

Antiplatelet drugs don't up ICH risk in new study

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Pre-existing antiplatelet use does not seem to be associated with an increased risk of ischemic hemorrhage, according to an observational study published in the February issue of *Academic Emergency Medicine*.

(HealthDay)—Pre-existing antiplatelet use does not seem to be associated with an increased risk of ischemic hemorrhage (ICH), according to an observational study published in the February issue of *Academic Emergency Medicine*.

William J Meurer, M.D., from the University of Michigan in Ann Arbor, and colleagues collected data from 830 patients (mean age, 69 years) from 28 hospitals from 1996 to 2004 and from 2007 to 2010, to examine whether pre-existing [antiplatelet therapy](#) use correlates with the risk of ICH following [acute stroke](#) thrombolysis.

The researchers found that 47 percent of participants had documented

pre-existing antiplatelet treatment. In unadjusted analyses, the proportions of patients with any ICH and with symptomatic ICH (sICH) were increased with antiplatelet use (absolute risk difference, 4.2 and 3.1 percent, respectively). After adjustment for confounders, there was no correlation between antiplatelet use and radiographic ICH or sICH. The risk of radiographic ICH was increased for patients aged 81 years and older. In meta-analyses combining these findings with previous research, the unadjusted risk of radiographic ICH and sICH were increased with antiplatelet treatment (absolute risk difference, 4.9 and 4.0 percent, respectively). After adjustment, there was a significantly increased likelihood of sICH with antiplatelet use (odds ratio, 1.6)

"[We] did not find that pre-existing antiplatelet use was associated with post-thrombolysis ICH or sICH in this cohort of community treated patients," the authors write. "The meta-analyses demonstrated small, but statistically significant, increases in the absolute risk of radiographic ICH and sICH, along with increased odds of sICH in [patients](#) with pre-existing antiplatelet use."

More information: [Abstract](#)

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