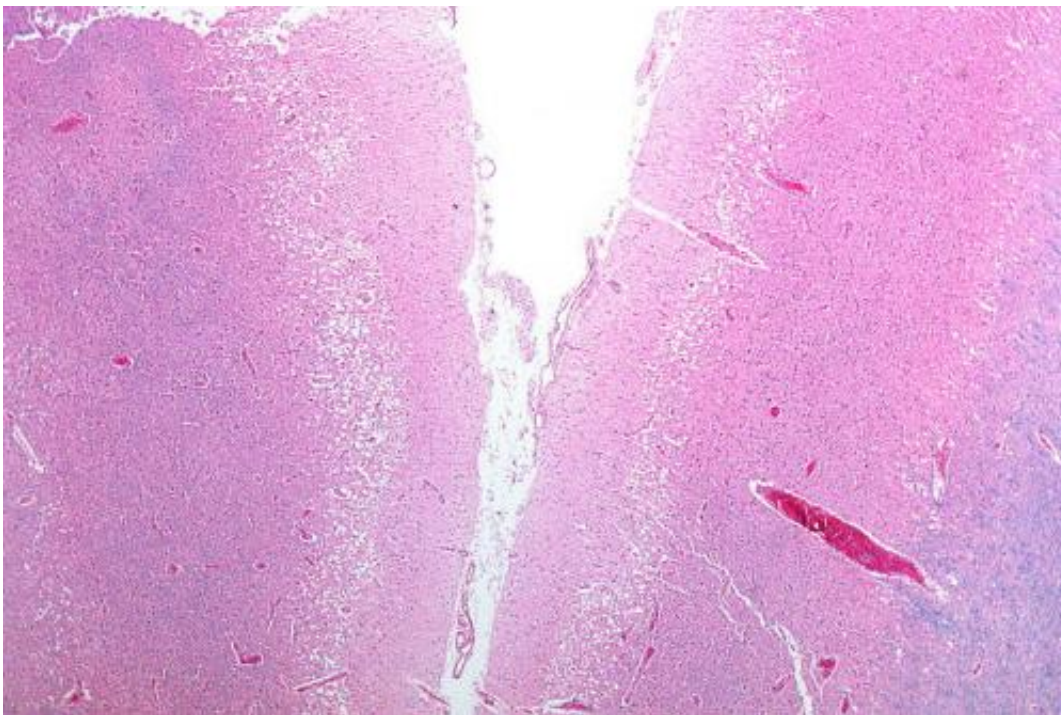


Clot buster treatment safe, effective for patients who required living assistance pre-stroke

January 21 2016



Micrograph showing cortical pseudolaminar necrosis, a finding seen in strokes on medical imaging and at autopsy. H&E-LFB stain. Credit: Nephron/Wikipedia

Intravenous clot busting may be safe and effective in patients who required daily living assistance prior to stroke, according to new research in the American Heart Association's journal *Stroke*.

A European multicenter study researched the effect of intravenous thrombolysis (IVT) - clot busting - among ischemic [stroke](#) patients with preexisting dependency - defined as unable to live alone without help from another person. Patients with prior dependency are often excluded from clinical trials of IVT, and because of a lack of information about this population, if they have a stroke, they may not be treated with clot busters due to the expected higher risk of bleeding complications and lower treatment response.

"These findings prove that randomized-controlled IVT trials should be considered for such patients," said Henrik Gensicke, M.D., lead author and neurologist in the Department of Neurology at the University Hospital Basel in Switzerland.

Among 7,430 IVT-treated patients in 12 European stroke centers, 6.6 percent were dependent prior to stroke. Researchers measured the degree of disability at 3 months after stroke onset. In this case, poor outcome included not reaching at least pre-stroke dependence among the dependent group.

Within three months after IVT treatment, dependent patients were twice as likely to die as independent patients. However, poor outcome and intracranial hemorrhages was equally frequent in both groups.

Among three-month survivors, the proportion of dependent patients with poor outcome did not differ from independent patients. After adjusting for age and stroke severity, dependent patients were at lower risk of poor outcomes than independent patients.

"Concerns of higher complication rates from IVT-treatment resulting in a less-than-favorable risk-benefit ratio for dependent patients might be unjustified and perhaps should be set aside to allow further study," Gensicke said.

In this study, prior stroke, dementia, heart and bone diseases were the most common causes of preexisting dependency and dependent patients were older, more often female, had more severe strokes and were more often prescribed antithrombotic medication than previously independent patients.

Provided by American Heart Association

Citation: Clot buster treatment safe, effective for patients who required living assistance pre-stroke (2016, January 21) retrieved 2 February 2024 from <https://medicalxpress.com/news/2016-01-clot-buster-treatment-safe-effective.html>

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