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Effects of policosanol on post-stroke cognitive impairment: A case report series study

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Ischemic stroke is a leading cause of disability, including post-stroke Cognitive Impairment (CI), for which no effective therapy is available. Post-stroke patients are managed with antiplatelet drugs and antihypertensive, hypoglycemic and/or cholesterol-lowering drugs, as needed. policosanol is an antiplatelet and cholesterol-lowering agent. Previous studies demonstrated that adding Policosanol to Aspirin (AS) therapy improves post-stroke neurological recovery compared to placebo+AS. Policosanol effects on post-stroke CI have not been investigated yet. This study was undertaken to record the evolution of recent post-stroke (≤30 days from onset) survivors with CI treated with policosanol+AS for 12 months. Patients with recent post-stroke CI untreated with Policosanol were enrolled, managed according to guidelines and started on policosanol(20 mg/day) and AS (125 mg/day) for 12 months. Routine neurological examinations; control of therapy compliance and Adverse Experiences (AE) were done. CI was assessed with the Luria-Nebraska test at baseline and at 12 months. Stable condition was pre-defined as no change on test results, improvement as changes to better levels and deterioration as changes to worst levels. 56 patients (37 men, 19 women of 73 years) exhibited vascular risk factors hypertension (76.8%), dyslipidemia (50.0%); smoking (26.8%) and diabetes (17.9%). All patients completed the follow-up, and none had a recurrent vascular event. Only 1 patient (1.8%) had further CI deterioration; 27 (48.2%) remained stable and 29 (51.8%) exhibited mild or moderate improvement. Treatment was well tolerated. Only three patients reported mild AE. It is concluded that patients with CI post-ischemic stroke treated with policosanol+AS for 12 months had good evolution since none died, none had recurrent events and most experienced CI improvement or remained stable. This study has limitations for stronger conclusions since it is a case report series, but our results encourage to investigate such effects in randomized, double-blind and placebo-controlled studies.

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