

Optimising Outcomes in Patients with Carotid Stenosis Where are We Up To In November 2016?



Anne L. Abbott

School of Public Health & Preventive Medicine, Monash University & The Alfred Hospital

Current guideline endorsements for carotid endarterectomy and stenting are derived from trials of medical treatment alone versus additional carotid surgery in which asymptomatic patients were randomised 12-29 years ago and 'symptomatic' patients (with carotid stenosis and ipsilateral stroke or TIA) were randomised 22-35 years ago. Medical treatment means encouraging healthy lifestyle habits and appropriate use of medication to reduce risk associated with conditions such as high blood pressure, high cholesterol, smoking and physical inactivity. Medical treatment has improved by at least 80% in its stroke prevention effectiveness since those randomised endarterectomy trials were conducted. This means all continuing endorsements of carotid procedures are outdated and without current scientific justification. This is particularly relevant to patients with asymptomatic carotid stenosis who form the majority and where the randomised trial benefit from surgery was, at best, marginal. Compounding problems are recent endorsements in some guidelines for the use of carotid stenting despite overall evidence indicating stenting is more likely to cause stroke or death than surgery and no direct comparisons with medical treatment, guideline organisational problems and the lack of mandatory, objective reporting of the 30-day peri-procedural rates of stroke or death in routine practice. These issues, and the best way forward to update the field and improve patient outcomes, will be explained in this presentation.
