

Stroke Prevention: Editorial to accompany June issue of SVN

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This issue of *Stroke and Vascular Neurology* focuses on stroke prevention, a problem that is of paramount importance. Stroke is highly age-related, so prevention of stroke could have a major impact, with the ageing of the population in Western countries. Furthermore, in China the opportunity is particularly important, as the risk of stroke and coronary disease has increased markedly with the dietary changes that have resulted from increased prosperity. Prevention is far more cost-effective than treatment of stroke (approximately 10-fold).

In 2007, I estimated with my colleague Dr Daniel Hackam that a combination of therapies could reduce stroke recurrence by ~80%.¹ Most physicians vastly underestimate the importance of lifestyle issues; smoking cessation and a Mediterranean diet rank at the top of interventions in stroke prevention. In the past few years, there have been major advances that should make it possible to do even better.

There is better evidence that the Mediterranean diet reduces the risk of stroke. Even in primary prevention, the reduction of stroke was nearly half; in secondary prevention (because the risk is higher), the absolute risk reduction should be even greater.

Advances in diet, antiplatelet and anticoagulant therapy, B vitamins to lower homocysteine for stroke prevention,² lipid-lowering therapy for stroke prevention, improvements in control of resistant hypertension,

percutaneous closure of patent foramen ovale, better risk stratification in asymptomatic carotid stenosis and appropriate implementation of endarterectomy and stenting in patients with carotid stenosis can all have important impacts on preventing stroke.

The future for stroke prevention is very bright, but getting it all right is a tall order. We hope that this issue of *Stroke and Vascular Neurology* will help physicians to do so.

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REFERENCES

1. Hackam DG, Spence JD. Combining multiple approaches for the secondary prevention of vascular events after stroke: a quantitative modeling study. *Stroke* 2007;38:1881–5.
2. Spence JD, Yi Q, Hankey GJ. B vitamins in stroke prevention: time to reconsider. *Lancet Neurol* 2017;16:750–60.