

Title: Facts about stroke prevention

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Abstract: Stroke represents a heavy burden of disease in the US; it is the third leading cause of death. The risk of stroke after a first cerebrovascular event is high; annual estimates range from 4-11% in this population. Primary stroke prevention encompasses a variety of lifestyle changes such diet change, exercise, smoking cessation, and moderation of alcohol intake. The goal of these actions is to prevent conditions associated with an increased risk of stroke, including hypertension, hyperlipidemia, and diabetes. Once a patient has had a stroke, pharmacotherapy is indicated for prevention of recurrence. Studies thus far indicate that in patients with normal heart rhythms, antiplatelet therapy with aspirin is the best choice for reducing risk of another stroke. Patients with heart rhythms such as atrial fibrillation should be on oral anti-coagulation therapy with warfarin.

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## **ADDITIONAL INFORMATION**

The following websites have additional helpful information about stroke

National Stroke Association:  
<http://www.stroke.org>

American Stroke Association  
[www.strokeassociation.org](http://www.strokeassociation.org)

The centers for disease control and prevention (CDC)  
<http://www.cdc.gov>

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## **FACTS ABOUT STROKE PREVENTION**

What you should know about preventing stroke and its recurrence.

## FACTS ABOUT STROKE

### What is an ischemic stroke?

This is the most common type of stroke. An ischemic stroke occurs when an artery that brings blood and oxygen to the brain becomes blocked, most often by a blood clot or a narrowing of the artery.

### What causes this to happen?

The most common cause of ischemic stroke is a condition called atherosclerosis. A plaque of fatty material builds up inside the artery wall and leads to decreased blood flow. This leads brain cell injury or death, which can mean death or severe disability.

### How does stroke impact Americans?

Stroke is the third leading cause of death in the US, with over 160,000 people dying each year from stroke.

Of the 700,000 strokes that occur yearly in the US, 200,000 occur in people who have already had a stroke.

The risk of having a stroke doubles with each decade after the age of 65.

Patients who have had a stroke have a 4-11% risk per year of having another.

### Steps that everyone can take to lower stroke risk include:

**Preventing and controlling high blood pressure:** It is recommended that all adults have their blood pressure checked regularly. You can maintain a normal blood pressure with a healthy diet, regular physical activity, not smoking, and weight control.

**Preventing and controlling diabetes:** It is known that people with diabetes have a greater risk for stroke. Steps to reduce risk for diabetes include weight loss and regular physical activity.

**Stop smoking!** Smoking increases the risk of stroke. The sooner you quit, the better your chance will be of lowering your risk of stroke.

**Prevent and control high cholesterol:** High cholesterol leads to heart disease, which can increase the risk of stroke. Try to eat a diet low in saturated fats and cholesterol and high in fiber from sources like fruits and vegetables. Again, a healthy diet and regular exercise will help. Adults should get their cholesterol checked every 5 years.

**Avoid heavy alcohol use:** This can contribute to high blood pressure. If you do consume alcohol, do so in moderation.

### If I have already had a stroke, what kind of treatment is there to prevent another stroke?

Anti-platelet therapy with a drug like aspirin reduces the risk of having another major ischemic stroke by 20%.

There is no evidence to suggest that people with a normal heart rhythm benefit from treatment with an oral anticoagulant such as warfarin. Studies suggest that it does not provide additional benefit over aspirin therapy.

However, if you have an irregular heart beat such as atrial fibrillation, then treatment with an oral anticoagulant such as warfarin is recommended for prevention of stroke.

Both aspirin and warfarin are associated with an increased risk of bleeding complications.

***Drug therapy after stroke must be individualized. Be sure to talk with your doctor about any new medications.***