Opening Remarks

This is an interesting and important time to discuss treatments for the prevention of stroke. The scene has been changing dramatically in the past few years, even the past 1 year. Many large studies have been completed and many more are in progress.

The risks of cerebral infarction, myocardial infarction and vascular death in patients with asymptomatic carotid disease, transient ischemic attack and stroke have become reasonably well delineated. Prof. Norris will review these data.

Carotid endarterectomy is a substantial issue in the Western World. Approximately 110,000 carotid endarterectomies were done annually in the United States a few years ago. Because of the lack of proper clinical trials and consequent uncertainty surrounding its value, about 80,000 are done currently. The European Endarterectomy Trial and the North American Symptomatic Carotid Endarterectomy Trial are reporting some of their results at this meeting. These data show that carotid endarterectomy is of substantial values in symptomatic patients with high-grade arterial stenoses. Other multicenter endarterectomy trials are still in progress, including two involving asymptomatic patients with a high-grade arterial stenosis. It will be awhile before the results are available and all of the indications for carotid endarterectomy are clear.

Coumarin anticoagulation is not used commonly for the prevention of atherothrombotic stroke. Nevertheless, there is renewed interest in anticoagulation because of several studies published in the last 2 years involving patients with myocardial infarction and atrial fibrillation. One of them, the Oslo Myocardial Infarction Trial, found a 55 % risk reduction for stroke. Several studies have evaluated anticoagulation for the primary prevention of stroke in patients with atrial fibrillation and Prof. Sherman, co-principal investigator with Prof. Hart of the Stroke Prevention in Atrial Fibrillation Study, will discuss the results of these trials.

A large number of clinical trials have been conducted in recent years to determine the value of various antiplatelet agents in the prevention of ischemic stroke. These results will be reviewed by Prof. Easton.

Prof. Bousser will then chair the discussion period to cover the first three presentations.

Clearly, the gold standard in 1991 for assessing new treatments for stroke prevention is the clinical trial. Prof. van Gijn will review measurements of outcome in stroke prevention trials. Then, Prof. Dyken will discuss some of the issues surrounding meta-analysis in the assessment of therapy for stroke prevention.

F. Finally

Prof. Bogousslavsky will chair a round table discussion assessing the Benefit/Risk of Therapy in Stroke Prevention.