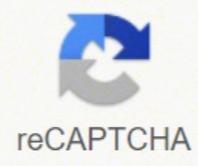




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Stroke Alert
Statins Prescription Adhered to Guidelines for Patients Hospitalized due to Acute Ischemic Stroke or Transient Ischemic Attack

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Background and Purpose: Secondary stroke prevention guidelines recommend statin use for all acute ischemic stroke patients. We conducted a study around the guideline-based statin prescription (GSP) in Korea and the associated knowledge of stroke.

Method: A survey was conducted to assess Korean neurologists' knowledge of and attitude toward statin use in acute ischemic stroke patients. The survey included questions about the use of statins in acute stroke patients, the frequency of statin use, and the knowledge of stroke prevention.

Results: Of the 174 responding neurologists, 94.7% were categorized as high-level prescribers, 4.3% as intermediate prescribers, and 0.9% as low-level prescribers. The mean age of the neurologists was 40.4 years, with TIA used in 40.4% with TIA used in this study. The GSP use in stroke was 70.4%, and the rate of statin use in acute stroke patients was 61.7%. The mean knowledge score was 7.2 ± 1.2. The mean knowledge score was significantly higher in the high-level prescriber group than in the intermediate prescriber group ($P < .01$). In 74.7%, the knowledge score was higher than the mean knowledge score. The mean knowledge score was significantly higher in the high-level prescriber group than in the intermediate prescriber group ($P < .01$). There was no significant difference between the high-level prescriber group and the low-level prescriber group, while those in the intermediate prescriber group had a significantly lower knowledge score than the high-level prescriber group ($P < .01$).

Conclusion: Most of these experts of acute ischemic stroke services and TIA patients are using statins in accordance with the GSP. However, there is a need to improve the knowledge of dyslipidemia management among neurologists.

Key Words: statin, guideline, adherence, ischemic stroke, transient ischemic attack, secondary stroke prevention

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after overnight fasting)

| | |
|-----------------|--------------------------|
| LDL-cholesterol | $\geq 140 \text{ mg/dL}$ |
| HDL-cholesterol | $< 40 \text{ mg/dL}$ |
| Triglycerides | $\geq 150 \text{ mg/dL}$ |

Diagnosis of dyslipidemia is made when either type of lipid abnormalities is present.

These diagnostic criteria are not intended for the beginning of drug therapy.

It is important to consider the indications of drug therapy only after evaluation of other risk factors.

LDL-C is evaluated basically by calculation with the Friedewald equation.

$$[\text{LDL-C} = \text{TC} - \text{HDL-C} - \text{TG}/5 \text{ (when TG is } < 400 \text{ mg/dL})]$$

When the TG is $\geq 400 \text{ mg/dL}$ or non-fasting state, the LDL-C should be determined by direct measurement.

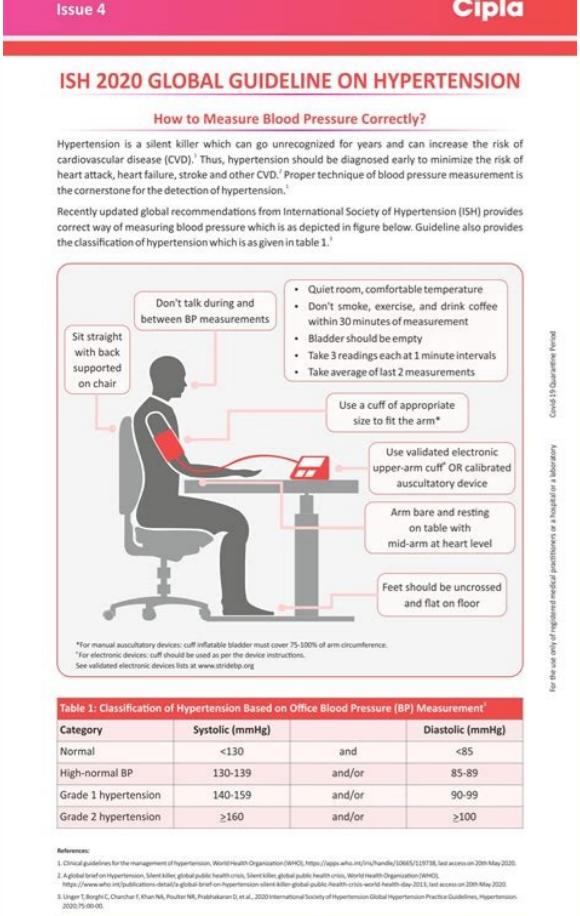


Table 1: Classification of Hypertension Based on Office Blood Pressure (BP) Measurement

| Category | Systolic (mmHg) | Diastolic (mmHg) |
|----------------------|-------------------|------------------|
| Normal | < 120 | < 80 |
| High-normal BP | $120\text{--}129$ | $80\text{--}84$ |
| Grade 1 hypertension | $130\text{--}139$ | $85\text{--}89$ |
| Grade 2 hypertension | ≥ 140 | ≥ 90 |

Notes: 1. A systolic blood pressure of 130 mmHg or higher and a diastolic blood pressure of 80 mmHg or higher are considered to be high-normal. 2. A systolic blood pressure of 140 mmHg or higher and a diastolic blood pressure of 90 mmHg or higher are considered to be grade 1 hypertension. 3. A systolic blood pressure of 160 mmHg or higher and a diastolic blood pressure of 100 mmHg or higher are considered to be grade 2 hypertension.

Classification of hypertension based on office blood pressure (BP) measurement

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