

SEKUNDARNA PROFILAKSA INFARKTA MOZGA ANTIAGREGACIONOM TERAPIJOM - NOVOSTI I DILEME

SECONDARY PROPHYLAXIS OF CEREBRAL INFARCTION WITH ANTIPLATELET THERAPY - NEWS AND DILEMMAS

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SAŽETAK

Uvod: Najznačajnije ishemijske bolest mozga čine infarkt mozga i tranzitorna ishemijska ataka (TIA). Ove bolesti čine većinu savremenih cerebrovaskularnih bolesti. Svake godine u Sjedinjenim Državama oko 795 000 ljudi doživi moždani udar. Od tog broja 87% su ishemijski, što iznosi 690 000 događaja godišnje. Od ovih 690 000 događaja, rekurentni ishemijski događaji čine 185 000. Od ovog broja ogromnu većinu čine pacijenti sa nekardioembolijskom ishemijskom bolesti mozga (infarktom mozga/TIA). Većina pacijenata koje neurolog ima svakodnevno su pacijenti sa nekardioembolijskim infarktom mozga/TIA. Iz ovih činjenica se može zaključiti da sekundarna prevencija nekardioembolijskog infarkta mozga je od velike važnosti. Antiagregacionu terapiju u sekundarnoj profilaksi su dugo vremena činili Acetil salicilna kiselina, Clopidogrel i Dipyridamol. Sada se pojavljuju novi antiagregacioni lijekovi usmjereni na sekundarnu prevenciju moždanog infarkta. Ti lijekovi su prasugrel, ticagrelor i cilostazol. Ovi lijekovi se pojavljuju u najnoviji vodičima Američkog udruženja za srce/Američko udruženje za moždani udar i u Evropskom organizaciji za moždani udar. Kod pacijenata koji imaju infarkt mozga ili TIA i stenozu 50% do 99% velike intrakranijalne arterije, savjetuje se dodavanje Cilostazola aspirinu ili Clopidogrelu. Savjetuje se i dodavanje Ticagrelola Aspirinu kod pacijenata koji su imali infarkt mozga ili TIA i stenozu ekstrakranijalne ili intrakranijalne arterije veću od 30%. Preporučuje se da trajanje ove dvojne antiagregacione terapije traje 30 dana. Primjećuje se da je još uvijek snaga ovih novih preporuka još uvijek mala. Očekuje se u budućnosti da će snaga ovih preporuka biti sve veća i veća kako bude raslo kliničko iskustvo sa ovim terapijama.

Zaključak: Nakon dugo vremena bez promjena, sada imamo nove preporuke i nove lijekove u sekundarnoj profilaksi infarkta mozga i TIA antiagregacionom terapijom kod pacijenata sa nekardioembolijskim infarktom mozga i TIA.

Ključne riječi: infarkt mozga, sekundarna prevencija, antiagregacioni lijekovi, prasugrel, ticagrelor, cilostazol

ABSTRACT

Introduction: The most important ischemic brain diseases are cerebral infarction and transient ischemic attack (TIA). These diseases constitute the majority of modern cerebrovascular diseases. Each year in the United States, approximately 795,000 people experience a stroke. Of these, 87% are ischemic, which amounts to 690,000 events per year. Of these 690,000 events, recurrent ischemic events account for 185,000. Of these, the vast majority are patients with non-cardioembolic ischemic brain disease (cerebral infarction/TIA). The majority of patients that a neurologist sees on a daily basis are patients with non-cardioembolic cerebral infarction/TIA. From these facts it can be concluded that secondary prevention of non-cardioembolic cerebral infarction is of great importance. Antiplatelet therapy in secondary prophylaxis has long consisted of acetylsalicylic acid, clopidogrel and dipyridamole. New antiplatelet drugs are now appearing in the guidelines for secondary prevention of cerebral infarction. These drugs are prasugrel, ticagrelor and cilostazol. These drugs appear in the latest guidelines of the American Heart Association/American Stroke Association and the European Stroke organisation. In patients who have cerebral infarction or TIA and stenosis of 50% to 99% of a large intracranial artery, the addition of cilostazol to aspirin or clopidogrel is advised. It is also recommended to add Ticagrelor to Aspirin in patients who have had a stroke or TIA and extracranial or intracranial artery stenosis greater than 30%. It is recommended that the duration of this dual antiplatelet therapy lasts 30 days. It is noted that the strength of these new recommendations is still low. It is expected that in the future the strength of these recommendations will increase and increase as clinical experience with these therapies increases.

Conclusion: After a long time without changes, we now have new recommendations and new drugs in the secondary prevention of stroke and TIA with antiplatelet therapy in patients with non-cardioembolic stroke and TIA.

Key words: brain infarction, secondary prevention, antiplatelet drugs, prasugrel, ticagrelor, cilostazol