Extraction from: Clinical Guidelines for Stroke Management 2017

Blood Pressure treatment

Any of the following drug classes are acceptable as blood pressure lowering therapy; angiotensin-converting-enzyme inhibitor, angiotensin II receptor antagonists, calcium channel blocker, thiazide diuretics. Beta-blockers should not be used as first-line agents unless the patient has ischaemic heart disease.

Antiplatelets

Long-term antiplatelet therapy (low-dose aspirin, clopidogrel or combined low-dose aspirin and modified release dipyridamole) should be prescribed to all people with ischaemic stroke or TIA who are not prescribed anticoagulation therapy, taking into consideration patient co-morbidities.

The combination of aspirin plus clopidogrel should not be used for the long-term secondary prevention of cerebrovascular disease in people who do not have acute coronary disease or recent coronary stent.

Antiplatelet agents should not be used for stroke prevention in patients with atrial fibrillation.

Anticoagulants

For ischaemic stroke or TIA patients with atrial fibrillation (both paroxysmal and permanent), oral anticoagulation is recommended for long-term secondary prevention. Direct oral anticoagulants (DOACs) should be initiated in preference to warfarin for patients with non-valvular atrial fibrillation and adequate renal function. For patients with valvular atrial fibrillation or inadequate renal function, warfarin (target INR 2.5, range 2.0-3.0) should be used. Patients with mechanical heart valves or other indications for anticoagulation should be prescribed warfarin.

Cholesterol treatment

All patients with ischaemic stroke or TIA with possible atherosclerotic contribution and reasonable life expectancy should be prescribed a high-potency statin, regardless of baseline lipid levels.