

Long-term adherence to national guidelines for secondary prevention of ischemic stroke: a prospective cohort study in a public hospital in Chile.

Muñoz-Venturelli P, Sacks C, Madrid E, Lavados PM.

Abstract

BACKGROUND:

Clinical guidelines for the secondary prevention of ischemic stroke have been developed, but their publication is insufficient to make them effective. Our aim was to investigate adherence to Chilean guidelines, its associated variables, and to determine prognosis at follow-up.

METHODS:

We prospectively included all consecutive patients discharged with a diagnosis of ischemic stroke from Valparaíso Regional Hospital between July 15, 2007 and January 15, 2008. Patient follow-up was performed at 5, 10, and 15 months using a standardized questionnaire. We used the Chi-square and Fisher exact tests to compare discrete variables and multivariate logistic regression analysis to adjust for potential confounding factors. A Cox regression model was fitted.

RESULTS:

We included 156 patients; 128 patients (82%) completed follow-up. Adherence to oral anticoagulation decreased significantly compared to all other medications during follow-up ($P = .004$). This was not associated with any of the studied variables. Adherence to antihypertensives, statins, and hypoglycemic medications remained $>65\%$ without a significant variation. Patients with cardioembolic stroke had greater mortality ($P = .003$) and recurrence rates.

CONCLUSIONS:

The observed significant decrease in adherence to oral anticoagulation in patients with cardioembolic stroke suggests a need for the implementation of specific strategies to achieve the desired secondary prevention goals in these patients. Future research into the evaluation of other factors that could be associated with the lack of adherence to these guidelines, measurements of therapeutic goals, and new therapeutic strategies that are easier to use and that are associated with less risk could improve the prognosis of these patients.