1. Patients who survive stroke or TIA without early complications remain at substantial long-term risk, particularly for recurrent stroke and admission to a care facility.

2. Risk-reduction strategies are required for long-term management of these initially stable but high-risk patients.

3. There is a need for long-term management of key modifiable risks for stable survivors of stroke or TIA.

4. Targets could include control of hypertension, detection and treatment of atrial fibrillation, smoking cessation and physical activity.

Question
What are the long-term risks of morbidity and mortality for patients who had no complications in the first 90 days after discharge for stroke or transient ischemic attack (TIA)?

Background
Focus of studies has been on patients who had adverse outcomes in the early high-risk period after discharge for stroke or TIA, but less is known about the long-term risks for patients who did not have any early complications.

Study
- Included ambulatory or hospitalized patients with stroke or TIA who survived for 90 days without complications.
- Measured mortality and morbidity as a combination of death, hospital admission for recurrent stroke or myocardial infarction, or admission to a long-term or continuing care facility.
- Cases were compared with controls at 1, 3 and 5 years.

Results

<table>
<thead>
<tr>
<th></th>
<th>Patients</th>
<th>Matched Controls</th>
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</thead>
<tbody>
<tr>
<td>263660</td>
<td>263660</td>
<td></td>
</tr>
<tr>
<td>2x risk of morbidity and/or mortality at 1 year</td>
<td>2x risk of morbidity and/or mortality at 1 year</td>
<td></td>
</tr>
<tr>
<td>3x risk of admission to a care facility at 1 year</td>
<td>3x risk of admission to a care facility at 1 year</td>
<td></td>
</tr>
<tr>
<td>7x risk of recurrent stroke at 1 year</td>
<td>7x risk of recurrent stroke at 1 year</td>
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</tr>
</tbody>
</table>

Risks remain high for at least 5 years.

Interpretation
1. Patients who survive stroke or TIA without early complications remain at substantial long-term risk, particularly for recurrent stroke and admission to a care facility.
2. Risk-reduction strategies are required for long-term management of these initially stable but high-risk patients.
3. There is a need for long-term management of key modifiable risks for stable survivors of stroke or TIA.
4. Targets could include control of hypertension, detection and treatment of atrial fibrillation, smoking cessation and physical activity.