

Prehospital magnesium sulfate doesn't benefit stroke outcomes

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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 \(subscription or payment may be required\)](#)

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