

## Stroke

- Neurological deficit attributed to an acute focal injury of the CNS by a vascular cause
- Ischaemic stroke 80-87%** - occlusion of artery by clot (thrombus in brain artery or embolus from heart or major artery)
- Haemorrhagic stroke 13-20%** - a weakened vessel ruptures or a coagulation defect leads to bleeding into surrounding brain
- A leading cause of death and disability worldwide. Stroke occurs at a younger age in LMICs, often affecting people at the peak of their productive lives.
- Hypertension is the most modifiable risk factor for stroke**
- TIA (transient ischaemic attack)** – features of a stroke but resolves <24 hours. TIAs are a warning sign for stroke – 20% go on to have a stroke in the next 3 months (especially the first few days). Consider TIA as small ischaemic stroke.

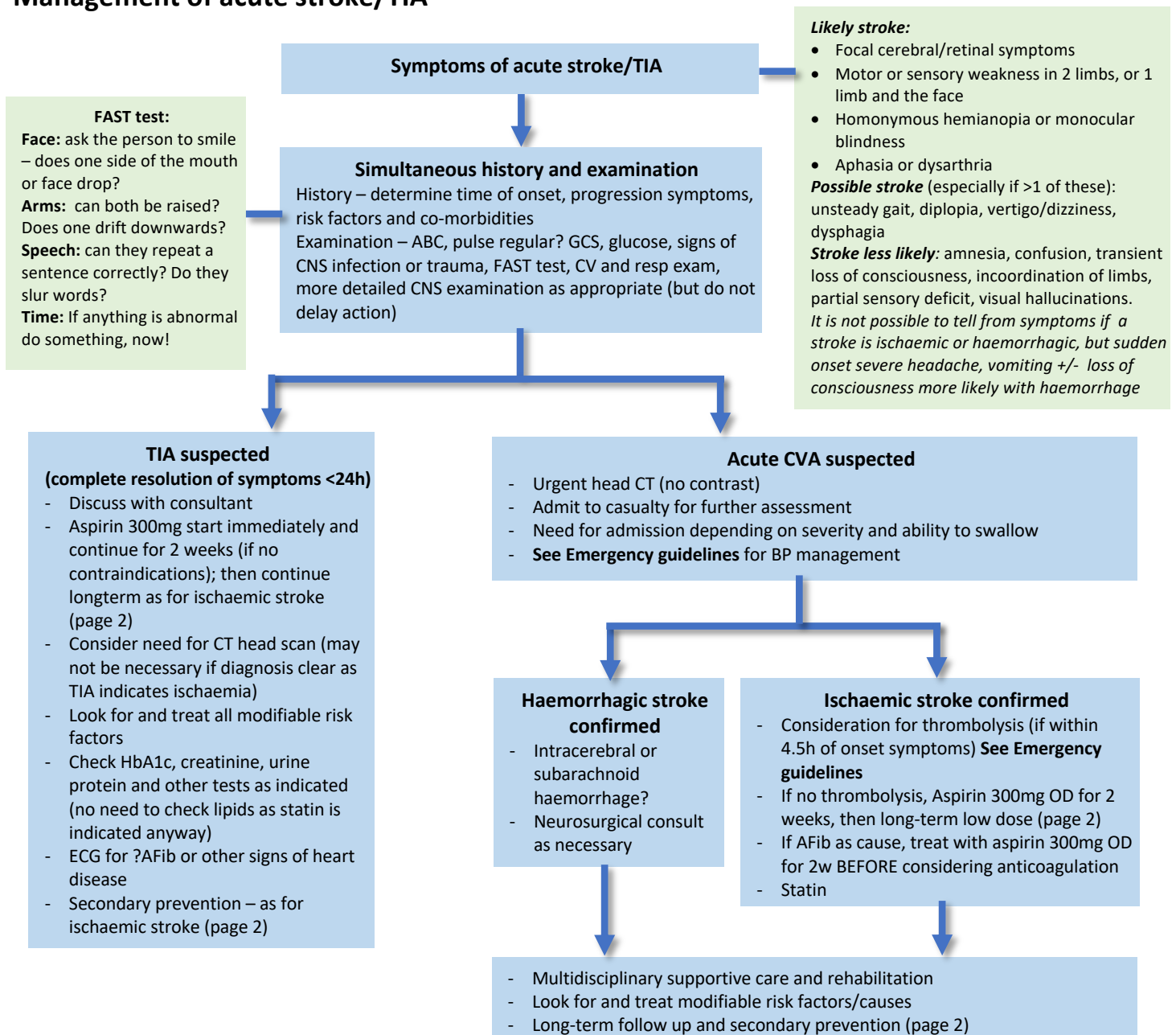
### Risk Factors for Stroke

**Both types:** age, hypertension, alcohol

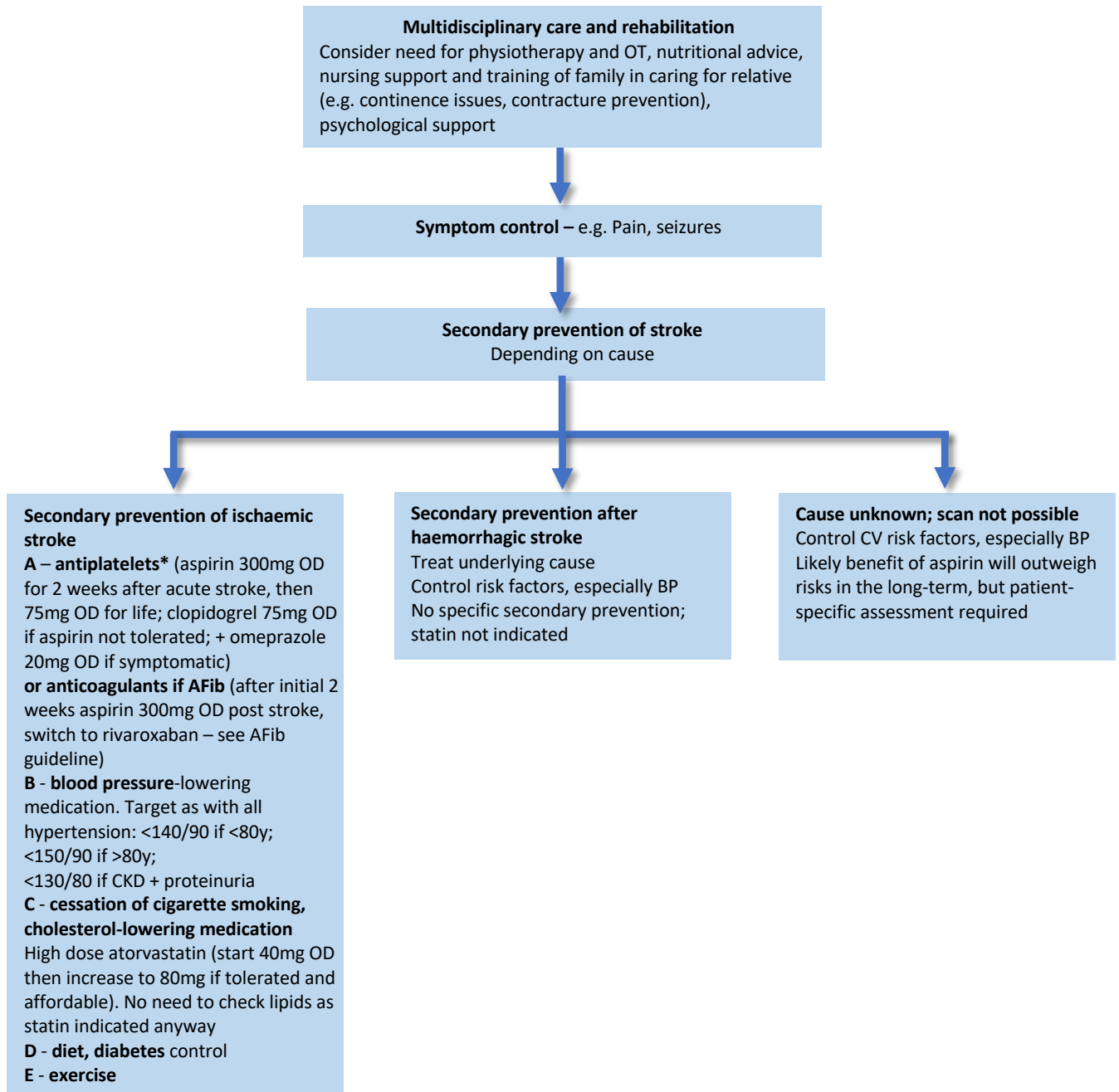
**Ischaemic:** male sex, diabetes, cardiac disease, AFib, smoking, obesity, lack of exercise, high cholesterol, sickle cell, HIV, COCP use

**Haemorrhagic:** coagulopathies, eclampsia, intra-cerebral vascular malformations, anticoagulant and thrombolytic therapy, vasculitis, brain tumour

## Management of acute stroke/TIA



## Long term management of stroke



\*Some patients are discharged from hospital with dual anti-platelet therapy. This is usually to be dropped down to single agent after 3 weeks, but if plan not clear please discuss with consultant or cardiologist

### References

Kenya National Guidelines for Cardiovascular Diseases Management, MOH 2018; Stroke: a global response is needed, WHO <http://www.who.int/bulletin/vol-umes/94/9/16-181636>; Red Whale Update: stroke and TIA <https://www.redwhale.co.uk/content/stroke-and-tia>; Up-To-Date accessed 20/10/23; Aspirin for secondary prevention after stroke of unknown etiology in resource-limited settings: a decision analysis, Aug 2014, Neurology