Pharmacotherapy for Ischemic Stroke Prevention?

Are there any of these predisposing conditions present?

Cardiovascular disease

- Age:
- Lipid profile:
- Estimated 10-year Framingham risk score:
- Non-Rheumatic Atrial Fibrillation:
- Mechanisms of acute or chronic CHADS2 score:
- Recurrent Stroke:
- Antiphospholipid antibodies:

Drug efficacy cannot be extrapolated from one patient to another; therefore, evaluate risk factors and modifiable risk factors.

PAD (peripheral arterial disease):

Other indications for stroke prophylaxis:

- Rheumatic Fever:
- Atrial Septal Defect (ASD):
- Patent Foramen Ovale (PFO):
- Patent Ductus Arteriosus (PDA):

SpAF II event rate 0.5%/yr in ASA group. ASA 325 mg/d (stroke 1.1%/year). Also, based on minimal evidence:

Age<65:

- With CV risk factors:
  - ICH in M (NNHx1y=~5000);
  - (NNTx1y=~750;

- Patent Foramen Ovale (PFO): prevalence 34%

- 1. Rheumatic Mitral valve disease + left atrial diameter >5.5cm: Warfarin INR 2

- 2. Severe left atrial thrombus:

- 3. Echocardiography shows any: No. Yes


- 5. Add clopidogrel?

- 1. Stay on ASA alone.
- 2. Add warfarin, if recurrent thromboembolism.
- 3. Dabigatran 110mg bid non inferior to warfarin in ITT analysis (8.5%/y vs. 6.5% (5.9%/y (4.6%/y (3.1% stroke risk vs. 2.8% (2.0% (1.6%)) for these trials).

- Recent MI:

- Embolic stroke in 3-4 weeks after first 4 weeks. Post-STEMI stroke mortality:

- Recent MI:

- Embolic stroke in 3-4 weeks after first 4 weeks. Post-STEMI stroke mortality:

- Antiphospholipid antibodies (prevalence testing and/or have antiphospholipid antibodies):

- 1. Enoxaparin

- 2. Warfarin

- 3. Dabigatran 110mg bid non inferior to warfarin in ITT analysis (8.5%/y vs. 6.5% (5.9%/y (4.6%/y (3.1% stroke risk vs. 2.8% (2.0% (1.6%)) for these trials).

- Recurrent Stroke:

- Antiphospholipid Antibody Syndrome (APS) Dx:

- 1. AHA/ASA 2010 guidelines recommend therapy as per Afib on theoretical and echocardiographic grounds. No efficacy data.

- 2. Add clopidogrel?

- 1. Stay on ASA alone.
- 2. Add warfarin, if recurrent thromboembolism.
- 3. Dabigatran 110mg bid non inferior to warfarin in ITT analysis (8.5%/y vs. 6.5% (5.9%/y (4.6%/y (3.1% stroke risk vs. 2.8% (2.0% (1.6%)) for these trials).