

AHA/ASA guidelines aim at prevention of recurrent stroke

Source: Sacco RL, Adams R, Albers G, et al. Guidelines for prevention of stroke in patients with ischemic stroke or transient ischemic attack: A statement for healthcare professionals from the American Heart Association/American Stroke Association Council on Stroke. *Stroke* 2006; 37(2):577-617.

Recurrent stroke is the greatest risk faced by survivors of stroke or transient ischemic attack (TIA), according to guidelines released by the American Heart Association/American Stroke Association (AHA/ASA).

Approximately 200,000 of the estimated 700,000 strokes that occur annually in the United States are recurrent. Survivors of stroke and TIA have up to 40% increased risk within 5 years for recurrent stroke.

“These are very comprehensive guidelines for helping the clinician faced with the stroke survivor or TIA survivor. They are evidence-

based, and for the first time, have put TIA together with stroke. TIA is now being treated just as seriously as first stroke, in terms of risk of second stroke,” says Ralph L. Sacco, MD, MS. “Both first stroke and TIAs increase the risk of a subsequent stroke, and clinicians should approach both with similar diagnostic workup and treatment.”

“Recently, we’ve been trying to get the public and healthcare professionals to treat TIA as aggressively as they do stroke,” says Sacco, associate chairman of neurology and professor neurology and epidemiology at Columbia University Medical Center, New York.

The guidelines stress aggressive treatment in TIA patients, aggressive treatment of comorbid conditions (eg, hypertension, diabetes), and aggressive treatment of modifiable risk factors (eg, smoking, alcohol intake, obesity, physical activity).

“Many studies show that we can make a difference with these changes. When you control BP effectively, for example, you can reduce the risk of recurrent stroke. But in the community, BP control is never as effective as in clinical trials. So in the community, we need to emphasize and do as well as we have in clinical trials with our patients,” Sacco notes.

Other recommendations

▶ Anticoagulation therapy with adjusted-dose warfarin is recommended for patients with stroke or TIA with persistent or paroxysmal atrial fibrillation.

▶ Carotid endarterectomy is advised for patients with recent TIA or ischemic stroke within the past

six months and ipsilateral severe carotid artery stenosis (70% to 99%) by a surgeon with a perioperative morbidity and mortality of less than 6%.

▶ In patients with moderate stenosis (50% to 69%), the decision for carotid endarterectomy must be individualized. When indicated, surgery is suggested within 2 weeks.

▶ In patients with stenosis of less than 50%, carotid endarterectomy is not recommended.

▶ Patients with ischemic stroke or TIA presumed to be atherosclerotic in origin should be considered reasonable candidates for statin therapy, even in the absence of preexisting indications for such treatment.

Stroke is a particular concern in the elderly population:


▶ It is the third leading cause of death, and the number one cause of disability.

Common symptoms of recurrent stroke include:

- ▶ sudden loss of vision;
- ▶ weakness, numbness, or tingling on one side of the body;
- ▶ difficulty walking; and
- ▶ difficulty speaking.

Yet often, these signs go unnoticed by patients and even their clinicians. “Even those who have survived a first stroke often do not recognize the symptoms of a second one. Clinicians must educate

patients on the warning signs of stroke. In the older population with comorbid conditions, these symptoms may be overlooked. They need to be taken seriously,” he says.

Clinicians must familiarize themselves with current clinical data, Sacco says. “Stroke, like cardiac disease, is rapidly changing. We have so many studies to digest and review that these guidelines show the busy clinician that there is a lot of evidence out there on how best to manage stroke patients and stroke survivors.” 

Guideline At-a-Glance

Take Home points

- Treat TIA as aggressively as stroke.
- To reduce risks for recurrent stroke in patients with stroke or TIA, be aggressive in treating modifiable lifestyle factors and comorbid cardiovascular disease.
- Educate elderly patients on the signs of stroke, and take them seriously when they present in this population.