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Aha guidelines stroke 2021

Email guidelines@aan.com Call (800) 879-1960 or (612) 928-6000 (international) Identifying the cause of a first stroke, whether it is blocked blood vessels or a transient ischemic attack (TIA), and then developing multidisciplinary strategies to mitigate those causes are key steps for preventing future strokes, according to new clinical practice guidelines published in Stroke. A new recommendation for health care professionals in the American Heart Association (AHA)/American Stroke Association (ASA) 2021 guidelines is to perform diagnostic evaluations within 48 hours of symptom onset of a first stroke or TIA to determine the cause or causes. The guideline includes cause-based treatment recommendations. Because approximately 87% of strokes in the United States are ischemic, the guidelines include a new section detailing recommendations for performing a diagnostic workup after ischemic stroke, determining the etiology of ischemic stroke when possible, and identifying treatment targets to reduce the risk for recurrence. Managing vascular risk factors of patients with a history of stroke is important. Prevention should include quitting smoking and managing type 2 diabetes, lipids, and especially hypertension. The recommendations include consuming a Mediterranean diet and/or a diet low in sodium, getting regular physical activity, and avoiding prolonged sitting. Programs employing theoretical behavioral models, proven techniques for change, and multidisciplinary support are needed. Multidisciplinary teams should provide intensive personalized patient care and shared decision-making. Patients should be screened for atrial fibrillation, a common condition that puts patients at high risk for stroke. Patients diagnosed with atrial fibrillation should be started on blood-thinners to reduce recurrent stroke events. Antithrombotic therapy, including antiplatelet medications or anticoagulant medications, should be prescribed for nearly all stroke survivors who do not have contraindications. Combining antiplatelet and anticoagulation medications, however, is not typically recommended for second stroke prevention, and dual antiplatelet therapy should be only a short-term solution for patients with high-risk TIA and early arriving minor stroke or severe symptomatic intracranial stenosis. An important treatable cause of stroke is extracranial carotid artery disease. The guidelines suggest that patients who are appropriate candidates should have the stenosis fixed relatively early after their ischemic stroke. Clinicians should consider carotid endarterectomy, surgical blockage removal, or in select cases, a stent placed in the carotid artery. These choices should be driven by comorbidities and features of the patient’s vascular anatomy. Angioplasty and stenting are not recommended as first-line therapies for patients with severe intracranial stenosis in the vascular territory of the TIA or ischemic stroke. Aggressive medical management of stroke risk factors and short-term dual antiplatelet therapy are preferable. Since the previous guideline in 2014, several studies have assessed secondary stroke prevention of patent foramen ovale closure. It is currently considered reasonable to percutaneously close patent foramen ovale in younger patients with nonlacunar stroke or patients of any age with strokes of no other cause. Patients diagnosed with embolic stroke of uncertain source should not be empirically treated with ticagrelor or anticoagulants, as they were found to be of no benefit. “Although this document provides guidance based on a review of the literature, it is essential for clinicians to collaboratively develop care plans with patients, incorporating patients’ wishes, goals, and concerns,” the study authors stated. Disclosure: Some guideline authors declared affiliations with biotech, pharmaceutical, and/or device companies. Please see the original reference for a full list of authors’ disclosures. Reference Kleindorfer DO, Towfighi A, Chaturvedi S, et al. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: a guideline from the American Heart Association/American Stroke Association. Stroke. Published online May 24, 2021. doi:10.1161/STR.0000000000000375 Guidelines for the prevention of stroke in patients with stroke and transient ischemic attack: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. Kernan WN, Ovbiagele B, Black HR, Bravata DM, Chimowitz MI, Ezekowitz MD, Fang MC, Fisher M, Furie KL, Heck DV, Johnston SC, Kasner SE, Kittner SJ, Mitchell PH, Rich MW, Richardson D, Schwamm LH, Wilson JA; American Heart Association Stroke Council, Council on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, and Council on Peripheral Vascular Disease. Kernan WN, et al. Stroke. 2014 Jul;45(7):2160-236. doi: 10.1161/STR.0000000000000024. Epub 2014 May 1. Stroke. 