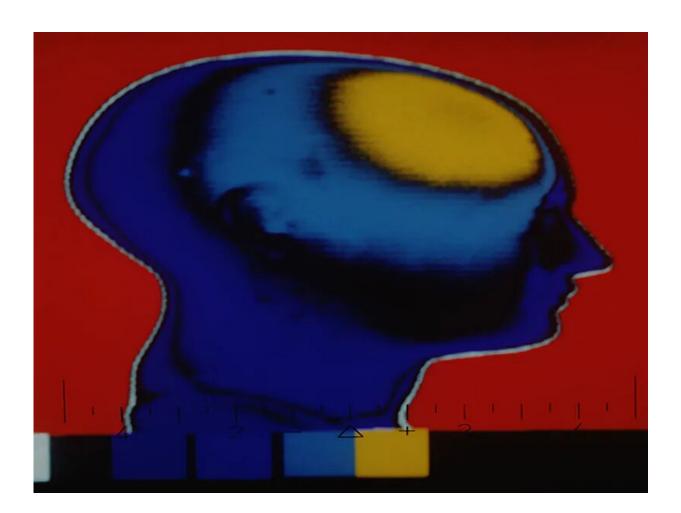


## Antiplatelets do not up recurrence in intracerebral hemorrhage

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(HealthDay)—For patients with intracerebral hemorrhage, those who



start antiplatelet therapy do not have an increased risk for recurrence, including those with cerebral microbleeds, according to two studies published online May 22 in *The Lancet* and *The Lancet Neurology*.

Rustam Al-Shahi Salman, Ph.D., from the Usher Institute of Population Health Sciences and Informatics at the University of Edinburgh in Scotland, and colleagues examined the relative and absolute effects of <u>antiplatelet therapy</u> on recurrent <u>intracerebral hemorrhage</u> in a trial involving participants with intracerebral hemorrhage who were randomly assigned to start antiplatelet therapy and to avoid antiplatelet therapy (268 and 269 patients, respectively). The researchers found that 4 and 9 percent of patients allocated to start antiplatelet therapy and to avoid antiplatelet therapy, respectively, had a recurrence of intracerebral hemorrhage (adjusted hazard ratio, 0.51; 95 percent confidence interval, 0.25 to 1.03; P = 0.060).

In a second study, Al-Shahi Salman and colleagues conducted a subgroup analysis to examine whether brain imaging features of intracerebral hemorrhage modify the effects of antiplatelet therapy in a subgroup of patients with cerebral microbleeds on magnetic resonance imaging (122 and 132 in the start and avoid antiplatelet therapy groups, respectively). The researchers observed no clinically or statistically significant risk for antiplatelet therapy on recurrent intracerebral hemorrhage for patients with cerebral microbleed versus those without (hazard ratio, 0.30 [95 percent confidence interval, 0.08 to 1.13] versus 0.77 [95 percent confidence interval, 0.13 to 4.61];  $P_{interaction} = 0.41$ ).

"The results of the RESTART trial are reassuring for survivors of brain hemorrhage who need to take <u>antiplatelet</u> medicines to prevent heart attacks and strokes," Salman said in a statement. "I am keen to investigate the possibility that these medicines might halve the risk of brain hemorrhage happening again."



Several authors from both studies disclosed financial ties to the pharmaceutical industry.

More information: <u>Abstract/Full Text</u> <u>Abstract/Full Text</u> <u>Editorial</u>

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