



Statin Therapy for Secondary Prevention in Ischemic Stroke Patients with Cerebral Microbleeds

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- The link between statin use and the risk of intracranial hemorrhage (ICH) following ischemic stroke (IS) or transient ischemic attack (TIA) in patients with cerebral microbleeds (CMBs) is uncertain.
- Therefore, the current study examined the possibility of recurring IS and ICH in statin-using individuals who also had CMBs.
- Out of 16,373 patients in all, 10,812 were prescribed statins at the time of discharge, and 4,668 had one or more CMBs.
- Compared with nonusers, statin therapy was associated with a reduced risk of any stroke (incidence rate [IR] 53 vs 79 per 1,000 patient-years), a reduced risk of IS (IR 39 vs 65 per 1,000 patient-years) and no association with the risk of ICH (IR 11 vs 16 per 1,000 patient-years).

Secondary stroke prevention with statins in patients with CMBs is associated with a lower risk of any stroke or IS without an increased risk of ICH.

