



4^o CONGRESO AMAREVA

2025

27 y 28 de febrero

Auditorio Caja de Música
del Palacio de Cibeles



www.congreso2025.amareva.es

Objetivo LDL
si hemorragia
cerebral previa:
igual o no que para
el resto

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Hospital Universitario La Paz
Universidad Autónoma de Madrid



Imagen:
Leonardo AI

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NO MENOSPRECIAR A LA HEMORRAGIA CEREBRAL

Nature Reviews Neurology | Volume 20 | December 2024 | 708-723

- Afecta a 3,41 millones personas al año
- 68 millones de DALYs (mayor que los ictus isquémicos)

MORTALIDAD

- 40% al mes
- 71% a los 5 años

DEPENDENCIA

- 66% a los 3 meses



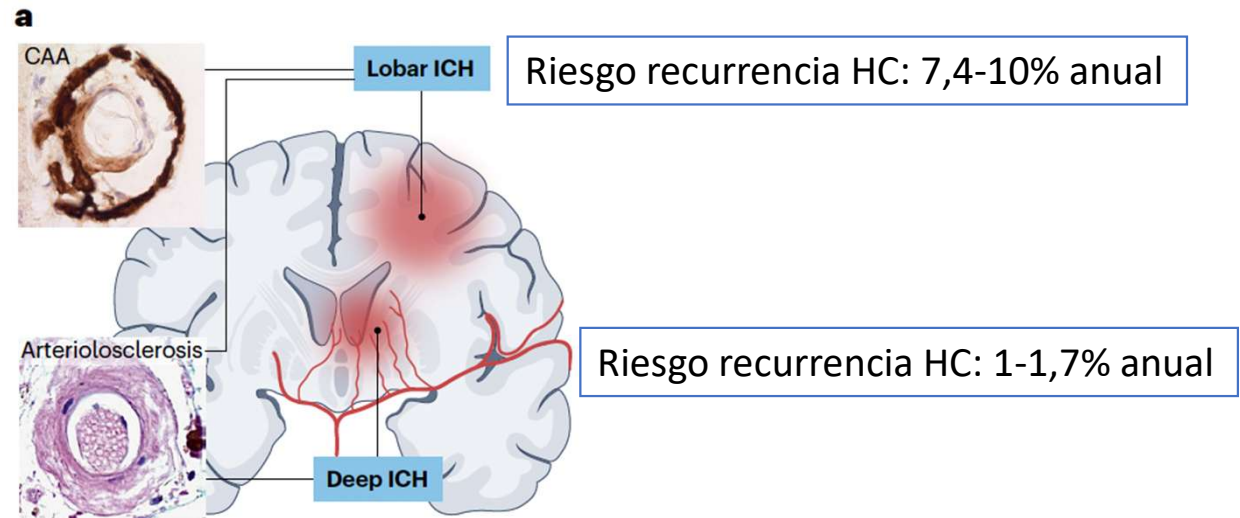
2

LA LOCALIZACIÓN IMPORTA

Nature Reviews Neurology | Volume 20 | December 2024 | 708-723

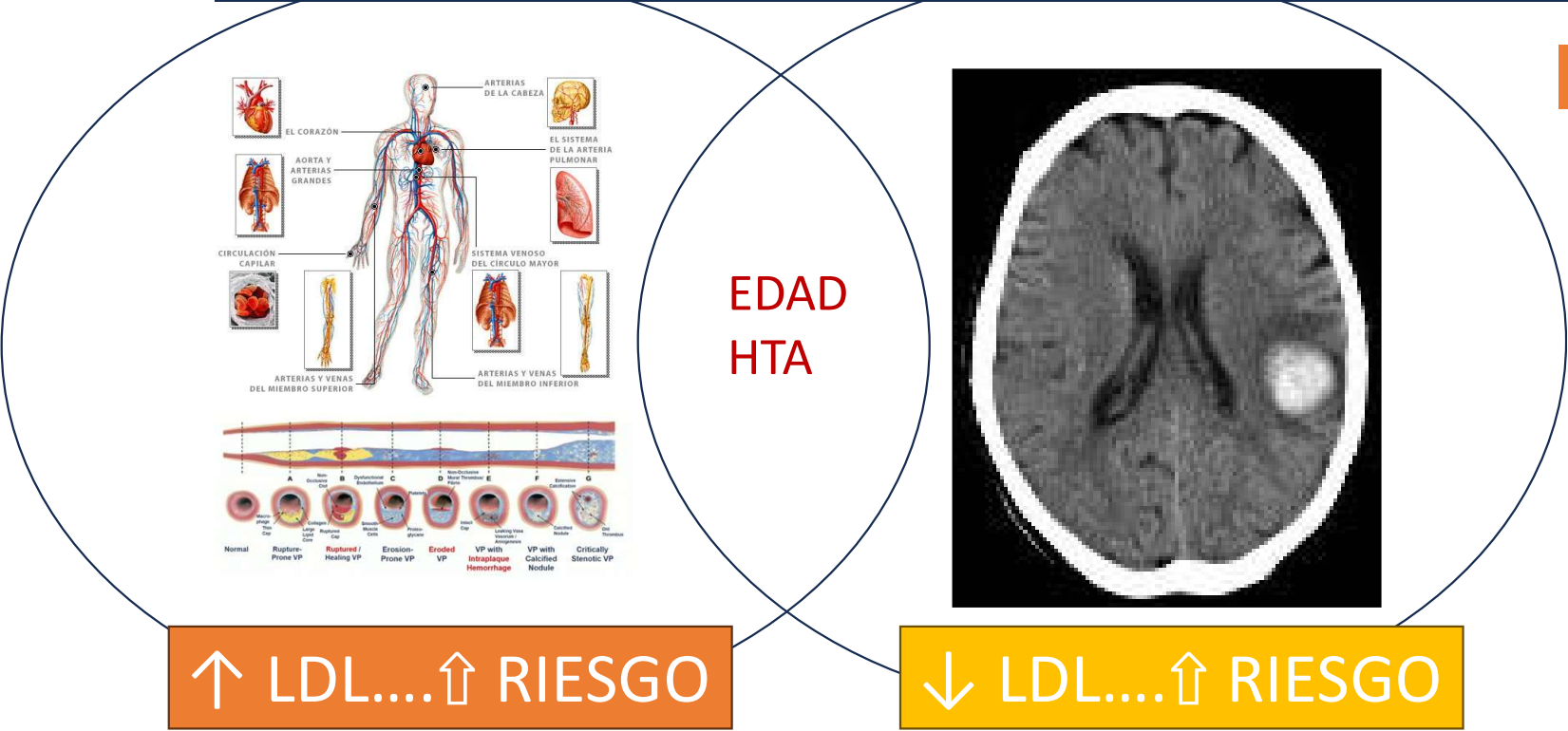
ETIOLOGÍA

- Primaria (80%)
- Secundaria
 - MAV, fístulas, aneurismas
 - Anticoagulantes
 - TVC
 - Vasculitis/vasculopatías
 - Tumores...



3

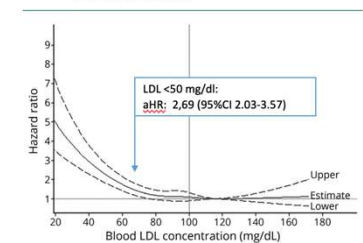
DIFERENTE IMPACTO DE LOS NIVELES DE LDL-COLESTEROL EN LA HEMORRAGIA CEREBRAL QUE EN LA ENFERMEDAD ATROSCLEROSA



