Wasting Stroke Prevention Resources

Seemant Chaturvedi, MD; A. Ross Naylor, MD, FRCS

See related article, p 1781.

After the financial downturn of 2008, many governments and businesses were forced to cut costs and live in a new “age of austerity.” With regard to the provision of healthcare services, the age of austerity requires prioritizing healthcare needs and providing treatments that are demonstrably beneficial and in the ideal world, relatively inexpensive as well.

So what are our current priorities for the primary prevention of stroke? Available options run the gamut from lifestyle factors that are virtually free (physical exercise), inexpensive (aspirin for select populations, generic statins/antihypertensives), and expensive (carotid endarterectomy [CEA] or more recently carotid artery stenting for selected patients with severe, asymptomatic stenosis).1

In terms of both CEA and carotid artery stenting for asymptomatic stenosis, experienced clinicians recognize that both involve an upfront risk to the patient due to the hazards of perioperative stroke, myocardial infarction, or death. As a result, patients need to live long enough to first “break even” from the perioperative risk and then to hopefully gain additional years of stroke-free survival over the long term. In the Asymptomatic Carotid Surgery Trial (ACST), patients who received immediate surgery did not break even until after the 2-year mark.2 Over a subsequent 10-year period of follow-up, there was a relatively modest absolute benefit of 4.6% reduction in stroke.3 This equates to an annual benefit of 0.46% favoring surgery, that is, well below the 1% threshold that many healthcare researchers regard as being clinically significant for carotid revascularization in asymptomatic subjects.

In this issue of Stroke, Wallaert et al4 evaluated information from an administrative data set, the American College of Surgeons National Quality Improvement Project. The authors identified 8 conditions from the literature that are likely to increase both periprocedural risk and long-term death.6,7 The study by Wallaert et al illustrates this point with clarity and depicts overuse of carotid revascularization procedures in asymptomatic subjects.

A previous analysis estimated that the US healthcare system spends $2.1 billion annually on unnecessary CEA/carotid artery stenting procedures in asymptomatic patients.8 The study by Wallaert et al illustrates this point with clarity and depicts overuse of carotid revascularization procedures in its starkest form. It is not a pretty picture.

Disclosures
Dr Chaturvedi is a consultant to Abbott Vascular, W.L. Gore, and Thornhill Research.

References

**Key Words:** carotid endarterectomy ■ carotid stenosis ■ endarterectomy ■ outcomes
Wasting Stroke Prevention Resources
Seemant Chaturvedi and A. Ross Naylor

Stroke. 2012;43:1742-1743; originally published online April 26, 2012;
doi: 10.1161/STROKEAHA.112.655076
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2012 American Heart Association, Inc. All rights reserved.
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:
http://stroke.ahajournals.org/content/43/7/1742

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published
in Stroke can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office.
Once the online version of the published article for which permission is being requested is located, click
Request Permissions in the middle column of the Web page under Services. Further information about this
process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Stroke is online at:
http://stroke.ahajournals.org//subscriptions/