TOP TEN THINGS TO KNOW

Update to the AHA/ASA Recommendations for the Prevention of Stroke in Patients with Stroke and Transient Ischemic Attack

1. Review of the evidence from recently published clinical trials that shaped the new recommendations for secondary prevention.

2. Review the CHARISMA study as it relates to recommendations for antiplatelet therapy for secondary prevention of stroke.

3. Review the ESPRIT study as it relates to recommendation for antiplatelet therapy as it relates to secondary prevention of stroke.

4. Review the SPARCL trial and how it relates to new recommendations for treating lipid for secondary prevention of stroke or TIA.

5. From this evidence based review, new recommendations now move aspirin and extended release dipyridamole to a Class I, LOE A.

6. Aspirin (50 to 325 mg/d) monotherapy, the combination of aspirin and extended-release dipyridamole, and clopidogrel monotherapy are all acceptable options for initial therapy (Class I, Level of Evidence A).*

7. From this evidence based review, new recommendations move aspirin plus extended release dipyridamole from a Class IIa, LOE A, to a Class I, LOE B.

8. From the evidence based review, new recommendations for lipid lowering for secondary prevention of stroke or TIA.

9. This recommendation distinguishes patients with existing CHD atherosclerotic disease and those without existing atherosclerotic disease.

10. Based on the SPARCL trial, administration of statin therapy with intensive lipid lowering effects is recommended for patients with atherosclerotic ischemic stroke or TIA and without known CHD to reduce the risk of stroke and cardiovascular events.

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http://stroke.ahajournals.org/cgi/reprint/STROKEAHA.107.189063