ESTUDIOS POBLACIONALES

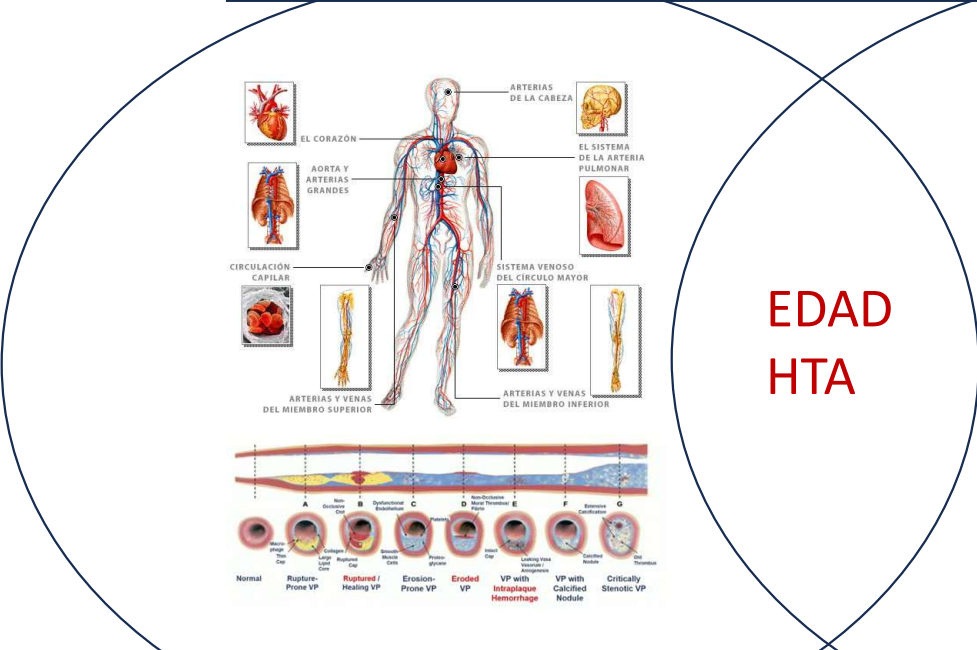
- 1980 Ueshima H et al.
Kagan A et al
- 1999 Leppala et al
- 2003 Zhang X et al ↑1 mg/dl....↓20% Riesgo HC
- 2012 Valappil et al
- 2016 Pezzini et al
- 2019 Sun et al
Rist et al (WHS) LDL<70....x 2,17 Riesgo HC
Ma et al LDL 50-69....x1,7 Riesgo HC
LDL< 50.....x2,7 Riesgo HC
- 2020 Falcone et al ↑1 mg/dl....↓14% Riesgo HC

Figure Hazard ratios for intracerebral hemorrhage according to updated cumulative average blood LDL cholesterol from 2006 to 2012 among 96,043 Kailuan participants



3

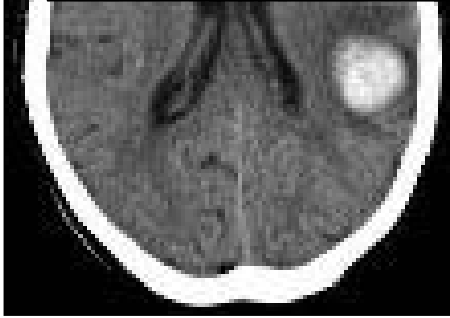
DIFERENTE IMPACTO DE LOS NIVELES DE LDL-COLESTEROL EN LA HEMORRAGIA CEREBRAL QUE EN LA ENFERMEDAD ATROSCLEROSA



EDAD
HTA

Riesgo absoluto recurrencia HC a 6 años

	General	A. Amiloide
LDL<70:	13,9%	39,6%
LDL>70:	7,3%	21,9%



Int J Stroke 2024

↑ LDL....↑ RIESGO

↓ LDL....↑ RIESGO

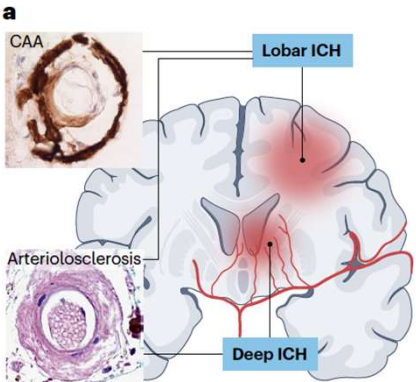
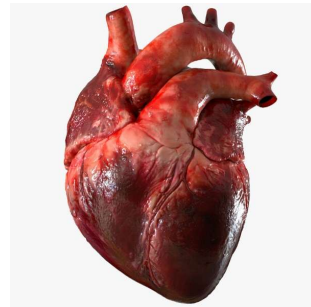


¿QUÉ QUEREMOS PREVENIR?.....¿CUÁL ES EL MAYOR RIESGO DEL PACIENTE?

