

## Pharmacologic Therapy for Secondary Stroke Prevention

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This month's quiz is based on the article "Update on Pharmacologic Therapy for Secondary Stroke Prevention," which begins on page 14 of this issue. Choose the single best answer for each question.

- 1. What is the estimated risk of stroke in the first month following a transient ischemic attack (TIA)?**  
(A) 1%                      (C) 11.5%                      (E) 21%  
(B) 8%                      (D) 18.3%
- 2. What is the estimated risk of recurrent stroke in the first month following an initial stroke?**  
(A) 2% to 5%                      (D) 18% to 20%  
(B) 6% to 15%                      (E) 20% to 22%  
(C) 15% to 18%
- 3. According to the meta-analysis of 21 trials that evaluated antiplatelet therapy for secondary stroke prevention, what is the percent reduction in fatal stroke for the antiplatelet group compared with the placebo group?**  
(A) 5%                      (C) 16%                      (E) 35%  
(B) 7%                      (D) 20%
- 4. Which of the following statements is correct regarding statin therapy and stroke?**  
(A) Randomized, controlled trials show that statin therapy reduces the rate of heart attack but not stroke  
(B) Randomized, controlled trials show that statin therapy reduces the rate of heart attack and stroke for patients with low-density lipoprotein levels greater than 200 mg/dL but not for those with levels less than 200 mg/dL  
(C) Randomized, controlled trials show superior protection against heart attack and stroke depending on individual statin therapy  
(D) Randomized, controlled trials show that statin therapy reduces the rate of heart attack and stroke independent of cholesterol levels and individual statin drug
- 5. What is the conclusion of the CHARISMA and ESPRIT studies regarding dual antiplatelet therapy (ie, clopidogrel plus aspirin) compared with single antiplatelet therapy for secondary stroke prevention?**  
(A) Dual antiplatelet therapy further reduces the rate of recurrent stroke  
(B) Dual antiplatelet therapy does not further reduce the rate of recurrent stroke, but the side effect profile is the same compared with the single antiplatelet therapy  
(C) Dual antiplatelet therapy does not further reduce the rate of recurrent stroke and increases the risk of hemorrhage  
(D) Dual antiplatelet therapy further reduces the rate of recurrent stroke for embolic strokes  
(E) Dual antiplatelet therapy reduces the rate of stroke more effectively than carotid endarterectomy for patients with symptomatic carotid artery stenosis
- 6. Which of the following patients should receive warfarin therapy instead of antiplatelet therapy?**  
(A) A 50-year-old man with a history of atrial fibrillation who has suffered a first TIA  
(B) A 50-year-old man with a history of carotid artery stenosis who has suffered a first TIA with the degree of carotid artery stenosis estimated to be 55%  
(C) A 50-year-old man with a history of hypertension who has suffered a first lacunar stroke  
(D) A 50-year-old man with a history of hypertension who has suffered a first TIA with negative embolic stroke work-up  
(E) A 50-year-old man with a history of poorly controlled hypertension who has suffered a first lacunar stroke

For answers, see page 48.

**Answers to the Clinical Review Quiz, which appears on page 41. The article on secondary stroke prevention begins on page 14.**

1. (C) 11.5%
2. (B) 6% to 15%
3. (C) 16%
4. (D) Randomized, controlled trials show that statin therapy reduces the rate of heart attack and stroke independent of cholesterol levels and individual statin drug
5. (C) Dual antiplatelet therapy does not further reduce the rate of recurrent stroke and increases the risk of hemorrhage
6. (A) A 50-year-old man with a history of atrial fibrillation who has suffered a first TIA

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