12% of Black African patients had no diagnosed risk factors prior to stroke, compared with 6.3% of White patients, suggesting gaps in early detection.

"These patterns of increased stroke risk in these communities may also be influenced by broader factors, including racism, unconscious bias and socioeconomic circumstances, which can impact access to and quality of care," said Dr Pantoja-Ruiz.

Ethnic inequalities were greatest for intracerebral haemorrhage, a severe and often fatal subtype of stroke, with disparities between Black African, Black Caribbean and White populations being more pronounced than for other stroke subtypes.[1, 6]

Dr Pantoja-Ruiz explained that this may be due to differences in underlying risk factors: "Compared with other stroke types, intracerebral haemorrhage is more strongly associated with uncontrolled high blood pressure, which is more common in Black communities."

Dr Pantoja-Ruiz stated that these inequalities persisted even after adjusting for clinical severity, socioeconomic status and other clinical factors. Additional analyses found that Black stroke survivors, particularly Black African survivors, were less likely to receive timely follow-up care, with Black African survivors having 34% lower odds of follow-up.[7]

"The period immediately after a stroke is critical for preventing another," added Dr Pantoja-Ruiz. "Interventions such as controlling blood pressure, optimising medication and identifying other vascular risks are essential. Less timely follow-up leaves patients at elevated risk for longer and may be influenced by mistrust in healthcare services linked to historical and ongoing experiences of discrimination."

Additionally, Black African populations were found to experience stroke around 10–12 years earlier than White populations on average.[1] These findings highlight the need for earlier prevention and targeted interventions.

According to Dr Pantoja-Ruiz, these findings are relevant to diverse urban populations worldwide. “While the specific mechanisms differ between healthcare systems, a consistent finding is that prevention is not reaching those most at risk. Worsening cardiovascular inequalities have been reported across many settings, and these findings add to growing evidence that this is a widespread problem requiring targeted solutions.”

**END**

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