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Ischemic stroke prevention and treatment

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Abstract

Ischemic stroke is also included among the main causes of mortality and disability in the world. Patients who have previously suffered from an ischemic stroke, as well as patients who have had a transient ischemic attack (TIA), are more at risk. The use of anticoagulant and anti-thrombotic drugs is the most typical example for the prevention of ischemic stroke. The effect of antithrombotic therapy for the prevention of stroke yields better results if it is used in patients without cardio embolism and of anticoagulants when they are used in patients with cardio embolism. The efficacy of each of these medications has been shown in clinical trials conducted in several study centers. Aggrenox and clopidogrel together with aspirin are among the most frequently used antithrombotic drugs in daily clinical practice. While warfarin, rivaroxaban and dabigatran are the main representatives of anticoagulant medications. The mechanism of action of each of these medications is unique, however, they have in common some side effects, such as hemorrhagic phenomena from different organs, especially in patients in serious condition. The management of patients with ischemic stroke or TIA requires special care and attention from the attending physician regarding the prescription of anticoagulant or antithrombotic medications, assessing the risk of either deterioration of the patient's condition or improvement from the administration of these therapies. Individuals who survive a stroke often face long-lasting health and financial consequences. Commonly used antiplatelet medications include aspirin, clopidogrel, and Aggrenox, while a commonly used anticoagulant is warfarin. Recently, good clinical results as replacement therapy of warfarin are giving direct oral anticoagulants. The DOACs offer a major advantage over warfarin therapy by decreasing the risk of ICH, eliminating the need to adjust the dosing for targeted INR range, and patients do not need to implement dietary restrictions. Due to their shorter half-lives, however, patients taking DOACs must be more rigorous in following their prescribed regimen. Each drug has a separate mechanism of action and under certain circumstances may be recommended over other treatment options. As such, clinicians must carefully weigh the relative benefits with potential side effects when deciding an appropriate treatment regimen.

Biography

He is a medical doctor and a neurologist from Albania. He graduated in 1992 from the Faculty of Medicine, University of Tirana, Albania. In 2002, he commenced a four-year residency in infectious diseases and worked at the neurological department of the Regional Hospital of Shkodra. Currently, he is doing his PhD in neurology at University of Medicine, in Tirana, Albania.

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