

Greater benefit for pioglitazone in high-risk patients post stroke

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(HealthDay)—For patients after an ischemic stroke or transient ischemic

attack, pioglitazone is associated with greater benefit for those at higher risk for stroke or myocardial infarction (MI), according to a study published online Sept. 18 in *JAMA Neurology*.

Walter N. Kernan, M.D., from the Yale School of Medicine in New Haven, Conn., and colleagues conducted a secondary analysis of a trial of [pioglitazone](#) for secondary prevention among [patients](#) with an ischemic stroke or [transient ischemic attack](#) and insulin resistance. Patients were stratified for risk of stroke or MI within five years; the efficacy of pioglitazone for preventing stroke or MI was calculated within each stratum.

The researchers found that the five-year risk for stroke or MI was 6.0 percent in the pioglitazone group compared with 7.9 percent in the placebo group, among patients with lower baseline risk (absolute risk difference, -1.9 percent; 95 percent confidence interval, -4.4 to 0.6 percent). The risk was 14.7 and 19.6 for patients at higher risk in the pioglitazone and placebo groups, respectively (absolute risk difference, -4.9 percent; 95 percent confidence interval, -8.6 to 1.2 percent). Similar hazard ratios were seen for patients below or above the median risk (0.77 versus 0.75; $P = 0.92$).

"After an [ischemic stroke](#) or transient ischemic attack, patients at higher risk for stroke or MI derive a greater absolute benefit from pioglitazone compared with patients at lower risk," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

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