Introduction: Despite the downward trend, stroke is a major cause of mortality and morbidity in Portugal and in the world, accounting for different degrees of disability, and consequently marked decrease in quality of life. Prevention, in its various levels, is the main strategy, stressing the importance of primary health care and family doctor’s role.

Case report: 72-year-old male, widower, with controlled hypertension, type 2 diabetes mellitus, atrial fibrillation, dyslipidaemia and sleep apnoea. The patient had a history of multiple cerebral ischaemic events: acute ischaemic stroke in 2008 (right carotid artery), posterior circulation stroke with right carotid artery restenosis in 2014. In 2016, the patient underwent stenting of the basilar artery after episodes of vertebrobasilar ischemia, under dual antiplatelet therapy and hypocoagulation. As a complication of enoxaparine use, he had a spontaneous rectus sheath hematoma. At the first consultation in primary care after discharge, the patient was clinically and analytically stable, but with a total loss of interest in all his daily activities. The medical focus was not only the risk factor control but the improvement of psychological and functional status.

Conclusion: Given the current population ageing, it becomes imperative to adjust the available health resources, in order to reduce the morbidity inherent to stroke. Tertiary prevention allows the patient reintegration, so that an interdisciplinary approach is fundamental. Post-stroke disability, especially the psychological impairment, constitute a major obstacle to the treatment adherence and rehabilitation. The knowledge of the patients’ social and familiar context is key to treatment success.