Treatment of Stroke in Older Patients
A State of the Art Review

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Summary
The treatment of stroke in older patients is the rule rather than the exception in most parts of the world. Thus, an understanding of the effects of aging on pharmacological aspects of treatment, recovery and rehabilitation is very important. A considerable amount of work has now been completed looking for
therapeutic interventions that might ameliorate the effects of stroke disease. Sadly, none has yet proved to be effective, but much is still awaited.

In contrast, recent work has clarified the place of treatment in stroke prevention, particularly in hypertension and atrial fibrillation, which should help reduce the burden of stroke disease. In addition, it is now clear that well organised stroke care can dramatically reduce mortality and disability. The state of art in stroke treatment is now encapsulated in the multidisciplinary stroke unit and well coordinated hospital and community care.

Stroke is predominantly a disorder of aging populations, and, as such, the treatment of stroke in older patients is the rule rather than the exception. Aging populations have many characteristics that influence the assessment and treatment of stroke. Consequently, much of the care for strokes is taken on by professionals with a special interest in medicine for the elderly. Understanding the influence of aging on pharmacological aspects of treatment, recovery and rehabilitation is therefore important. Successful stroke management, however, can be achieved by attention to the simple things and by utilising a pragmatic approach, as will be demonstrated.

Although this article is termed a 'state of the art' review, most of the advances in recent years have been to clarify the place of existing practices in stroke care. State of the art stroke treatment, at this time, consists of holistic appraisal and treatment of the patient, primary and secondary prevention, education of patients and their carers and appropriate support and rehabilitation during and after the period of recovery.

1. Epidemiology

In developed countries, stroke remains the third most common cause of death after ischaemic heart disease and cancer, and is the most common cause of disability and dependence. The incidence of first stroke is about 2 per 1000 per year and appears to be decreasing slowly. The incidence increases exponentially with age and about 72% of first

Fig. 1. Aetiology of acute stroke. The numbers in parentheses represent the percentage of patients with acute stroke (in level 2 of figure) and of patients with stroke due to infarction (in level 3).