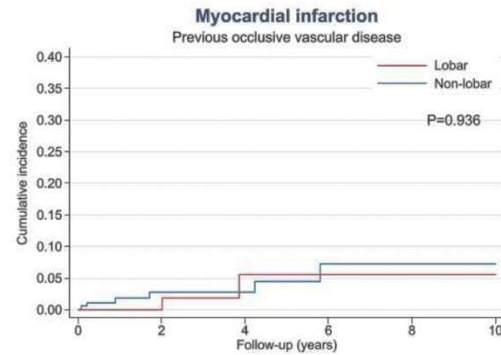
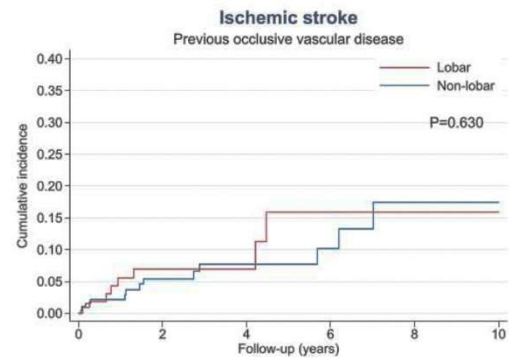
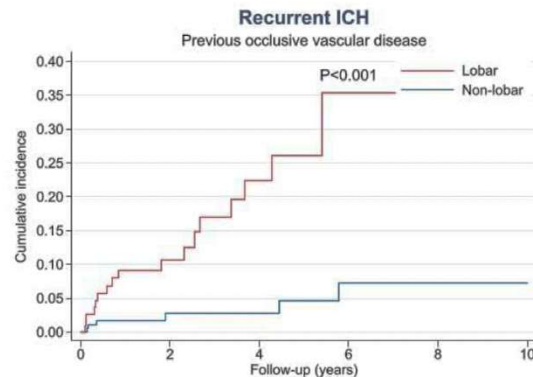
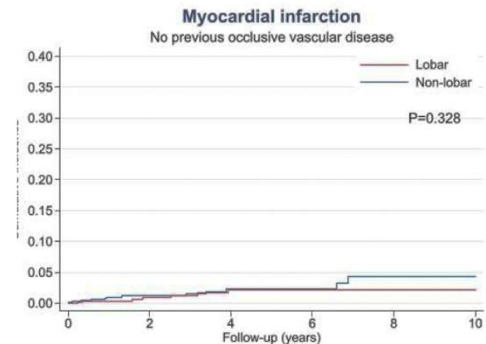
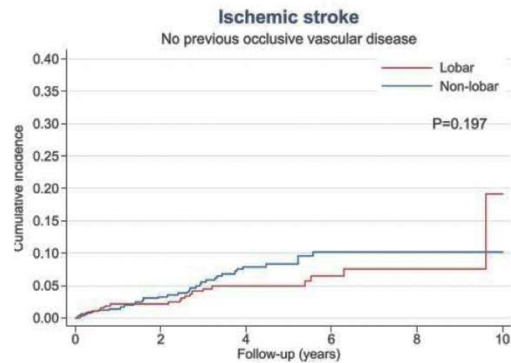
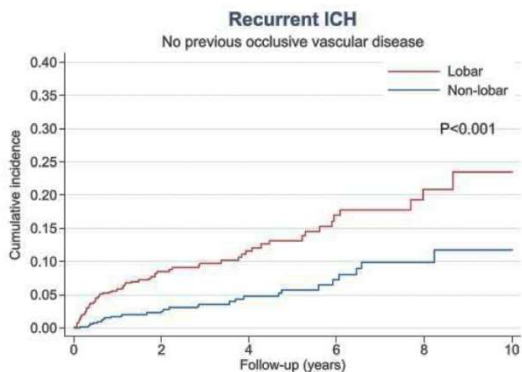
Major Cardiovascular Events After Spontaneous Intracerebral Hemorrhage by Hematoma Location

Nils Jensen Boe, MD, Stine Munk-Hald, PhD, Mie Michélsen Jensen, MD, Line Marie Duch Kristensen, MD, Jonas Aagaard Bojsen, MD, Mohammad Talal Elhakim, MD, Anne Clausen, MSc, Søren Møller, PhD, Jesper Hallas, DMSc, Luis Alberto Garcia Rodriguez, MD, Magdy Selim, PhD, Larry B. Goldstein, MD, Rustam Al-Shahi Salman, PhD, David Gaist, PhD

JAMA Network Open. 2023;6(4):e235882.



