

# Discharge Medications Among Ischemic Stroke Survivors

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*Background:* The aim of this study was to analyze the types and cost of medications prescribed at discharge for ischemic stroke survivors. *Methods:* This is a descriptive study of medications prescribed for ischemic stroke survivors admitted to Al-watani hospital during a 6-month period. *Results:* A total of 95 consecutive stroke patients were included in the study period; 78 (82.1%) survivors were having ischemic stroke subtype and were designated the study group. The average age of the survivors was  $66.9 \pm 12.7$  years. Survivors had prevalent risk factors such as diabetes mellitus (70%), hypertension (68%), and ischemic heart disease (34.6%). On average, survivors experienced a minimum of 0.73 complications (range 0-3) with the most common being infections ( $n = 35$ , 44.8%). Forty-two per cent of the ischemic stroke survivors were taking antiplatelet drugs prior to the current attack. At discharge, ischemic stroke survivors were prescribed an average of 4.9 medications from 4.3 different drug classes. All ischemic stroke survivors were prescribed antiplatelet therapy at discharge. Aspirin monotherapy was prescribed for 61 survivors while the combination of aspirin/clopidogrel antiplatelet therapy was prescribed for 17 survivors. The average monthly cost for prophylactic therapy and for medications used to treat post-stroke complication was approximately 52 USD per survivor. *Conclusion:* Most of the patients in the study group were having the traditional risk factors for ischemic stroke and were suffering from typical post-stroke complications. Lack of medical insurance will impose a heavy financial burden on stroke survivors in Palestine. **Key Words:** Medications—ischemic—stroke—cost—Palestine.

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Stroke or cerebrovascular accident (CVA) refers to an acute onset of neurological deficit lasting more than 24 hours or culminating in death caused by sudden impairment of cerebral circulation.<sup>1</sup> Stroke is one of the most common causes of disabilities and death among the elderly in most countries worldwide.<sup>2-4</sup> Stroke can be transient (TIA) or complete attacks. The complete stroke attacks could be due to either ischemia or hemorrhage.<sup>5</sup>

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There are many identified risk factors for stroke. Modifiable risk factors include hypertension, myocardial infarction, atrial fibrillation, congestive heart failure, diabetes mellitus, carotid artery stenosis, and hypercholesterolemia. Nonmodifiable risk factors include advanced age, hereditary hyper-coagulable states, and male gender.<sup>6-9</sup>

Patients who have had an acute stroke are at risk of developing a wide range of complications, such as complications are important because they may cause death or delay successful rehabilitation.<sup>10-17</sup> Depression, urinary tract infection, and limb pain are the most common complications experienced among stroke survivors.<sup>18,19</sup> The medications to be prescribed and the medical complications occurring after stroke are considered important challenges for the medical team and families of the patients, and illustrate the need for careful supervision of the patients and their health related issues.<sup>20,21</sup>

Many stroke survivors are started on new medications, such as antihypertensive, anticoagulants, and antiplatelets,