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Autor(en) des Beitrags:       Sander, D; Schwertfeger, M; Köfüncü, E; Diehm, C; Pittrow, D
Titel des Beitrags:       [Secondary prevention with clopidogrel or acetylsalicylic acid after cerebrovascular event--prospective cross-sectional study in primary care]
Abstract:       BACKGROUND: Current guidelines on stroke prevention recommend long-term antiplatelet therapy. Clopidogrel is primarily indicated in patients at higher risk. This investigation documented the current situation of patients who are treated with clopidogrel and/or acetylsalicylic acid (ASA) following an acute ischemic cerebrovascular event (stroke or transient ischemic attack, TIA) in a primary care setting.

PATIENTS AND METHODS:
Prospective, cross sectional study with 2095 patients in 642 physician offices.

RESULTS: Patients were 69.0 +/- 10.2 years old (58.2% were men). Ischemic stroke was reported in 57.3% and TIA in 46.0% (several events in one given patient possible). Cardiovascular risk factors were frequent (arterial hypertension 87.6%, hyperlipidaemia 75.3%, diabetes mellitus 42.5%, and smoking in 27.2%) as were atherothrombolic comorbidities (stable coronary artery disease 23.3%, unstable CAD 11.6%, peripheral arterial hypertension 26.6%). A stratification according to the Essen Stroke Risk Score (ESRS) showed that 80.2% of the patients had a high risk of recurrent events. Patients with clopidogrel monotherapy or combination therapy (47.2% and 39.2% of the cohort) compared to ASA monotherapy (16.6%) were more frequently male, had more often a private insurance, a higher number of risk factors and comorbidities as well as a higher ESRS. Long-term
antiplatelet therapy was planned by the treating physicians in 6.5% of patients on clopidogrel monotherapy in 33.6% on combination therapy and in 93.4% on ASA monotherapy. CONCLUSION: Patients with an acute cerebrovascular event have multiple comorbidities and are therefore relatively frequently treated with clopidogrel. It is striking that in a number of patients no long-term anti-platelet therapy was recommended by the primary care physician.