Event during follow-up	Index ICH hematoma location ^a	
	Lobar (n = 1034)	Nonlobar (n = 1255)
Recurrent ICH		
No. of events/person-years	80/2137	35/2819
Absolute event rate per 100 person-years (95% CI)	3.74 (3.01-4.66)	1.24 (0.89-1.73)
Relative rate, aHR (95% CI) ^d	2.63 (1.97-3.49)	1 [Reference]
Ischemic stroke		
No. of events/person-years	31/2137	50/2819
Absolute event rate per 100 person-years (95% CI)	1.45 (1.02-2.06)	1.77 (1.34-2.34)
Relative rate, aHR (95% CI) ^d	0.81 (0.60-1.10)	1 [Reference]
Myocardial infarction		
No. of events/person-years	9/2137	18/2819
Absolute event rate per 100 person-years (95% CI)	0.42 (0.22-0.81)	0.64 (0.40-1.01)
Relative rate, aHR (95% CI) ^d	0.64 (0.38-1.09)	1 [Reference]



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LOS RESULTADOS DE LOS ENSAYOS CLÍNICOS DE HIPOLIPEMIANTES NO SON APLICABLES A PACIENTES CON HC: INFRA-REPRESENTACIÓN

HIPOLIPEMIANTES

Edad media: 58-65 años

Ensayo/Fármaco	C.Isquémica	Ictus previo	HC PREVIA	Riesgo HIC
HPS	65%	15,9%	Excluidos	
SPARCL	0%	100%	2%	X 1,7
IMPROVE-IT-Ezetimiba	100%	3,8%	0%	
ODYSSEY-OUTCOMES-Alirocumab:	100%	5%	Excluidos	
FOURIER-Evolocumab:	81%	19%	Excluidos	
CLEAR-OUTCOMES-Ac. Bempedoico	51%	14%	0%	

10 veces menos riesgo de HC que los pacientes que ya han sufrido una

5

LAS GUÍAS DE PRÁCTICA CLÍNICA EN LA HEMORRAGIA CEREBRAL CLARAMENTE SEÑALAN LA INCERTIDUMBRE DEL BALANCE RIESGO/BENEFICIO HIPOLIPEMIANTES

AHA/ASA GUIDELINE

2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association

Recommendations for Management of Other Medications		
Referenced studies that support recommendations are summarized in Data Supplements 80 and 81.		
COR	LOE	Recommendations
2b	B-NR	1. In patients with spontaneous ICH and an established indication for statin pharmacotherapy, the risks and benefits of statin therapy on ICH outcomes and recurrence relative to overall prevention of cardiovascular events are uncertain. ^{605–609}

- ICH Is the stroke subtype conveying the highest risk for subsequent ICH
- **RCT:**
 - SPARCL: increased risk of ICH with high-dose atorvastatin use in the setting of very-low-density lipoprotein levels
- **Statins:**
 - Lipophilic statins may be associated with higher rates of ICH than hydrophilic statins.
 - The decision to use statins in patients with ICH depends on risk assessment of ischemic cardiovascular and cerebrovascular events versus recurrent ICH.
- **iPCSK9:**
 - *Clinical trials have not suggested increased risk of first ICH but have not yet examined risk of recurrence in patients with prior ICH.*

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ALGORITMOS DE MANEJO DE ESTATINAS: ACTITUD DIFERENCIAL EN LA HC LOBULAR

