



SECONDARY PREVENTION OF STROKE IN TRANSIENT ISCHEMIC ATTACK

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ABSTRACT

Transient Ischemic Attack (TIA) is a critical warning sign of potential future strokes, necessitating effective secondary prevention strategies to mitigate risk. This review examines the current approaches for the secondary prevention of stroke in patients who have experienced a TIA. The strategies include antiplatelet and anticoagulant therapies, blood pressure management, cholesterol reduction, lifestyle modifications, and surgical interventions. Recent advancements in pharmacological treatments and their efficacy are discussed, alongside the importance of rapid diagnosis and individualized patient care. The integration of these strategies can significantly reduce the incidence of subsequent strokes, improving patient outcomes and quality of life.

KEYWORDS: Transient Ischemic Attack (TIA), Stroke, Secondary prevention, Antiplatelet therapy, Anticoagulant therapy, Blood pressure management, Cholesterol reduction, Lifestyle modifications, Surgical interventions, Pharmacological treatments.

INTRODUCTION

Cerebrovascular accident is a concept that includes not only stroke, but also transient cerebrovascular accidents or transient ischemic attacks (TIA). Based on MRI data, it has been established that if TIA lasts more than 1 hour, persistent foci of ischemia appear in the brain. Therefore, according to the proposal of the World Stroke Organization, the diagnosis of TIA can be made only if the duration of symptoms does not exceed 60 minutes and completely resolves. Otherwise, the diagnosis of "stroke" is established. TIA, being a precursor to stroke, increases the risk of its development to 30%, which is 9 times higher than in the general population. To assess the risk of stroke, a special ABCD 2 scale was proposed, which is used to assess the risk of early stroke after TIA and to identify patients who should be hospitalized. This scale takes into account age over 60 years, blood pressure over 140/90 mmHg, presence of clinical symptoms, duration of symptoms over 60 minutes, diabetes mellitus. Patients with TIA with a score of 2 or more points should be hospitalized for further examination and treatment. One of the main causes of extracranial artery lesions leading to cerebral ischemia is atherosclerosis. Atherosclerotic lesions of cerebral arteries are the cause of 40-45% of all cases of ischemic cerebrovascular accidents.

The currently existing methods of both primary and secondary prevention of cerebrovascular accidents can be divided into conservative and surgical. Numerous multicenter

randomized trials have convincingly proven the effectiveness of surgical correction of carotid artery stenosis for secondary prevention of cerebrovascular accidents in patients with severe (more than 60-70%) carotid stenosis who have suffered transient ischemic attacks and minor strokes. This is especially important since the risk of recurrent ischemic stroke is 10-15% during the first year, then the frequency of recurrent strokes is 5% annually, exceeding the frequency of stroke in the general population by 15 times.

THE MAIN FINDINGS AND RESULTS

All patients must undergo ultrasound examination of the carotid arteries before surgery, after which the question of choosing a method of surgical treatment is decided. When deciding on surgical treatment, the degree of stenosis of the cerebral arteries, the prevalence of atherosclerotic lesions, the age of the patient, and the presence of concomitant somatic diseases are always taken into account.

All surgical operations are aimed at eliminating stenosis of the cerebral arteries and are divided into 2 types: carotid endarterectomy (CEA) and an alternative to CEA is minimally invasive endovascular intervention with stent installation (Smout J., 2010).

For the prevention of ischemic stroke, carotid angioplasty and stenting (CAS) has been used since the mid-80s. CAS reduces the pain of manipulations and the length of hospital stay, and does not leave postoperative scars, compared to CEA. The absence of the need for general anesthesia is another major advantage of the endovascular technique. Modern X-ray endovascular approaches to stenting of cerebral arteries make it possible to perform operations as early as possible after the onset of the disease, and with careful selection of patients, this method is highly effective for elderly patients.

Thus, low public awareness of TIA symptoms may be the reason for late hospitalization of patients during its development and thus contribute to the occurrence of stroke and reduce the effectiveness of treatment. The use of the ABCD2 scale, which is easy to use in practice (age, arterial hypertension, presence of paresis and aphasia, duration of symptoms more than 60 minutes, diabetes mellitus) may have prognostic value when hospitalizing these patients. It is necessary to start secondary prevention of stroke as early as possible, because most ischemic strokes in patients who have had a TIA occur in the first days after the disease. The question of choosing modern methods of prevention and treatment of patients with TIA, choosing the optimal method of surgical treatment of patients with stenosis of the carotid arteries has not yet been finally resolved. Further study of risk factors for each of the methods is relevant.

CONCLUSION

Considering that such measures are an effective alternative to drug therapy, a comparative dynamic study of the condition of patients who underwent stenting of the ICA, CEA and patients receiving drug therapy is of undoubted interest, it is necessary to study the short-term and long-term effects, and it is necessary to clarify the features of the dynamics of neurological deficit and cognitive impairment after the above methods. The goal of treating patients with TIA is to prevent subsequent TIA and stroke. Studying this problem can provide more accurate

criteria for the optimal choice of modern methods of diagnosis, prevention and treatment of patients with transient ischemic attacks.

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