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- Recent results from stroke international trials.

Graduated Compression Stockings and Risk of Venous Thrombosis Following Stroke: CLOTS TRIAL 1

Stroke care teams all over the world were looking with interest to the results of Clots Trial 1. It has been reported in medical literature that graduated compression stockings GCS might help in reducing the risk of the deep venous thrombosis (DVT) and the risk of pulmonary embolism (PE) in surgical patients. This notion led to the hypothesis that this type of stockings might be useful in reducing the risk of DVT and PE in ischaemic stroke patients.

In this outcome-blinded, randomised controlled trial (The Lancet 2009;373: 9679; 1958-1965), 2518 patients who were admitted to hospital within 1 week of an acute stroke and who were immobile were enrolled from 64 centres in the UK, Italy, and Australia. Patients were allocated via a central randomisation system to routine care plus thigh-length GCS (n=1256) or to routine

care plus avoidance of GCS (n=1262). A technician who was blinded to treatment allocation undertook compression Doppler ultrasound of both legs at about 7–10 days and, when practical, again at 25–30 days after enrolment. The primary outcome was the occurrence of symptomatic or asymptomatic DVT in the popliteal or femoral veins. Analyses were by intention to treat. All patients were included in the analyses. The primary outcome occurred in 126 (10.0%) patients allocated to thigh-length GCS and in 133 (10.5%) allocated to avoid GCS, resulting in a non-significant absolute reduction in risk of 0.5%. Skin breaks, ulcers, blisters, and

skin necrosis were significantly more common in patients allocated to GCS than in those allocated to avoid their use. The study concluded that The data from Clots Trial 1 do not lend support to the use of thigh-length GCS in patients admitted to hospital with acute stroke. The time is right now to revise the national guidelines for stroke on the basis of these results.



'Strokeupdate' at the 8th Welsh Stroke Conference

June 09

On 19th of June 2009, hundreds of doctors and allied health professionals were gathering in River Front in Newport City in Wales for the 8th Welsh Stroke Conference. 'Strokeupdate' was at the conference and participated in the programme of the meeting.

The conference started with a lecture from Professor Steve Dunnett from Cardiff University. The professor was speaking about his experience with Parkinson's disease patients and the benefit of stem cells transplantation in cases of stroke. Dr. Michel from Lausanne was speaking about the art of treating acute stroke. He summarised his experience in dealing with prevention and treatment of ischaemic and haemorrhagic



From the right: Dr. Anne Freeman, Professor Marie-Germaine Bousser, Professor Bim Bhowmick and Dr. Hamsaraj Shetty

stroke patients. The third speaker in the conference was D. Mark Bayley from Toronto, Canada. He presented his views about the translation of stroke rehabilitation evidence into practice. He spoke about the experiences of the Canadian stroke network. Mark mentioned some details about the SCORE project of 2003 and the benefit of integrating the severely stroke patients in the community and the feasibility of this process. He

mentioned that it is vital to identify the barriers against implementing the guidelines for care for stroke patients. Dr. Damaian Jenkinson was speaking about the improving stroke services and the role of clinical networks in UK. The last speaker in the first session of the conference was Professor Jonathan Mant from Cambridge University. He spoke about the subject of the role of primary care in developing stroke services. The afternoon sessions were mainly about stroke rehabilitation and one of the main risk factors for stroke the Hypertension problem and the recent developments in its management. Professor Anthony Ward was speaking in the first parallel session about the use of botulinum toxin in stroke rehabilitation-current evidence. The results of EXITE trial were presented in the conference by Professor Steven Wolf from Emory University in Atlanta.

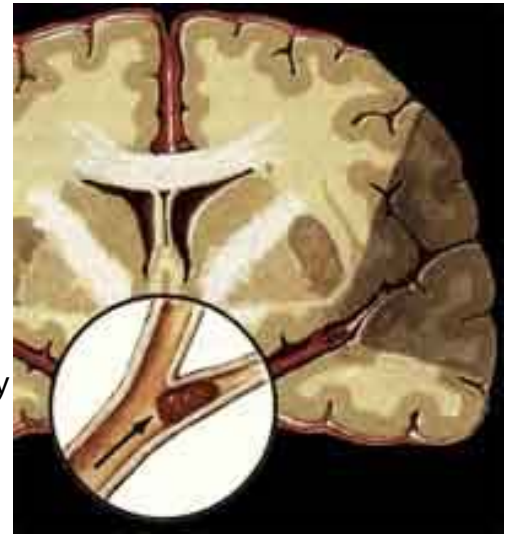


The poster session at the conference

Learning from Stroke Patients

The guest speaker for this year Welh Stroke Conference was Professor Marie-Germaine Bousser from France. She was speaking about her first encounter with patients with CADASIL or cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy. CADASIL is related to another of Prof. Brosser's long-term interest, migraine, particularly the link between

stroke and migraine with aura. She spoke about the subject of cerebral venous thrombosis and her experience with the first patient that she treated after her graduation. Brosser was awarded the 2008 Johann Jakob Wepfer Prize, which was created by the European Stroke Conference in memory of the Swiss pathologist who first hypothesised that stroke was caused by bleeding in the brain.