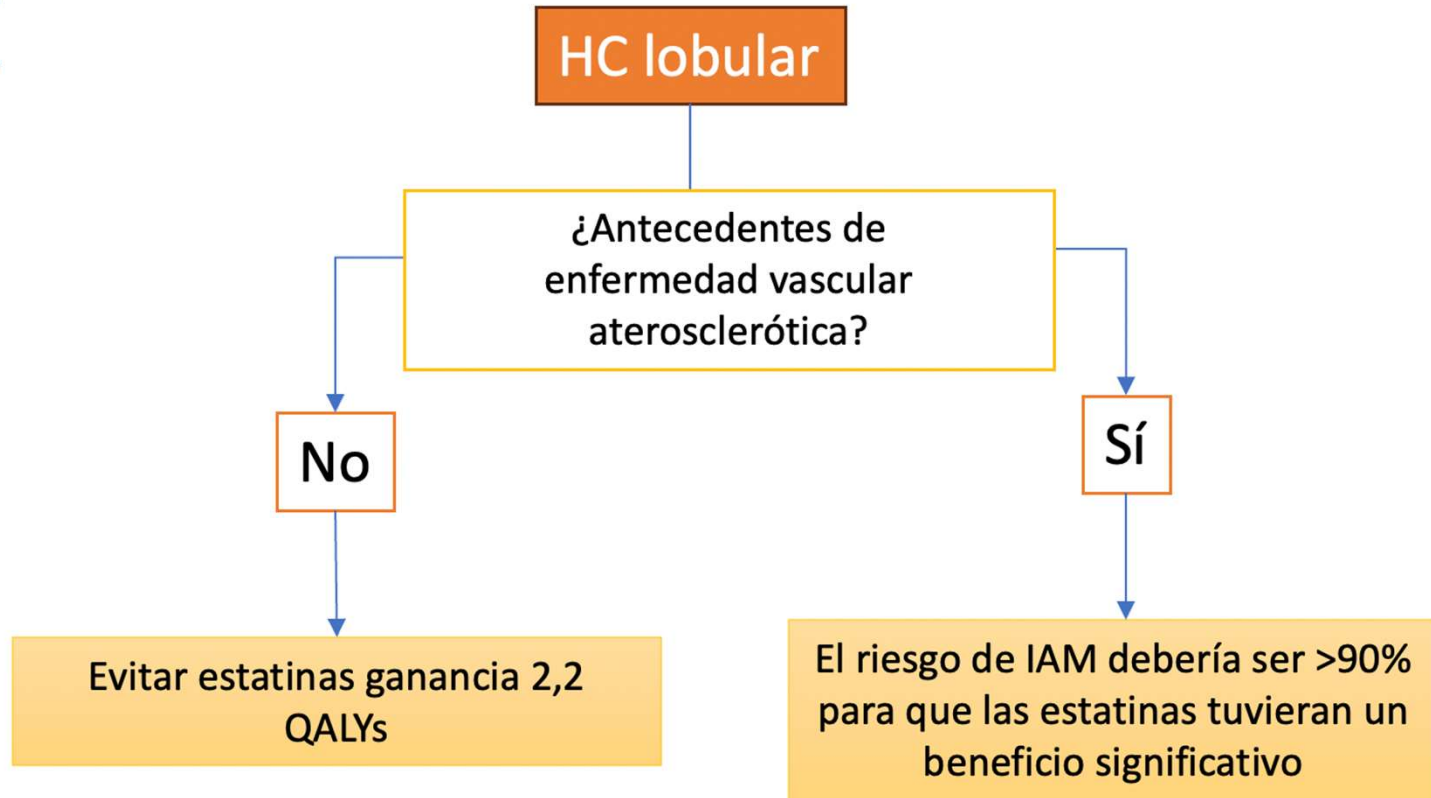
Should Statins be Avoided after Intracerebral Hemorrhage?

M. Brandon Westover, MD, PhD¹, Matt T. Bianchi, MD, PhD¹, Mark H. Eckman, MD, MS², and Steven M. Greenberg, MD, PhD^{1,*}

¹Hemorrhagic Stroke Research Program, Department of Neurology, I Hospital, and Harvard Medical School, Boston, MA 02114

²Division of General Internal Medicine and Center for Clinical Effectiv Cincinnati, PO Box 670535, Cincinnati, OH 45267-0535

