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1 in 4 stroke patients stop taking medication within 3 months

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A quarter of stroke patients discontinue one or more of their prescribed secondary stroke prevention medications within three months of hospitalization for an acute stroke, according to a report posted online today that will appear in the December print issue of *Archives of Neurology*, one of the JAMA/Archives journals.

Each year, there are an estimated 180,000 recurrent strokes in the United States, according to background in the article. "Reducing the rate of recurrent stroke requires detecting and treating modifiable risk factors in the early post-stroke period and developing strategies to improve patient persistence with medication regimens," the authors add.

Cheryl D. Bushnell, M.D., M.H.S., of Wake Forest University Health Sciences, Winston-Salem, N.C., and colleagues analyzed data from the Adherence Evaluation After Ischemic Stroke-Longitudinal (AVAIL) Registry to measure secondary prevention medication persistence in stroke patients from hospital discharge to three months. According to the authors, "the assessment of and reasons for non-persistence at three months post-stroke are important because the risk of recurrent stroke is greatest during this period."

The authors studied 2,598 patients 18 years or older who had been admitted to 106 U.S. hospitals with ischemic stroke or transient ischemic attack. Patients were asked a series of standardized questions regarding their medication use three months after hospital discharge. Those reporting continued use of a therapy or class of therapies from hospital

discharge through three months were described as "persistent."

The authors found that, "of those treated, 75.5 percent were persistent with all the medications prescribed by their physician." Additionally, further analysis showed that nearly 20 percent of patients were taking at least half of their prescribed medications, while 3.5 percent of patients were taking none of their medications at three months.

Multiple factors were associated with persistence in continuing secondary medication regimens including the presence of cardiovascular disease and risk factors prior to stroke, having insurance, being prescribed fewer discharge medications and having an understanding of why these medications were prescribed and how to refill prescriptions. Additionally, increasing age, lesser stroke disability and financial hardship were also associated with persistence in continuing medication regimens.

"The AVAIL Registry showed that medication persistence is multifactorial. Understanding the complex patient, provider and caregiver characteristics related to optimal medication-taking behavior in stroke patients is important," the authors conclude. "Using the insights from AVAIL, we can begin to develop and evaluate strategies to improve appropriate use of evidence-based therapies and reduce the risk of recurrent stroke."

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