Secondary stroke prevention among stroke survivors in Riyadh city, Saudi Arabia *Risk Knowledge, adherence to stroke discharge medications and preventive strategies* Shaykhah F. Alhusayni, MBBS, Nora M. Abanmi, MBBS, Najla A. Abanemai, MBBS, Roba M. Alharbi, MBBS, Forat A. AlAtiyah, MBBS, Sawsan M. Abdalla, MD, PhD, *Awad A. Al Harbi, MD*.

Objectives: To assess knowledge about secondary stroke and adherence to stroke discharge medi-cation and prevention strategies among stroke survivors, and to identify possible causes of poor adherence.

Methods: Design & Setting. A cross-sectional study was conducted among stroke survivors, who were treated at Prince Mohammed Bin Abdulaziz Hospital (PMAH), Riyadh City, Saudi Arabia, during the past 3-year period. *Population and sampling.* The total number of patients who were admitted to PMAH, for stroke, during the period from July 2015 to August 2018 was estimated at 156 patients. **Results**: Socio demographic characteristics of patients. Of 156 patients who fulfilled eligibility criteria, 82 patients completed question-naire (response the rate=52.6%). while the remainders included those who refused to participate (13, 8.3%), were unresponsive (55, 35.3%)or deceased (6, 3.8%). Of the 82 participants, majority were elderly (56.1%), males (57.3%) and married (85.4%). Type and time of stroke showed majority of ischemic stroke (67.1%) that recently (63.4%). occurred Hypertension was the most prevalent risk factor (78.0%), followed by diabetes (58.5%) and hypercholesterolemia (57.3%),and 36.6% declared having 5 or more medications per day.

Causes of non-adherence. The most frequently reported cause for non-adherence was forgetfulness (51.2%), followed by polypharmacy (18.3%) and patient-perceived improvement (17.1%) *Predictors of inadequate adherence*, results showed

higher risk of non-adherence among active smokers (OR=4.28 [95% CI=0.99, 18.41]).



Conclusion: Stroke survivors have suboptimal adherence to discharge prescriptions and preventive strategies, despite a relatively sound knowledge, which exposes them to high risk of secondary stroke. It is of the healthcare part providers' role to identify eventual barriers to adherence and to implement efficacious strategies to alleviate such barriers and improve patients' adherence.



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