Arch Neurol. 2011 May ; 68(5): 573–579

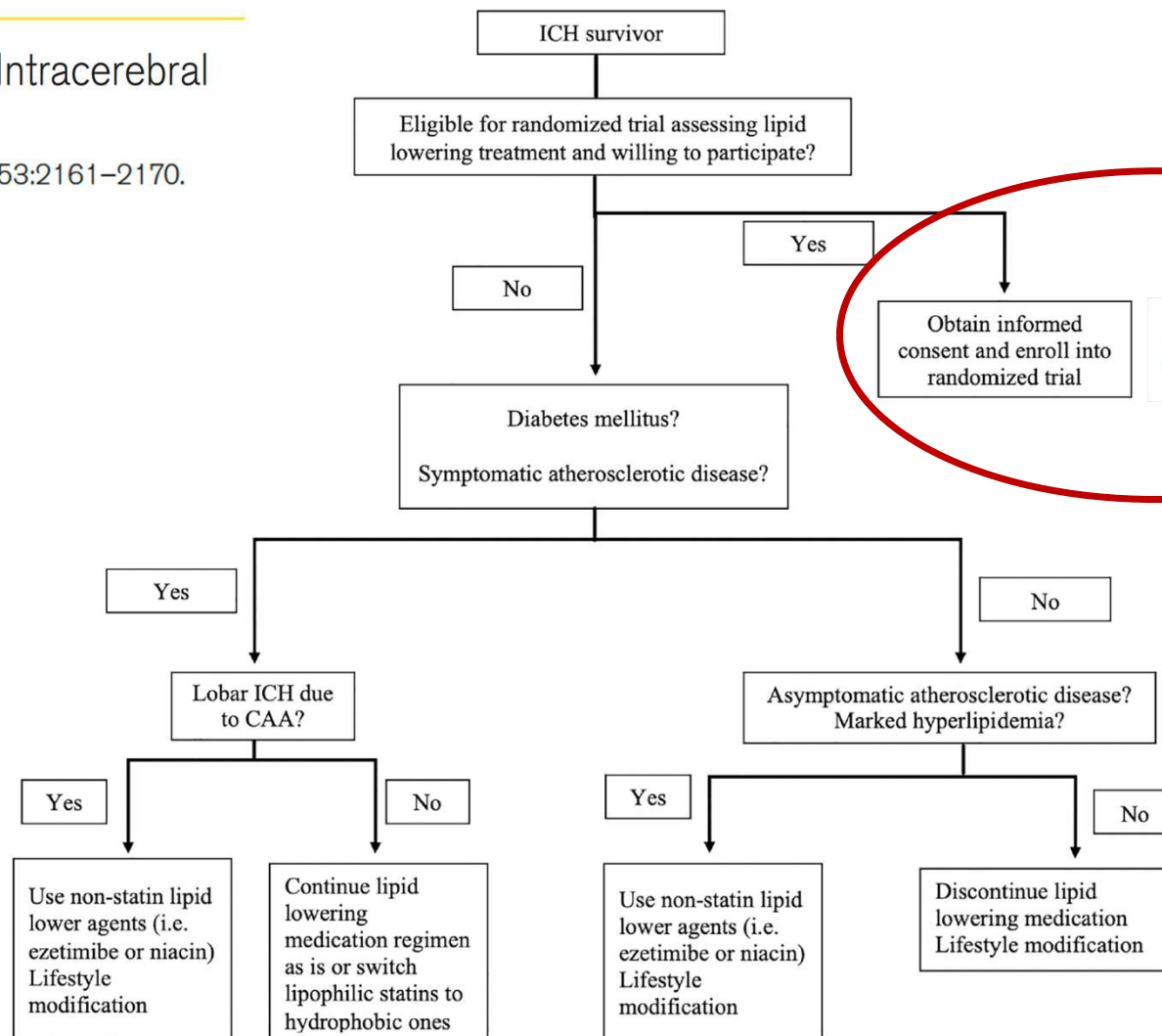
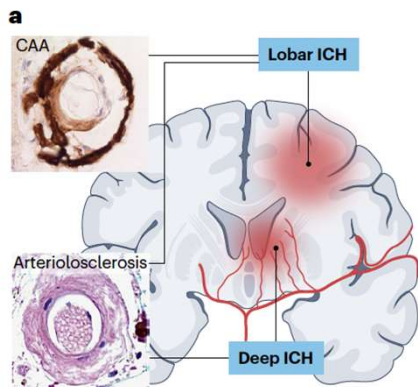


FOCUSED UPDATES

Use of Lipid-Lowering Drugs After Intracerebral Hemorrhage

Ashkan Shoamanesh MD; Magdy Selim MD, PhD

Stroke. 2022;53:2161–2170.



**Café
para todos**



**Medicina
Personalizada**



Imagen:
Leonardo AI



Localización y etiología de la HC

Riesgo
Recurrencias HC



Riesgo eventos
vasculares
aterotrombóticos



Ensayos clínicos aleatorizados

SATURN 