






Common Stroke Medications Guide

1. Antiplatelet Agents (Prevent Blood Clots)

- **Aspirin**
 - **Dosage:** 75–100 mg
 - **Frequency:** Once daily
 - **Purpose:** Prevents stroke caused by blood clots by thinning the blood and stopping platelets from clumping together.
 - **Clopidogrel**
 - **Dosage:** 75 mg
 - **Frequency:** Once daily
 - **Purpose:** Alternative to aspirin or can be combined with aspirin for high-risk stroke cases for up to 90 days.
 -  **CYP2C19 Test:**
 - A genetic test determines if **clopidogrel** will work effectively for you. Some people cannot process it properly due to their genetics, making it less effective in preventing strokes.
 - Ask your doctor if this test is necessary.
 - **Ticagrelor**
 - **Dosage:** 90 mg
 - **Frequency:** Twice daily
 - **Purpose:** Another alternative to clopidogrel or combined with aspirin for high-risk cases for up to 90 days.
 -  **CYP2C19 Test:**
 - Similar to clopidogrel, a **CYP2C19 test** may be necessary to determine how your body responds to these medications.
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2. Anticoagulants (Prevent Blood Clots)

- **Warfarin**
 - **Dosage:** 2–10 mg (adjusted based on INR levels)
 - **Frequency:** Once daily
 - **Purpose:** Prevents strokes by thinning the blood and reducing clot formation, especially for conditions like irregular heartbeat (atrial fibrillation).
 -  **INR Test (for Warfarin Users):**
 - **INR (International Normalized Ratio)** measures how long it takes your blood to clot.
 - Target INR: **2 to 3** for stroke prevention.
 - INR levels should stay in range **at least 70% of the time** for effective stroke prevention.
 - Regular blood tests are needed to adjust your dose safely.
- **Dabigatran**
 - **Dosage:** 150 mg
 - **Frequency:** Twice daily

- **Purpose:** Prevents strokes related to atrial fibrillation (irregular heartbeat).
 -  **Note:** No regular blood tests required compared to warfarin.
 - **Rivaroxaban**
 - **Dosage:** 20 mg
 - **Frequency:** Once daily (preferably with food)
 - **Purpose:** Alternative to warfarin for stroke prevention, particularly in atrial fibrillation cases.
 - **Apixaban**
 - **Dosage:** 5 mg twice daily
 - **Purpose:** Prevents strokes in atrial fibrillation patients by thinning the blood.
 -  **Kidney & Age Considerations:**
 - A lower dose of **2.5 mg twice daily** may be required if **two of these conditions** are present:
 - **Creatinine >133 mmol/L** (reduced kidney function)
 - **Age >80 years**
 - **Body weight <65 kg**
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3. Blood Pressure Medications (Control Hypertension)

ACE Inhibitors (Reduce blood vessel narrowing):

- **Enalapril:** 5–20 mg once or twice daily
- **Ramipril:** 2.5–10 mg once daily
- **Perindopril:** 4–8 mg once daily

Angiotensin Receptor Blockers (ARBs) (Prevent blood vessel tightening):

- **Telmisartan:** 40–80 mg once daily
- **Losartan:** 50–100 mg once daily
- **Irbesartan:** 150–300 mg once daily
- **Valsartan:** 80–160 mg once daily

Calcium Channel Blocker (Relaxes blood vessels):

- **Amlodipine:** 5–10 mg once daily

Beta-Blockers (Slows heart rate and reduces blood pressure):

- **Metoprolol:** 50–100 mg twice daily
- **Bisoprolol:** 2.5–10 mg once daily
- **Nebivolol:** 2.5–10 mg once daily

Diuretics (Help remove excess fluid and lower blood pressure):

- **Spironolactone:** 12.5–50 mg once daily
- **Hydrochlorothiazide:** 12.5–25 mg once daily

✓ **Kidney & Age Considerations:**

- Older adults or those with kidney issues may need lower doses for safety. Always consult your doctor for proper dosing adjustments.
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4. Statins (Cholesterol Management)

- **Atorvastatin**
 - **Dosage:** 10–80 mg
 - **Frequency:** Once daily
- **Rosuvastatin**
 - **Dosage:** 5–20 mg
 - **Frequency:** Once daily
- **Simvastatin**
 - **Dosage:** 10–40 mg
 - **Frequency:** Once daily at night

✓ **Cholesterol Management:**

- Statins lower **LDL cholesterol** (bad cholesterol) and triglycerides, reducing stroke risk.
 - Discuss your **LDL cholesterol and triglyceride targets** with your doctor.
 - **High-risk patients** should aim for an **LDL below 1.8 mmol/L** for optimal stroke prevention.
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✓ **Key Takeaways**

- **CYP2C19 Test:** A genetic test can help determine if **clopidogrel** will work effectively for you.
- **INR Test (for Warfarin Users):** A blood test to monitor your blood's clotting ability. Staying within the **2-3 range** at least **70% of the time** is crucial for preventing strokes.
- **Kidney & Age Considerations:** If you are over **80 years old**, underweight, or have kidney problems, lower medication doses may be required. Consult your doctor.
- **Cholesterol Management:** Aim for **low LDL cholesterol and triglycerides** to reduce stroke risk. High-risk patients should keep **LDL under 1.8 mmol/L**.