2014. PMID: 24788967 Get With The Guidelines®- Stroke is much more than a data registry. It's a comprehensive program for supporting quality stroke care, including a suite of tools and resources to help improve processes and maximize effectiveness. These tools have proven successful at other hospitals participating in Get With The Guidelines®- Stroke. The library includes forms and tools that have proven successful at other hospitals participating in Get With The Guidelines - Stroke. We offer these documents only to give you an idea of other hospitals' solutions. By including the documents on this website, the American Heart Association does not represent that they are complete, accurate or efficacious, or that they follow all of the American Heart Association guidelines for secondary and primary prevention of cardiovascular events or stroke. Hospitals should design their order sets, discharge instructions and other tools based on their own procedures and professional experience. Get With The Guidelines®- Stroke Clinical Tools Library Supporting Guidelines Note: This is not a comprehensive list of guidelines related to stroke. 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Last Reviewed: Jul 13, 2022 Get With The Guidelines Get With The Guidelines Jun 02, 2021 | Eric Elsner Adelman, MD Authors: Kleindorfer DO, Towfighi A, Chaturvedi S, et al. Citation: 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association. Stroke 2021;May 24:[Epub ahead of print]. The following are key points to remember from the American Heart Association/American Stroke Association (AHA/ASA) guideline for the prevention of stroke in patients with stroke and transient ischemic attack: Up to 90% of strokes may be preventable by addressing vascular risk factors, including blood pressure control, diet, physical activity, and smoking cessation. Targeting multiple risk factors has additive effects. Despite these data, most stroke survivors have poorly controlled risk factors. Secondary prevention strategies should be the same for patients with ischemic stroke and TIA. While control of vascular risk factors is important for secondary prevention of all types of ischemic stroke, there are specific strategies used for prevention of various ischemic stroke subtypes. For patients who have a stroke while prescribed secondary prevention medications, it is important to determine if patients were taking the medications as prescribed, and evaluate reasons for nonadherence, if applicable, before considering a change in therapy. Stroke survivors are at risk for developing a sedentary lifestyle and should be encouraged to be physically active. In patients with deficits that impair mobility, a supervised exercise program, such as one led by a physical therapist, can ensure exercise can be done safely. Atrial fibrillation is common in patients with ischemic stroke. Longer-term monitoring of heart rhythm increases the detection rate of atrial fibrillation. Most ischemic stroke patients with atrial fibrillation should be anticoagulated. The goal blood pressure for most stroke patients with hypertension is In most stroke patients, atorvastatin 80 mg daily is recommended to reduce the risk of stroke recurrence and a low-density lipoprotein (LDL) of 70 mg/dl, consider adding ezetimibe. If the patient’s LDL is still not In stroke patients with diabetes, medical therapies and the goal for glycemic control should be individualized, but for most patients, a hemoglobin A1c of ≤7% is recommended. In selected patients, a glucagon-like protein 1 agonist or sodium glucose co-transporter 2 (SGLT2) inhibitor can be added to metformin. Patients with non-cardioembolic ischemic stroke should be treated with antiplatelet medication, rather than anticoagulation. For most ischemic stroke patients, there is no role for long-term dual antiplatelet therapy with the combination of aspirin and clopidogrel. Short-term dual antiplatelet treatment is recommended in selected patients with symptomatic intracranial atherosclerotic disease or with minor stroke or TIA. Patients with an embolic stroke of unclear source should not be treated empirically with anticoagulation or ticagrelor. In patients Patients with a non-disabling ischemic stroke and ipsilateral severe extracranial carotid stenosis should have a carotid intervention soon after the stroke. The choice of intervention, between carotid endarterectomy and stenting, should be made based on patient comorbidities and vascular anatomy. Changing behavior to improve diet, exercise, and medication adherence can be challenging and multidisciplinary programs are generally more effective than simply advice or a written handout from a provider. Clinical Topics: Arrhythmias and Clinical EP, Cardiovascular Care Team, Congenital Heart Disease and Pediatric Cardiology, Diabetes and Cardiometabolic Disease, Dyslipidemia, Invasive Cardiovascular Angiography and Intervention, Prevention, Atrial Fibrillation/Supraventricular Arrhythmias, Congenital Heart Disease, CHD and Pediatrics and Arrhythmias, CHD and Pediatrics and Interventions, CHD and Pediatrics and Prevention, CHD and Pediatrics and Quality Improvement, Lipid Metabolism, Nonstatins, Novel Agents, Statins, Interventions and Structural Heart Disease, Interventions and Vascular Medicine, Diet, Exercise, Hypertension Keywords: Aspirin, Atrial Fibrillation, Blood Pressure, Brain Ischemia, Carotid Stenosis, Diabetes Mellitus, Diet, Endarterectomy, Carotid, Exercise, Foramen Ovale, Patent, Hydroxymethylglutaryl-CoA Reductase Inhibitors, Hypertension, Intracranial Arteriosclerosis, Ischemic Attack, Transient, Lipoproteins, LDL, Medication Adherence, Metformin, Platelet Aggregation Inhibitors, Secondary Prevention, Smoking Cessation, Stroke, Vascular Diseases < Back to Listings Skip to main content Renew your Professional Membership before the June 30, 2025 deadline. 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