

Statins After Ischemic Stroke and Transient Ischemic Attack

An Advisory Statement From the Stroke Council, American Heart Association and American Stroke Association

The Stroke Council

Based on results of numerous large-scale randomized trials, the vast majority of patients with a history of ischemic stroke or transient ischemic attack could benefit from statin use.

Although prevention of second stroke was not the primary aim of any completed study, some studies included subjects whose primary reason for entry was stroke. Multiple studies have shown that statins reduce risk of stroke in those with coronary artery disease and elevated total or low-density lipoprotein (LDL) cholesterol. Recently, the Heart Protection Study showed that simvastatin 40 mg/day reduced the risk of stroke by 25% among patients with coronary artery disease, other occlusive arterial disease, or diabetes.¹ In the subgroup enrolled with prior ischemic stroke or transient ischemic attack but no coronary artery disease, the risk of major vascular events (coronary events, stroke, or revascularization) was reduced by 21% (absolute risk reduction, 1% per year; number needed to treat 102 to prevent 1 event each year). Benefits persisted in those with LDL <116 mg/dL or total cholesterol <193 mg/dL. A meta-analysis also shows that the benefits of statins in reducing the rates of stroke and cardio-

vascular events is independent of cholesterol levels and occur with other statins.² Given early benefits in trials of acute coronary syndromes, statin initiation during hospitalization for first ischemic stroke of atherosclerotic origin is probably justified and may increase rates of long-term use. Results of the ongoing SPARCL trial³ will provide additional information about the role of statins in the minority of patients with prior stroke but no history of coronary heart disease, other occlusive arterial disease, or diabetes.

References

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