

## 【Symposium 3-4】

### **Primary and Secondary Prevention of Stroke in Patients with CKD**

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This part of the guideline "2024 TSS & TSN Treatment Guidelines for Stroke Patients with Chronic Kidney Disease" addressed primary and secondary prevention strategies for stroke in patients with chronic kidney disease (CKD), focusing on antiplatelet and anticoagulation therapies. In primary prevention, the use of aspirin is not recommended for routine use due to limited efficacy in reducing stroke risk and an increased likelihood of major bleeding events. Anticoagulation with direct oral anticoagulants (DOACs) or warfarin is reserved for patients with concurrent atrial fibrillation (AF) or high thromboembolic risk, though careful monitoring is required due to bleeding concerns, particularly in advanced CKD.

For secondary prevention, antiplatelet therapy plays a key role but poses a significant bleeding risk, demanding a personalized approach. Anticoagulation is vital for patients with both stroke and AF. DOACs are preferred in mild-to-moderate CKD due to their favorable safety profile, while warfarin remains an option in severe CKD, including those undergoing dialysis, though associated with increased risks. This guideline underscores the necessity of balancing thromboembolic prevention with bleeding risk to optimize outcomes in CKD patients.

