

# Kidney disease doesn't bar thrombolytic therapy in stroke

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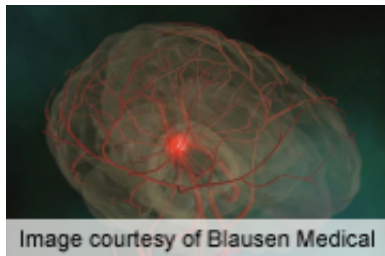


Image courtesy of Blausen Medical

adverse conditions linked to CKD, and so presence of CKD alone should not necessarily be a contraindication to administration of IV tPA to eligible [patients](#) with [ischemic stroke](#), particularly from a hemorrhagic risk standpoint," the authors write.

Educational grants from pharmaceutical companies partly funded the study. Several authors disclosed ties to [pharmaceutical companies](#).

**More information:** [Abstract](#)

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(HealthDay)—Intravenous (IV) thrombolytic therapy for acute ischemic stroke (IS) is not contraindicated in patients with chronic kidney disease (CKD), according to research published online Sept. 23 in *Circulation: Cardiovascular Quality and Outcomes*.

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Bruce Ovbiagele, M.D., of the Medical University of South Carolina in Charleston, and colleagues analyzed data from 44,410 patients with IS who received IV tissue-type plasminogen activator (tPA). The authors sought to assess the risk of bleeding complications in those with CKD.

The researchers found that 34 percent of the patients receiving IV thrombolytic therapy for IS had CKD. The presence of CKD, compared with absence of CKD, was not associated with increased risk of symptomatic intracranial hemorrhage (adjusted odds ratio [aOR], 1.0; 95 percent confidence interval [CI], 0.91 to 1.10) or serious systemic hemorrhage (aOR, 0.97; 95 percent CI, 0.80 to 1.18). Patients with CKD, compared with those with normal renal function, were more likely to die in the hospital (aOR, 1.22; 95 percent CI, 1.14 to 1.32) and to have an unfavorable functional status at discharge (aOR, 1.13; 95 percent CI, 1.07 to 1.19).

"These results suggest that poor outcomes attributable to CKD may be because of other

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