

Hundreds more bleeding trauma patients could be saved if tranexamic acid was used more widely

September 11 2012

The clot stabilizer drug tranexamic acid can be administered safely to a wide range of patients with traumatic bleeding and should not be restricted to the most severe cases, a study published in the *BMJ* today suggests.

Previous studies have already shown that tranexamic acid significantly reduces death from all causes, without increasing the risk of thrombotic [adverse events](#) (formation of a blood clot in a blood vessel). As such, tranexamic acid is being incorporated into trauma protocols around the world, but these tend to focus on the most severely injured.

Researchers at the London School of Hygiene & Tropical Medicine therefore used data from a large randomised controlled trial to develop a prediction model to identify [patients](#) with life-threatening traumatic bleeding. They then used the model to see if the effects of the treatment vary according to the baseline risk of death. All patients were treated within three hours of injury.

Results show that in all risk groups there were fewer bleeding deaths among patients who had been treated with tranexamic acid. For all thrombotic events, 1.5% (98/6684) of patients treated with tranexamic acid died compared to 2.1% (140 / 6589) who did not receive tranexamic acid.

There was a significant reduction in the risk of unwanted clotting, in particular heart attacks, in those treated with tranexamic acid. The reduction in unwanted clotting again did not appear to vary by baseline risk. Because there are far more low and medium risk trauma patients than high risk patients, restricting use of tranexamic acid to high risk patients would mean that most of the benefits from using the drug are missed.

The authors conclude that tranexamic acid can be safely administered to a wide spectrum of [bleeding trauma patients](#) and its use should not be restricted to those with the most severe haemorrhage. To make sure that their life saving message reaches doctors the authors have prepared a short comic that presents the key facts in the context of a casualty drama. They suspect that some emergency physicians might prefer a short comic to a long research paper.

Provided by British Medical Journal

Citation: Hundreds more bleeding trauma patients could be saved if tranexamic acid was used more widely (2012, September 11) retrieved 27 April 2024 from <https://medicalxpress.com/news/2012-09-hundreds-trauma-patients-tranexamic-acid.html>

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