Age-Related Macular Degeneration and Long-Term Risk of Stroke Subtypes

M. Kamran Ikram, MD; Paul Mitchell, MD; Ronald Klein, MD; A. Rickey Sharrett, MD; David J. Couper, PhD; Tien Y. Wong, MD

Background and Purpose—We examined the relationship of age-related macular degeneration (AMD) with incident stroke, including stroke subtypes of cerebral infarction and intracerebral hemorrhage.

Methods—We included 12 216 participants with retinal photographs taken at the third examination visit (1993–1995) from the Atherosclerosis Risk in Communities (ARIC) Study, a population-based cohort study in middle-aged persons. Images were evaluated for AMD signs according to a standardized protocol. Incident events of stroke and its subtypes were identified and validated through case record review over time.

Results—AMD was diagnosed in 591 participants, of whom 576 had early and 15 late AMD. After a mean follow-up of 13.0 years (SD, 3.3), 619 persons developed an incident stroke, including 548 cerebral infarction and 57 intracerebral hemorrhages. Participants with any AMD were at an increased risk of stroke (multivariable adjusted hazard ratio, 1.51; 95% CI, 1.11–2.06) with a stronger association for intracerebral hemorrhage (hazard ratio, 2.64; 95% CI, 1.18–5.87) than cerebral infarction (hazard ratio, 1.42; 95% CI, 1.01–1.99).

Conclusions—Persons with AMD are at an increased risk of both cerebral infarction and intracerebral hemorrhage. These data provide further insight into common pathophysiological processes between AMD and stroke subtypes. (Stroke. 2012;43:1681-1683.)

Key Words: age-related macular degeneration ■ cerebral infarction ■ intracerebral hemorrhage ■ retinal imaging

Age-related macular degeneration (AMD) and stroke share common pathogenic mechanisms.1,2 Apart from classic cardiovascular risk factors (eg, smoking, hypertension), evidence is accumulating that novel pathogenic mechanisms (eg, inflammation) may also be linked to both AMD and stroke.1,2 Nevertheless, there are few studies that have directly examined whether persons with AMD are at an increased risk of stroke.

In the Atherosclerosis Risk in Communities (ARIC) Study, we previously reported an association between AMD and incident stroke.3 However, due to small numbers, we could not examine the association with stroke subtypes. Therefore, our aim was to investigate whether AMD was associated with long-term risk of cerebral infarction and intracerebral hemorrhage (ICH).

Methods

Study Population
The ARIC Study is a population-based cohort study that included 15 792 participants aged 45 to 64 years at recruitment (1987–1989).3 Our study cohort consisted of individuals who participated at the third examination (1993–1995), when retinal photography was performed.3 Of the 12 887 who returned for this examination, 320 persons with prevalent stroke and 351 with no or ungradeable retinal images were excluded. A total of 12 216 was included for the present study. Informed consent was obtained from all participants and the study was conducted in accordance with the Declaration of Helsinki. The Institutional Review Board approved the study.3

AMD Grading
Retinal photography procedures and AMD assessment have previously been reported.1 Early AMD was defined as the presence of either soft drusen alone, retinal pigment epithelial depigmentation alone, or a combination of soft drusen with increased retinal pigment and/or retinal pigment epithelial depigmentation. Late AMD was defined as the presence of exudative AMD or pure geographic atrophy.3

Stroke Assessment
Information concerning stroke events was obtained during annual follow-up telephone interviews, by reviewing local hospital discharge lists, and by checking death certificates.3 Incident stroke was defined to include first stroke events occurring between 1993 to 1995.
Table 2. Hazard Ratios for All Stroke and Its Subtypes Associated With Age-Related Macular Degeneration (AMD)

<table>
<thead>
<tr>
<th></th>
<th>All Stroke</th>
<th>Cerebral Infarction</th>
<th>Intracerebral Hemorrhage</th>
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<tbody>
<tr>
<td></td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
</tr>
<tr>
<td>AMD</td>
<td>1.51 (1.11–2.06)</td>
<td>1.42 (1.01–1.99)</td>
<td>2.64 (1.18–5.87)</td>
</tr>
<tr>
<td>Early AMD</td>
<td>1.56 (1.15–2.13)</td>
<td>1.47 (1.05–2.06)</td>
<td>2.72 (1.22–6.06)</td>
</tr>
</tbody>
</table>

HR indicates hazard ratio.

*Hazard ratio (95% CI) adjusted for age, sex, race, and field center.

†Additionally adjusted for mean arterial blood pressure, antihypertensive medications, fasting glucose, total cholesterol, high-density lipoprotein cholesterol, triglyceride levels, body mass index, atrial fibrillation, white blood cell count, cigarette smoking, and alcohol consumption status.
through the nondilated pupil on 1 eye, making AMD grading more variable. Second, unilateral AMD would be missed if the involved eye was not photographed. However, this misclassification of AMD cases as control subjects is independent of a person developing a stroke and thus would result in bias toward the null suggesting that the true association may be stronger. Third, we did not have sufficient late AMD cases to examine whether the association between AMD and stroke subtypes was driven by early AMD only or early and late AMD both. Finally, among persons with AMD, there were few ICH cases (n=7), leading to relatively large CIs.

In conclusion, we demonstrated among middle-aged persons an independent association between the presence of AMD and incident stroke, including cerebral infarction and ICH.

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Disclosures
None.

References
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