

25<sup>th</sup> World Congress on

## NEUROLOGY AND NEURODISORDERS

July 16-17, 2018 Melbourne, Australia

**Effects of policosanol plus aspirin on the recovery of ischemic stroke: A randomized controlled study**Javier Sánchez<sup>1</sup>, Lilia Fernández<sup>2</sup>, Rosa Mas<sup>2</sup>, José Illnait<sup>2</sup>, ML Arruzazabala<sup>2</sup>, Vivian Molina<sup>2</sup>, Sarahí Mendoza<sup>2</sup>, Meilis Mesa<sup>3</sup> and Julio Fernández<sup>2</sup><sup>1</sup>Institute of Neurology and Neurosurgery<sup>2</sup>National Center for Scientific Research<sup>3</sup>Surgical Medical Research Centre, Cuba

Antiplatelet therapy lowers the risk of recurrent stroke. Policosanol has shown to reduce platelet aggregation in experimental and clinical studies. This study investigated whether policosanol plus aspirin (AS) could improve the neurological outcome as compared to placebo + AS in patients with a recent ischemic stroke. Ninety-two (92) patients with a modified Rankin Scale score (mRSs)  $\geq 2$  -  $\leq 4$  after suffering an ischemic stroke within 30 days before enrolment were randomized to placebo or policosanol (20 mg/day) + aspirin (AS) (125 mg/day) (pla + AS or poli + AS) for 6 months. The primary efficacy variable was to obtain a better stroke outcome (mRSs  $\leq 1$ ) compared to pla + AS. Platelet aggregation was a secondary variable. After 12 and 24 weeks on therapy, the rates of poli + AS patients who achieved mRSs  $\leq 1$  were significantly ( $p < 0.01$  and  $p < 0.00001$ , respectively) greater than in the pla + AS group. Poli + AS given for 6 weeks reduced significantly ( $p < 0.00001$  vs baseline,  $p < 0.01$  vs pla + AS) the mean mRSs values (24.1%), and this effect improved thereafter, so that reductions of 31.0% and 55.2% were found after 12 and 24 weeks, respectively. Also, poli + AS reduced significantly arachidonic acid- (41.0%) and ADP-induced (24.8%) platelet aggregation. Treatments were well tolerated. There were not withdrawals due to adverse experiences. In conclusion, poli added to standard AS treatment improved the neurological recovery as compared to pla + AS, and decreased platelet aggregation in patients with recent ischemic stroke.

**Biography**

Javier V. Sanchez was graduated as Medical Doctor in 1993 in Havana University (Cuba) with Honours and Gold Diploma and achieved the title of Second Degree Specialist in Neurology and Intensive Care in 1996 and 1997, respectively. In 2000 he achieved two master's Degrees: one in Medical Urgency and Primary Care, other in Master in Cerebrovascular Disease, but granted by the Medical Sciences University (Havana, Cuba). In 2002 he obtained a Master in Neurosciences and Behaviour Biology in Pablo de Olavide University (Sevilla, Spain). In 2014 he achieved the scientific degree of PhD in Medical Sciences granted by the Ministry of Higher Education, Cuba.

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