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Life Extension Update Exclusive

American Heart Association issues stroke prevention guidelines

The newest primary prevention guidelines for stroke from the American Heart Association/American Stroke Association Stroke Council were released online on April 4, 2006 in the journal *Stroke*. Stroke is the third leading cause of death in the United States and a significant source of disability, yet many strokes can be prevented.

The report categorizes risk factors as nonmodifiable, well documented and modifiable, and less well-documented or potentially modifiable. Risk factors which cannot be modified are age, gender, ethnicity, and family history, meaning that older individuals, men, African-Americans, and those whose family has a history of stroke are at increased risk. Although low birth weight is included as a nonmodifiable risk factor, pregnant women can help influence the weight of their babies by improving their own health and nutrition.

A number of factors that place one at greater risk for stroke can be improved. Well-documented factors such as hypertension, smoking, being exposed to secondhand smoke, diabetes, obesity, lack of physical activity, atrial fibrillation, high cholesterol, carotid artery disease, and heart failure can all be controlled to varying degrees. New well-documented preventive measures include referral to genetic counselors for individuals with genetic causes of stroke, treatment of high-risk diabetics with statins, increased potassium and reduced salt intake among hypertensives, transcranial Doppler ultrasound screenings for children with sickle cell disease, and evaluation of adult sickle cell patients for stroke risk factors.

Risk factors categorized as less well documented or potentially modifiable include metabolic syndrome, alcohol abuse, homocysteine elevation, drug abuse, excessive blood coagulation, oral contraceptive use, inflammation, migraine, elevated lipoprotein A, elevated lipoprotein-associated phospholipase A2, and sleep apnea.

The guidelines recommend low-dose aspirin for women at risk of stroke, but do not recommend aspirin for stroke prevention in men, due to the authors' evaluation of risks versus benefits. The panel agreed, however, with the recommendation of aspirin for men and women at high risk of a cardiovascular event, which includes stroke.

Lead author and American Heart Association Stroke Council chair Larry B. Goldstein, MD, stated, "Stroke can be prevented and we are learning more about ways of accomplishing that. It is important to identify patients at high risk of stroke because research shows that many strokes can be prevented if those individuals modify their risk factors."

Health Concern

Cerebrovascular disease and stroke

Stroke prevention is a subject of much debate. Approximately 25 percent of people who recover from a first stroke will have a second within five years. While the chance of death and disability increases with each stroke, risk of another stroke appears to be greatest within the first year (National Stroke Association 2005).

Using measurements such as the degree of artery occlusion (how much of the carotid artery is blocked by atherosclerotic plaques), medical experts have sought to establish firm guidelines to help physicians choose between the various options, including medication, angioplasty, and surgery. Common prescription drugs used to help prevent stroke include antihypertensive agents (Gorelick PB et al 1999; Goldstein LB et al 2001), cholesterol lowering agents (statins), and antiarrhythmics to help control irregular heartbeats that might contribute to stroke risk. Angioplasty is a procedure in which a balloon is threaded into the artery and inflated rapidly, crushing the plaque against the arterial wall and opening the artery. The most common surgery used to prevent stroke is called carotid endarterectomy, in which the surgeon opens the arteries in the neck and strips away the inner lining of the artery.

While these strategies have been shown to work in specific circumstances, a common flaw also unites them: they are often used only after stroke risk has reached an unacceptable level. Life Extension prefers a much more proactive approach. By using advanced early screening tests to determine risk, then taking action to improve endothelial function and reduce blood risk factors (such as homocysteine and fibrinogen) and blood pressure, Life Extension seeks to maintain the lowest possible risk profile.

Multiple studies have found that a diet high in fruits and vegetables lowers risk of cerebrovascular disease and both ischemic and hemorrhagic stroke (Gariballa SE 2000; Sauvaget C et al 2003). Two major reviews recommended that public health policy promote increased dietary intake of antioxidant vitamin C, beta-carotene, vitamin E, B vitamins (including folate), potassium, calcium, magnesium, vitamin D, fiber, and omega-3 fatty acids to reduce risk of stroke (Gariballa SE 2000; Johnsen SP 2004). These vital nutrients can also be obtained through dietary supplements in conjunction with a healthy diet.

http://www.lef.org/protocols/health_concerns/cerebrovascular_disease_01.htm

Featured Products

Low Dose Aspirin (Enteric Coated)

Numerous studies document the multiple health benefits of daily low dose aspirin. Aspirin helps to maintain normal platelet aggregation in blood vessels and the production of prostaglandin E2 and possibly C-reactive protein.

<http://www.lef.org/newshop/items/item00707.html>



Homocysteine test

Homocysteine has been shown to be an independent risk factor for the premature development of coronary artery disease and thrombosis. This test is intended for use in screening individuals who may be at risk for heart disease and stroke. Studies have shown that even moderate levels of homocysteine pose an increased risk for arteriosclerosis compared with the lowest 20th percentile (<7.2 mcmmol/L) of population controls.

<http://www.lef.org/newshop/items/itemLC706994.html>



Life Extension

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<http://www.lef.org/lpages/clearance/index.htm>

If you have questions or comments concerning this issue or past issues of Life Extension Update, send them to ddye@lifeextension.com or call 954 202 7716.

For longer life,



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