

## Quick treatment following minor stroke reduces risk of major stroke by 80 per cent

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Treating patients immediately after a minor stroke reduces the early risk of a major stroke by 80 per cent, Oxford research has found.

Two complementary papers by Oxford teams published at the same time in *The Lancet* and *Lancet Neurology* investigated both the effects of faster treatment, and what kind of treatment was best.

In the week after a TIA (transient ischaemic attack) or minor stroke, a person has a one in ten chance of a major stroke. The EXPRESS study, led by Professor Peter Rothwell in the Department of Clinical Neurology, compared urgent treatment of TIA and minor stroke using a combination of drugs (aspirin, clopidogrel, blood pressure lowering drugs and cholesterol lowering drugs) with standard treatment, in all patients with TIA or stroke coming to medical attention in a population of 100,000 people in Oxfordshire. The study showed that urgent treatment reduced the early risk of major stroke by 80 per cent.

‘Eighty per cent reductions in risk are very rare in modern medicine,’ says Professor Rothwell. ‘We normally get excited about 10–15 per cent.’

Current lack of provision in the UK, with a 14-day average waiting list at TIA and minor stroke clinics, means that thousands of patients per year have major strokes before they are seen and treated. The Department of Health is committed to acting on the EXPRESS results, published in *The Lancet* [www.thelancet.com/](http://www.thelancet.com/), and the findings are already being used to

redesign stroke prevention services in the UK and elsewhere.

‘If the EXPRESS study was rolled out across the UK, the number of strokes would be reduced by about 10,000 per year, saving the NHS up to £200m in acute care costs alone,’ says Professor Rothwell. The Stroke Association has suggested that the results of the EXPRESS study should be a ‘clarion call’ to all local health providers to make the changes in organisation needed so that everyone who has a TIA gets the stroke prevention treatment that could save their life.

In another paper published in Lancet Neurology [www.thelancet.com/journals/laneur](http://www.thelancet.com/journals/laneur), Dr James Kennedy in the Nuffield Department of Medicine and colleagues reported on the FASTER study, a randomised control trial held in Canada which looked at acute treatment of minor stroke and TIA within hours of the onset of symptoms.

Dr Kennedy said: ‘We were interested to see whether if patients present immediately after symptoms and treatment was commenced immediately, could you change the outcome? It became clear that giving patients aspirin plus clopidogrel (another drug similar to aspirin) appears to reduce the risk of stroke, whereas immediate statin use does not reduce the immediate risk but does reduce the longer-term risk.

‘The FASTER pilot study has produced some interesting results and is a prelude to a larger trial which we are currently setting up.’

In the UK, one in four people will have suffered a stroke by the age of 80. It is the third largest cause of death in the developed world and the single biggest cause of neurological disability.

Dr Kennedy says: ‘Stroke kills 30 per cent of people, it knows no age barrier and is not exclusively a disease of the elderly. We think a lot

more can be done to reduce the number of deaths and improve outcomes for patients and we are supportive of the direction of travel proposed in the National Stroke Strategy.’

Professor Rothwell says: ‘There is a very simple and important public education message: seek medical attention immediately after and TIA or minor stroke.’

Picture: quicker assessment and treatment cuts the risk of a major stroke.

Source: University of Oxford

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