

Prevention of Stroke Definitions

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Prevention Definitions:

Primary prevention is a population based approach to prevent disease among communities or an individually based clinical approach to disease prevention, directed toward preventing the initial occurrence of a disorder in otherwise healthy individuals.^{1,2} Primary prevention is often implemented in the primary care setting, and the physician, advanced practice nurse, pharmacist or patient may initiate a discussion of stroke risk reduction. Primary prevention and health promotion recommendations related to stroke (lifestyle and risk factor management, hypertension screening, dyslipidemia screening, diabetes management, management of atrial fibrillation, and asymptomatic carotid stenosis) emphasize the importance of screening and monitoring those patients at high risk of a first stroke event. Primary prevention strategies to improve population health are led by health-oriented organizations and agencies such as the Heart and Stroke Foundation, Canadian Cardiovascular Society, Hypertension Canada, Diabetes Canada, and Health Canada. The HSF has been actively promoting stroke prevention through their many programs and advocacy campaigns. Primary prevention strategies focusing on children and youth aim to reduce risk profiles of young Canadians, enabling kids to have a healthy development. The strategy focuses on physical activity, tobacco control and healthy eating through the creation of supportive environments where the healthy choice is the easy choice in the home, at schools and other public places where children frequent. Areas of focus include nutrition with an aim to raise the profile of and advocate for policies to restrict food and beverage marketing to children and reduce sugary drink consumptions. These strategies will create healthier populations with a reduced risk of stroke.

Secondary prevention is an individually based clinical approach aimed at reducing the risk of a recurrent vascular events in individuals who have already experienced a stroke or transient ischemic attack and in those who have one or more of the medical conditions or risk factors that place them at high risk of stroke.^{1,2} Secondary prevention recommendations in this document are directed to those risk factors most relevant to stroke, including lifestyle (diet, sodium intake, exercise, weight, smoking, and alcohol intake), hypertension, dyslipidemia, previous stroke or transient ischemic attack, atrial fibrillation and stroke, and carotid stenosis. Secondary prevention recommendations can be addressed in a variety of settings—acute care, stroke prevention clinics, and community-based care settings. They pertain to patients initially seen in primary care, those who are treated in an emergency department and then released and those who are hospitalized because of stroke or transient ischemic attack.

Recommendations for secondary prevention of stroke should be implemented throughout the recovery phase, including during inpatient and outpatient rehabilitation, reintegration into the community and ongoing follow-up by primary care practitioners. Secondary prevention should be addressed at all appropriate healthcare encounters on an ongoing basis following a stroke or transient ischemic attack. The health care and stroke system should be set up to ensure secondary prevention is offered and maintained in all stages of stroke care.

Definition of TIA: A brief episode of neurological dysfunction caused by focal brain, spinal cord or retinal ischemia, with clinical symptoms and without imaging evidence of acute infarction. TIA and minor stroke are a continuum that cannot be differentiated by symptom duration alone, but the former typically resolves within one hour.