THE CLINICAL STUDY OF STROKEIN OLDER PEOPLE

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Abstract

Cardiac arrhythmias are also more frequent in the elderly, of which atrial fibrillation is the prime cause for cerebroembolism. Cardiac conductibility also decreases as we get older. It predisposes the suffering to sinus node dysfunctions and atrioventricular conduction anomalies.

The cardiovascular receptiveness to beta-stimulators decreases with age. This is manifested by the reduction of the cardiac inotropism, frequency and by vasodilatation.

Dramatic clinical effects secondary stroke in older patients may be explained by changes in the vascular response to stress, multiple organ dysfunction, use of multiple medications and severity of stroke.

In addition, older people who develop a stroke often have comorbidities that produce an increase in the degree of disability. After a first AIT or stroke, people older than 65 have a risk of recurrence of stroke up to three times compared with younger people

Key words: cerebroembolism, cerebral circulation, cardiac inotropism,,frequency, anomalies, fibrillation.

INTRODUTION

In developed countries, the proportion of people who reach old age is expected to increase substantially in the coming years.

There are also patients in whose case one can notice an over-reaction of the nervous system's defense against the high blood pressure values, and the decreased heart rate and low blood pressure – secondary side-effects of this reaction – may trigger ischemic phenomena in the cortex, perturbing the cerebral perfusion rate.(Sacco et al, 1994, Petty et al 1998, Alter et al,1987, Strong et al 2007, Di Carlo et al 2009, Murray et al 1997 , Sturm et al 2004).

The cerebrovascular accident, as a complication of an aggressive antihypertensive treatment, is a proven fact that needs to be recognized and prevented (Launer et. al 2000, Di Carlo et al 2000, Wolf et al 1991, Nakayama et all 1994).

Hypotension is a precipitating factor of a cerebrovascular accident, especially in the case of the elderly with cerebral arteriostenosis.(Evers et al 2004, Allender et al 2009) Great importance is given to the blood pressure oscillations and instability, especially the systolic one, in diagnosing cerebral circulatory disorders in the elderly.(Goldstein et al 2006, Rothweil et al 2005, Lozano et al 2012, Marina et al 2004).

MATERIALS AND METHODS

Patients were selected according to age so that representation in the study group to be similar for patients aged 65-74 years, 75-85 years and over 85 years (a total of 60 patients each age).

Hypertension is no longer the main risk factor for cerebrovascular accidents in patients over 70 years of age. (Marini et.all2004,Matlle et.all 2004)

. Lot number 1 was comprised of 180 patients, diagnosed with CVA- AIT who did not exhibit any major cardiovascular risk factors; lot number 2 was comprised of 180 patients, diagnosed with CVA-AIT, who exhibited major cardiovascular risk factors, especially atherosclerosis; lot number 2 was also comprised of 180 patients, diagnosed with CVA-AIT, who had CVA-AIT in their medical history.

RESULTS AND DISCUSSION

Group 1 consisted of patients aged 65-74 years and included 25 women (41.66%) and 35 men (58.33%). Characteristics of patients in group 1 are shown in Table. 1

Table 1: Frequency of risk factors for stroke in the analyzed group

Variable analyzed	Number of sick,n	Frequency,%
HTA	39	65%
Dyslipidemia	27	45%
Diabetes	23	38,33%
Smoking	11	18,33%
Atrial Fibrillation	22	36,66%
Heart failure	14	23,33%
Anemia	6	10%
Treatment of diseases associated	25	41,55%

Table no.2 Distribution of variables analyzed by sex.

Variable	Female sex	Male sex
HTA	N=15 60%	N=24 68,57%
Dyslipidemia	N=12 48%	N=15 42,86%
Diabetes	N=9 36%	N=14 40%
Smok	N=9 36%	N=14 40%
Atrial Fibrillation	N=8 32%	N=14 40 %
Heart failure	N=8 32%	N=6 17,14%
Anemia	N=4 16%	N=2 8,07%
Adherence to treatment	N=12 48%	N=13 37,14%

As shown in table no. 2, women aged 65-70 years who had a stroke had heart failure and anemia, a significantly higher percentage than male patients to which was recorded a higher incidence of diabetes, smoking and atrial fibrillation and a lower compliance to prescribed treatments.

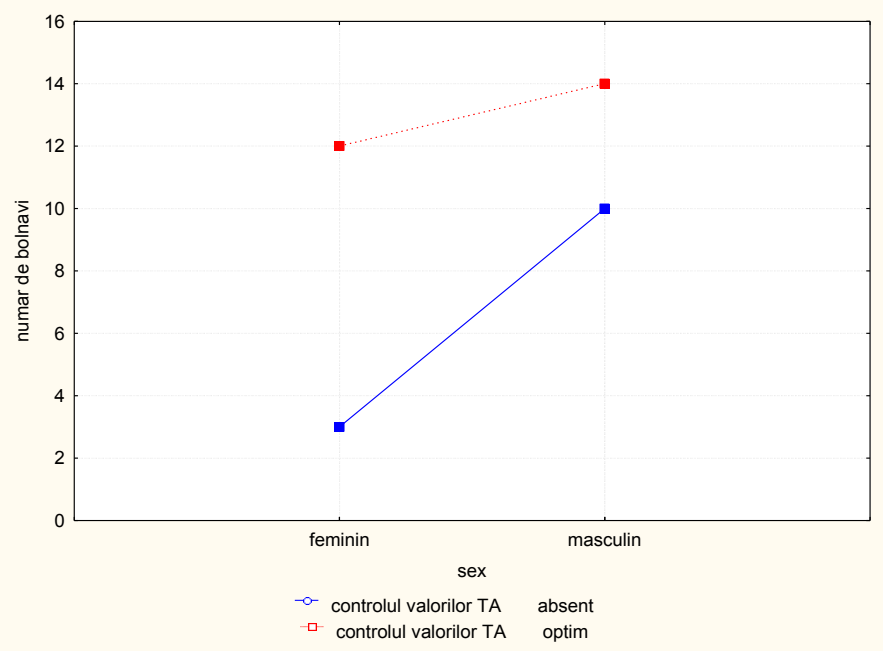
Dyslipidemia and hypertension was closer to representation in the two sexes.

In terms of blood pressure control in hypertensive patients in group 1 by gender, significant variations were noted between women and men.

Thus a total of 12 women (80%) had optimal control of blood pressure, compared with only 58.33% of men.

Therefore, this may justify the higher incidence of stroke in men, along with reduced adherence to antihypertensive treatment.

Fig. 1: Control blood pressure in patients in group 1



Women were represented in group 2 at a rate of 61.66% (n = 37) compared with men who were less numerous, 38.33% (n = 23). The average age of women was 80.46 ± 2.39 years, significantly higher compared with 77.86 ± 2.34 years men., p<0,001.

C0NCLUSIONS

There are differences by gender of patients in terms of severity of stroke, and risk factors.

Women are more likely to have a severe stroke, hypertension, dyslipidemia and obesity.

Dependency rate after a stroke is higher in women, and are strongly correlated with the severity of stroke

No significant differences were established between the two sexes in the rate of death and recurrence at 3 and 12 months post-stroke.

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