Low-dose alteplase no better for acute ischemic stroke

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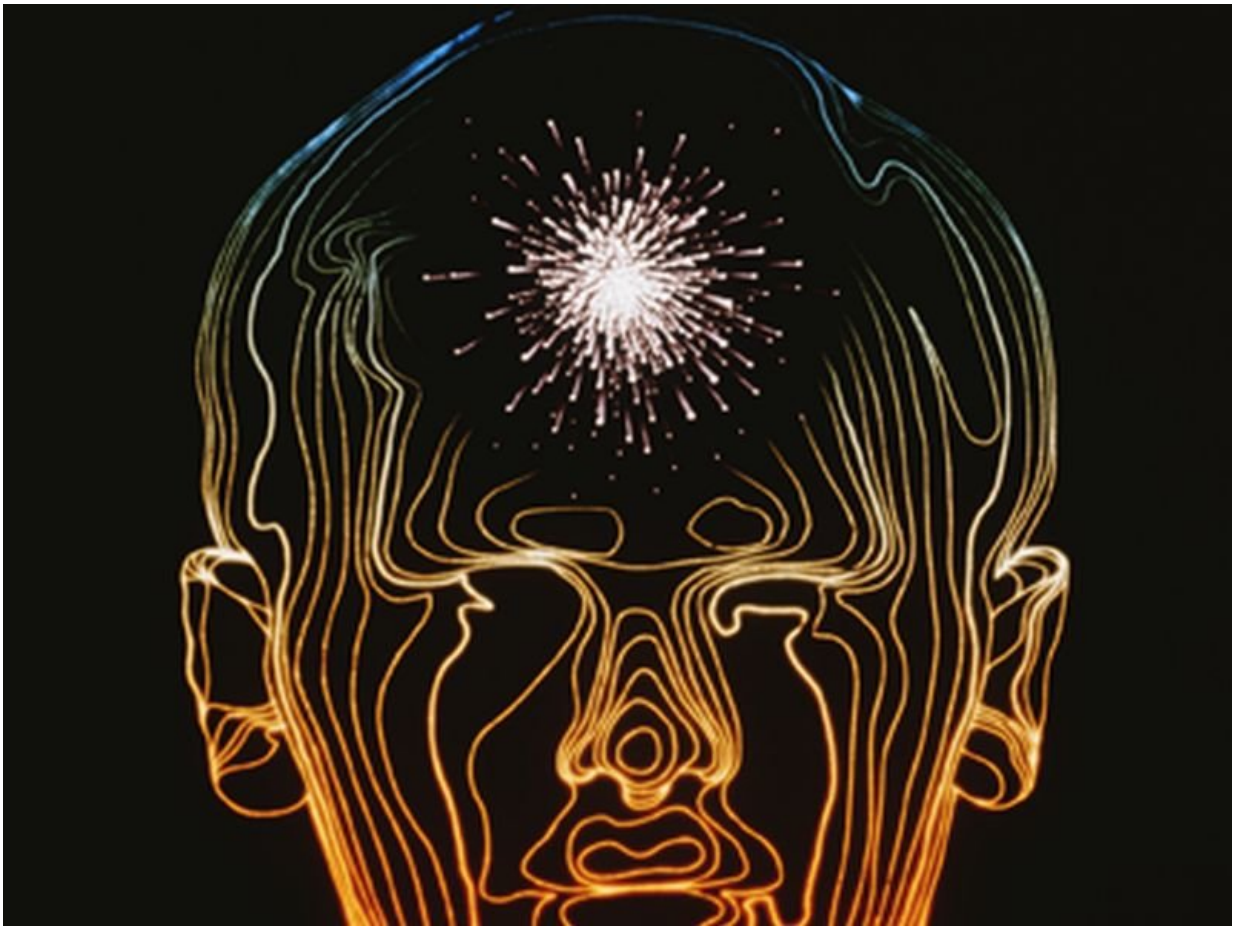

(HealthDay)—For key demographic subgroups of patients with acute

ischemic stroke (AIS), low-dose alteplase does not differ from standard-dose alteplase in terms of treatment effects on death or disability, according to a study published online Oct. 2 in *JAMA Neurology*.

Xia Wang, Ph.D., from the University of New South Wales in Australia, and colleagues conducted a prespecified secondary analysis of the international Enhanced Control of Hypertension and Thrombolysis Stroke Study clinical trial of low- versus standard-dose intravenous alteplase for patients with AIS. A total of 3,310 patients with a clinical diagnosis of AIS, confirmed by brain imaging, were included in the alteplase-dose arms; participants were randomized to receive low- or standard-dose alteplase. A total of 3,297 patients were included in the analysis.

The researchers found that there were no significant differences between low- and standard-dose alteplase in the treatment effects for poor outcomes (death or disability) by age, ethnicity, or severity (all $P > 0.37$ for interaction). The treatment effects of low- versus standard-dose alteplase on functional outcome was consistent for Asians and non-Asians ($P = 0.32$ for interaction). The reductions in rates of symptomatic intracerebral hemorrhage were generally consistent with low-dose alteplase, although the reduction was not significant by age, ethnicity, or severity.

"Further investigation is required to identify patients with AIS who may benefit from low-dose alteplase," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

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