



An Unthinking and Pathophysiological Approach for Stroke Related with Medications of Misuse

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INTRODUCTION

Drug abuse has been linked to stroke, especially in young people. Important drugs associated with stroke are cocaine, amphetamines, heroin, morphine, marijuana and newer manufactured cannabinoids, as well as Anabolic Androgenic Steroids (AAS). Ischemic and hemorrhagic strokes have been explained by substance dependence. Several conventional tools have been identified, such as arrhythmia and cardiac embolism, hypoxia, vascular toxicity, vascular modification, and complications for the thrombotic component, which are fundamental for ischemic stroke. For hemorrhagic stroke, severe hypertension, aneurysm rupture/condition and vasculitis-like changes were trapped. With overuse of AAS, the effects of circulatory stress are fairly understandable, although increased red blood cell counts often cause thromboembolism. Transient vasoconstriction caused by man-made cannabinoids can cause ischemic stroke.

DESCRIPTION

Sedatives often cause infective endocarditis ischemic stroke, and eosinophilia accompanied by pyogenic arthritis, causing hemorrhagic stroke. Genetic variants are associated with an increased risk of stroke from cocaine abuse. The use of psychostimulants has been known for millennia. From the ingestion of subordinate plants, such as the fungus *Psilocybe hispanica*, used in strict customs long ago, to the mistreatment of man-made drugs, such as heroin, which were administered by C. R. Birch Wright, a British scientist at the St. Mary in London. Today, substance abuse is an important social and clinical problem. According to the 2017 World Drug Report published by the United Nations Office on Drugs and Misconduct, the number of assessed drug users globally has increased by 23% in 11 years, reaching 255 million in 2014. At the same time, people who use drugs have various health problems, such as lung disease or coronary disease, emotional illness, irresistible disease, stroke and illness, in total.

29.5 million people in 2015, up 13.5% from 2006. The number of deaths due to chronic drug use also increased significantly. Of the absolute deaths recorded from illicit drug use, 67.5% were due to amphetamine use, 49.7% to cocaine, 29.6% to narcotics and the remaining 23% by different drugs. Stroke is the second leading cause of death on the planet, causing 5.7 million deaths each year, a number that is considered normal and will reach about 7.8 million by 2030. In addition, stroke is a major cause of significant disability. Convenient identification by Computed Tomography (CT) and, depending on the condition, CT angiography and CT perfusion are important to ensure successful use. Many other pathophysiological studies performed in ischemic stroke patients have shown hemostatic abnormalities, such as low serum coagulation factor VII levels, anticoagulation complex Initiating FVII, tissue factor and increased serum concentrations of tissue factor microparticles (MPs-TFs). An important job in controlling stroke mortality is controlling so-called modifiable risk factors for stroke. There are several risk factors for stroke including age, orientation, hypertension, diabetes mellitus, dyslipidemia, atherosclerosis, thromboembolism, atrial fibrillation, obliterated sinus disease, foramen ovale or family history of cardiovascular events, hyperhomocysteinemia as well as lifestyle trends, such as low practical work, weight loss, smoking, horrible eating habits, and drinking.

CONCLUSION

Controlling blood pressure and blood sugar, using statins to raise blood lipids, and reducing oral contraceptive use, along with lifestyle changes, can significantly reduce the risk of cerebrovascular stroke. Drug abuse has also been linked to stroke, especially in young people. Drug addicts, aged 15-44, have been shown to be 6.5 times more likely to have a stroke than non-addicts. Important drugs that have been linked to stroke are cocaine, amphetamines, heroin, morphine, weed, and new drugs.

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