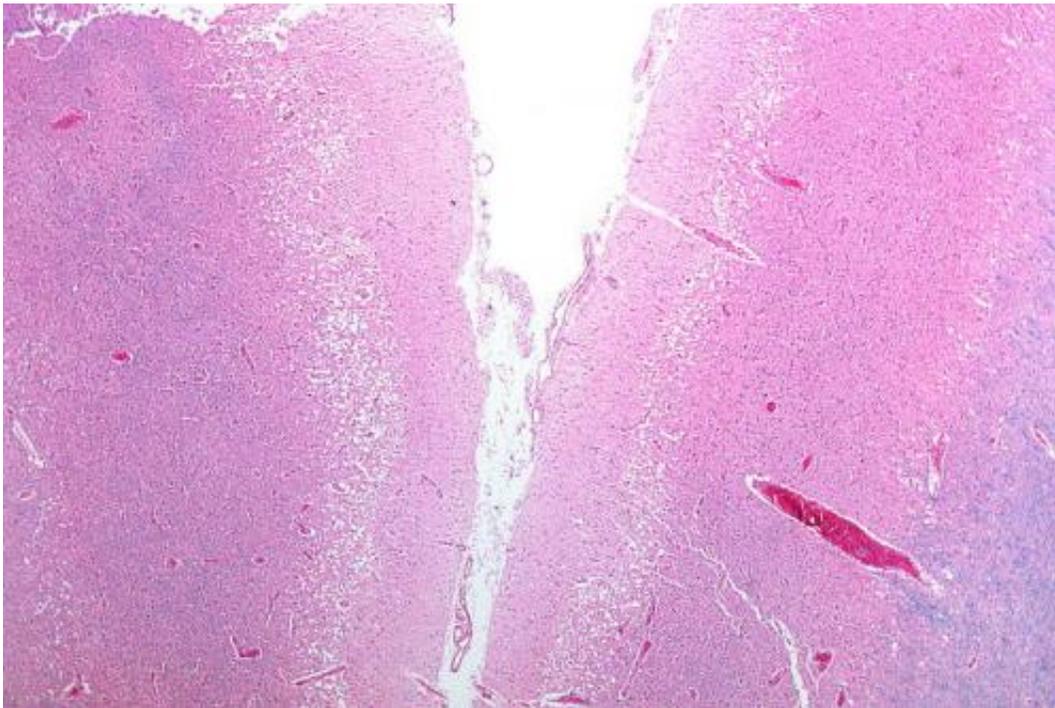


Is stroke prevention taking a back seat to stroke treatment?

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Micrograph showing cortical pseudolaminar necrosis, a finding seen in strokes on medical imaging and at autopsy. H&E-LFB stain. Credit: Nephron/Wikipedia

Many strokes that required immediate treatment in emergency rooms may have been preventable, according to a University of California, Irvine study.

While therapy for [acute stroke](#) continues to advance and improve patient

outcomes, the findings stress that stroke prevention - including the close monitoring of blood pressure, cholesterol levels and cardiac conditions - needs to keep pace. The work appears online in *JAMA Neurology*.

Using a prevention scale they developed for this study, UCI neurologist Dr. Mark Fisher and colleagues discovered that 76 percent of acute stroke patients exhibited some degree of stroke preventability, while 26 percent exhibited high preventability.

The results "point to an apparent paradox," Fisher said. "The recent breakthroughs in acute stroke therapy have led to massive efforts to streamline the evaluation of acute stroke patients and institute therapy as fast as feasible. These efforts will lead to more effective mitigation of brain injury consequent to acute ischemic stroke.

"However, our data suggest that the difficulties faced by acute stroke patients extend far beyond the rather narrow period of emergency [stroke treatment](#). If one takes what could be characterized as a more holistic approach to the problem of stroke, there's a vast expansion of the window of intervention to include the very stroke prevention efforts that appear to be lacking in so many hyper-acute [stroke patients](#)."

He and colleagues reviewed records of 274 patients (mean age 67) discharged with a diagnosis of [ischemic stroke](#) from UC Irvine Medical Center between Dec. 2, 2010, and June 11, 2012, and evaluated the preventability of each person's stroke. Their 10-point scale focused on the effectiveness of treatment for hypertension (0-2 points), hyperlipidemia (0-2 points), atrial fibrillation (0-4 points), and the use of antithrombotic therapy for known prior cerebrovascular and cardiovascular disease (0-2) points.

Seventy-six percent of patients scored 1 or higher, and 26 percent scored 4 or more. This, Fisher said, points to one conclusion.

"Stroke preventability and stroke treatability are closely associated," he said. "This emphasizes the enduring importance of [stroke prevention](#) in an era of increasingly effective stroke treatment. These findings raise the question of whether resources for acute [stroke](#) treatment are being directed toward those patients whose strokes are, in fact, the most preventable."

More information: Mark Fisher et al. Definition and Implications of the Preventable Stroke, *JAMA Neurology* (2015). [DOI: 10.1001/jamaneurol.2015.3587](#)

Provided by University of California, Irvine

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