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FEATURES RELATED TO COEXISTING MEDICAL COMORBIDITIES

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Abstract

Older adults are particularly susceptible to adverse drug side events due to drug interactions and toxicity potentiation resulting from altered pharmacokinetics. Less recognized is the fact that the renunciation of some cardiovascular drugs is also associated with adverse events, occurring in approximately 26% of patients, over time. A number of factors may be involved, such as stroke severity or the occurrence of atrial fibrillation associated with cardioembolic stroke and presence of comorbidities medica. Older patients with stroke often receive lower quality care care compared to younger patients and are less oriented post stroke recovery

Key words: toxicity potentiation, cardiovascular drugs, stroke, atrial fibrillation, pharmacokinetics

INTRODUTION

Although studies suggest that elderly patients with stroke do not receive secondary prevention strategies when there are indications (Zwaka et al 2001, Verma et al 2002, Pasceriet.al 2001, Kubler et .al 2003, Dogrell 2001, Scwartz et al 2001), there are some situations in which these methods can not be applied.

For patients who have had a recent stroke, very high risk of further events in the next 6 months makes use of secondary prevention strategies to apply, at least for a time.(Vogel et.al 1999, Forgione et.al 2000, Gibbons et.al 1994, Pearsson et.al 2002, Stronget al 1999, Glagov et al 1987).

However, for patients with a history of stroke, most studies have indicated a reduction in side events only after 2 years of treatment, suggesting no benefits of these preventive measures in patients with limited life expectancy due to coexistence co-morbidities or because of very advanced age, with the passage of the acute stroke.(Collins et al 2003, Jacobs al 1994, Chapman et al 2004, Lalouschek et al 2003)

One of the biggest obstacles to the effective implementation of strategies for secondary prevention after an atherothrombotic event appears to be related to the absence of a systematic approach to the recovery plan after discharge.(Neatton et al 1993, Carroll et all 2003, Devereaux et al 2003).

MATERIALS AND METHODS

Previous admission, patients or their carer signed consent to participate in the study. They recorded age, gender, medical history of the patients and the date of their diagnosis, medication use and adherence of patients to prescribed treatments.

In order to complete it, we will select three groups of patients with minor cerebrovascular risk factors, patients with major cerebrovascular risk factors as well as patients who have already suffere dan ischemic CVA.

The patients were divided into three equal groups, according to age: group 1 included patients aged 65-74 years, group 2 included patients aged 75-85 years, group 3 was composed of patients with age over 85 years.

RESULTS AND DISCUSSION

When he looked at blood pressure control in the subgroup of patients with a known history of hypertension it was found that only 21.43% of hypertensive women and only 15.38% of men who have had a stroke had optimum control blood pressure.

Table 1

	BP values	Female	Male
Number of patients	suboptimal	22	11
Frequency %		78,57%	84,62%
Number of patients	optim	6	2
Frequency%		21,43%	15,38%

Control blood pressure in patients by sex

If you is introduced the analysis and adherence of patients to treatment, it was found that 14.29% of women hypertension and antihypertensive treatment compliance had an optimal control of BP values.

	sex	Suboptimal control of BP	Optimal control of BP
		values	values
no	F	12	2
Frequency,%		85,71%	14,29%
număr	М	2	1
Frequency,		66,67%	33,33%
%			

control of of pressure in patients compliant to treatment	Control blood	pressure in	n patients	compliant to	treatment
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Compared analysis in male and female subjects in group 2, it follows that women over 85 years and with AVC has a higher incidence of atrial fibrillation than men and they have a higher rate of heart failure.

Number of risk factors for stroke was 2.22 ± 1.34 for women, 2.32 ± 1.37 respectively in men, p = 0.79



Fig. 1 Number of risk factors for ischemic stroke in patients in group 1

CONCLUSIONS

Although large epidemiological studies suggest that the incidence of stroke is higher in men compared to women in the age group 65-85 years, our study demonstrates a higher incidence of it among women after the age of 75 years. The differences can be explained by a higher number of risk factors for stroke, found among women surveyed, compared to men.

Men aged 65-75 years are at a higher risk than women for stroke, both because of the high incidence of atrial fibrillation and a suboptimal blood pressure control, due to reduced compliance IIa treatment antihypertensive

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