Prehospital magnesium sulfate doesn't benefit stroke outcomes

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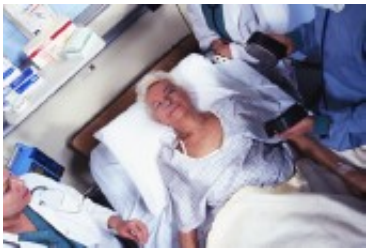

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(HealthDay)—For patients with suspected stroke, prehospital magnesium sulfate therapy is safe but does not impact the degree of disability at 90 days, according to a study published in the Feb. 5 issue of the *New England Journal of Medicine*.

Jeffrey L. Saver, M.D., from the University of California in Los Angeles, and colleagues randomized patients with suspected stroke to receive intravenous magnesium sulfate or placebo, initiating two hours after onset of symptoms. Before the patient arrived at the hospital, paramedics administered a loading dose, and on arrival, 24-hour maintenance infusion was initiated. Participants included 1,700 patients, of whom 857 were in the magnesium group and 843 in the placebo group.

The researchers found that 74.3 percent of patients received the study-drug infusion within the first hour after onset of symptoms. There was no significant between-group difference in the distribution of 90-day disability outcomes on the global modified Rankin scale (P = 0.28), and the mean scores at 90-days did not differ between the groups (2.7 in each group; P = 1.00). Furthermore, no significant between-group differences were seen with respect to mortality (15.4 in magnesium group versus 15.5 in placebo group; P = 0.95) or serious adverse events.

"Prehospital initiation of magnesium sulfate therapy was safe and allowed the start of therapy within two hours after the onset of stroke symptoms, but it did not improve disability outcomes at 90 days," the authors write.

More information: Full Text (subscription or payment may be required)