Further Section

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Concluding Remarks

The presenters during this symposium ('Advances in Stroke Prevention') have summarized a great deal of new information that was unknown just a few years ago. The concepts and data concerning the pathogenesis of atherosclerosis, recognition of high-risk individuals with treatable risk factors, treatment and quality of life, the advances in antiplatelet therapy and identification of cost-risk benefit are by themselves extremely important issues. Considered together they become even more important. Each of the presentations today has important implications for each of the others. Prof. Gabbiani's clarification of the changes in smooth muscle cells as affected by factors released from platelets, endothelial cells and other sources is critical to the understanding of the effectiveness of antiplatelet agents. These observations suggest that we cannot draw simplistic conclusions based only on studies of platelets and endothelium in the normal state or at only one stage of the atherosclerotic process. The increased effectiveness of newer antiplatelet agents described by Prof. Easton and the reasons for the 'low-dose' versus 'high-dose' controversy may be better understood from this type of study.

Today, basic and clinical research and research applications cannot be considered separately from cost and quality of life.

Prof. Wade has clearly focused on the necessity to first consider the patient's quality of life, which is not always compatible with the 'best' treatment.

We are grateful to Dr. Goldstein and Prof. Asplund for clarifying the 'cost-risk benefit' of stroke prevention. For these studies, it is clear that the high costs of these research, prevention and treatment programs are insignificant compared to the direct or indirect cost of disabling stroke. Further, Prof.

Wolf, using the 36-year follow-up data from the Framingham study, has presented a stroke risk profile making it possible to identify that portion of the population that is at highest risk for stroke, so the prevention programs can be concentrated on those at greatest risk.

We would like to thank the participants, the audience and the sponsor for what has been to us a most informative and enjoyable symposium.