Handling of Anger and Ischemic Stroke in Women

Adler reports that difficulties in the handling of anger occurred significantly more often in women with ischemic stroke.1 This finding is supported by the stronger relationship of hostility traits with myocardial ischemia in women.2 The neurobiology is suggested by studies linking disruption of brain stem cardiovascular control, cardiovascular reactivity in challenging tasks, vasospasm, and disordered mood and affect to dopamine abnormalities laterализed to the right hemisphere, in which the metabolic rate is higher in women. These findings prompt the assessment of dopaminergic neurotransmission in interventions designed to modify response to personally relevant, emotionally arousing situations leading to ischemia.3-7

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References

Apolipoprotein E Polymorphism and Ischemic Cerebrovascular Disease

We have read a letter to the editor and response that appeared recently in Stroke1 concerning apolipoprotein E genetic polymorphism in patients with ischemic cerebrovascular disease (ICVD) and Alzheimer’s disease. The allele frequencies given by Saunders and Roses1 question our conclusion that the apo E4 allele probably could be a predisposing genetic marker for ICVD.1 This is a problem that we have calculated the allele frequencies by the gene counting method and compared the groups by the χ² contingency test. Allele frequencies in control group were as follows: apo E2, 0.075; apo E3, 0.820; and apo E4, 0.105. These frequencies were significantly different from those in the ICVD patient group of 0.082, 0.720, and 0.198, respectively (P<.05).

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Controversies in Stroke: Past and Present

Publication of the 1993 Willis Lecture1 by Dr M. Dyken acknowledges his important contributions to the treatment of stroke as well as his observations during a distinguished 40-year career in academic medicine. Although we have benefited from his insightful analyses, we were concerned about his review of the trial on efficacy of carotid endarterectomy in asymptomatic carotid stenosis conducted within the Veterans Administration.2,3 This was the first prospective and randomized clinical trial to demonstrate a reduction in ipsilateral neurological events in adult male patients with asymptomatic high-grade carotid stenosis treated by carotid endarterectomy. Transient ischemic attack (TIA) and nondisable stroke were considered part of a clinical continuum.4 In this trial, efficacy was defined in terms of preventing initial neurological events, and a significant reduction was documented. One half of all neurological events were strokes that were not accompanied by an antecedent or warning TIA. Furthermore, the 2:1 trend toward reduction in stroke alone for patients in the surgical group was not mentioned. Consequently, the current implied clinical recommendation of waiting for occurrence of TIA before intervening surgically may not constitute an optimal program of management for a substantial number of patients.

Our goal is to be selective in the identification of patients who undoubtedly benefit from carotid endarterectomy. Because many of us are participants in the ACAS trial,4 we support its clinical
Apolipoprotein E polymorphism and ischemic cerebrovascular disease.
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Stroke. 1994;25:521
doi: 10.1161/01.STR.25.2.521.a
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
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