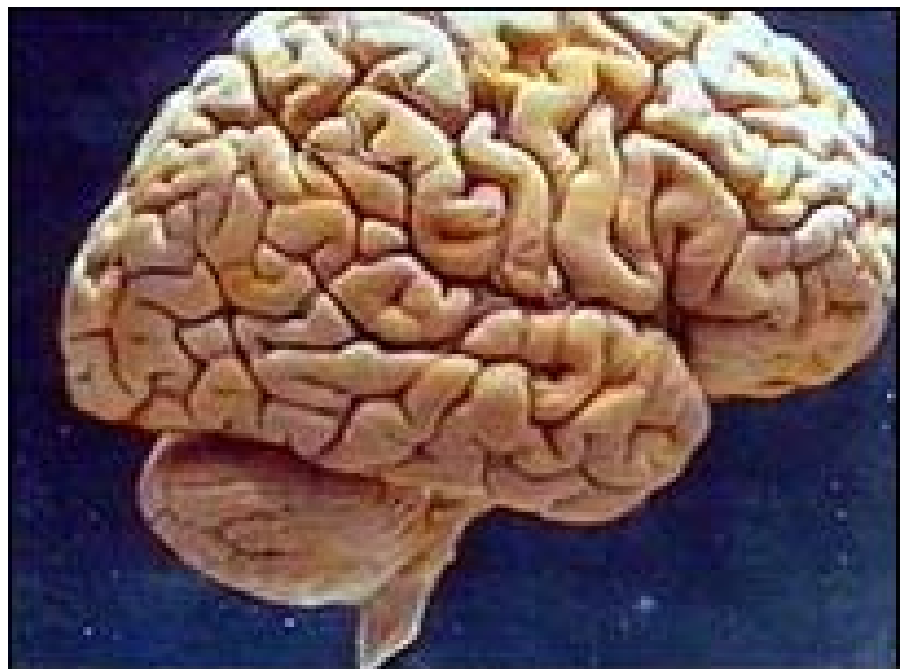
Causes and Severity of Ischaemic Stroke after a TIA

It is interesting to know the effect of having a previous TIA or intracranial artery disease on the subsequent type of stroke. In a recent study published in *Stroke* 2009; 40: 1999-2003, the authors evaluated the location, type (lacunar vs nonlacunar), cause, and severity of stroke in patients who had an ischaemic stroke endpoint in the Warfarin Aspirin Symptomatic Intracranial Disease (WASID) trial.

Of the 569 patients enrolled in the WASID trial, 106 patients (18.6%) had an ischaemic stroke during a mean follow-up of 1.8 years. Stroke occurred in the territory of the symptomatic artery in 77 (73%) of 106 patients. Among the 77 strokes in the territory, 70 (91%) were nonlacunar and 34 (44%)

were disabling. Stroke out of the territory of the symptomatic artery occurred in 29 (27%) of 106 patients. Among these 29 strokes, 24 (83%) were nonlacunar, 14 (48%) were attributed to previously asymptomatic intracranial stenosis, and 9

(31%) were disabling. The study concluded that most subsequent strokes in patients with symptomatic intracranial artery stenosis are in the same territory and nonlacunar, and nearly half of the strokes in the territory are disabling.



Dronedarone and Stroke Patients with Atrial Fibrillation

Stenting is an alternative to endarterectomy for the treatment of carotid stenosis but equivalent safety and efficacy of stenting versus endarterectomy has not been established.

The authors of this study which was discussed in the European stroke conference in May 09, conducted a large randomised trial to compare the two procedures. The international carotid stenting study (ICSS) is a multicentre,

international trial in which patients with recently symptomatic (< 6 months) carotid artery stenosis suitable for either procedure were randomised in equal proportions between carotid stenting and endarterectomy. Recruitment of the planned sample size was completed from 50 centres in Europe, Australia, Canada and New Zealand in 2008. 1713 patients (1512 from fully enrolled centres) were

randomised. The authors mentioned that the results of this trial will play a major role in determining the role of stenting versus endarterectomy for symptomatic carotid stenosis. However, the aim of treatment is to prevent long-term stroke and the analysis of the primary outcome measure of long term survival free of disabling stroke will require further follow up.

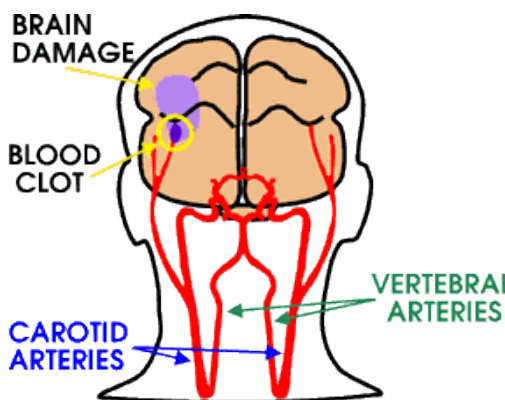
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