

Risk factors for intracranial haemorrhage in ischaemic stroke patients treated with rtPA

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Stroke thrombolysis with rtPA

increases odds of ICH by 4 times

causes 27 extra fatal ICH per 1000 treated

non-fatal, large ICHs ↑ death & disability

Risk factors for post rtPA ICH

inform thresholds for licensed treatment

influence rtPA treatment in clinical practice

Research questions

In an unbiased samples of studies:

1. What are the summary effect sizes of baseline patient factors on post rtPA ICH?
2. Do aspects of study design modify these effect sizes?

Systematic search for studies

- iv rtPA treated ischaemic stroke patients
- patients factors measured before rtPA
- primary not pooling studies
- at least 10 symptomatic or parenchymal ICHs <10 days post treatment

3 reviewers recorded or calculated

- effect sizes
- definition of intracranial haemorrhage
- study type and adjustment for confounders

4305 records
August 2011



167 full text



55 studies in
quantitative data
synthesis

65,264 stroke patients

3,953 ICH

43 patient factors



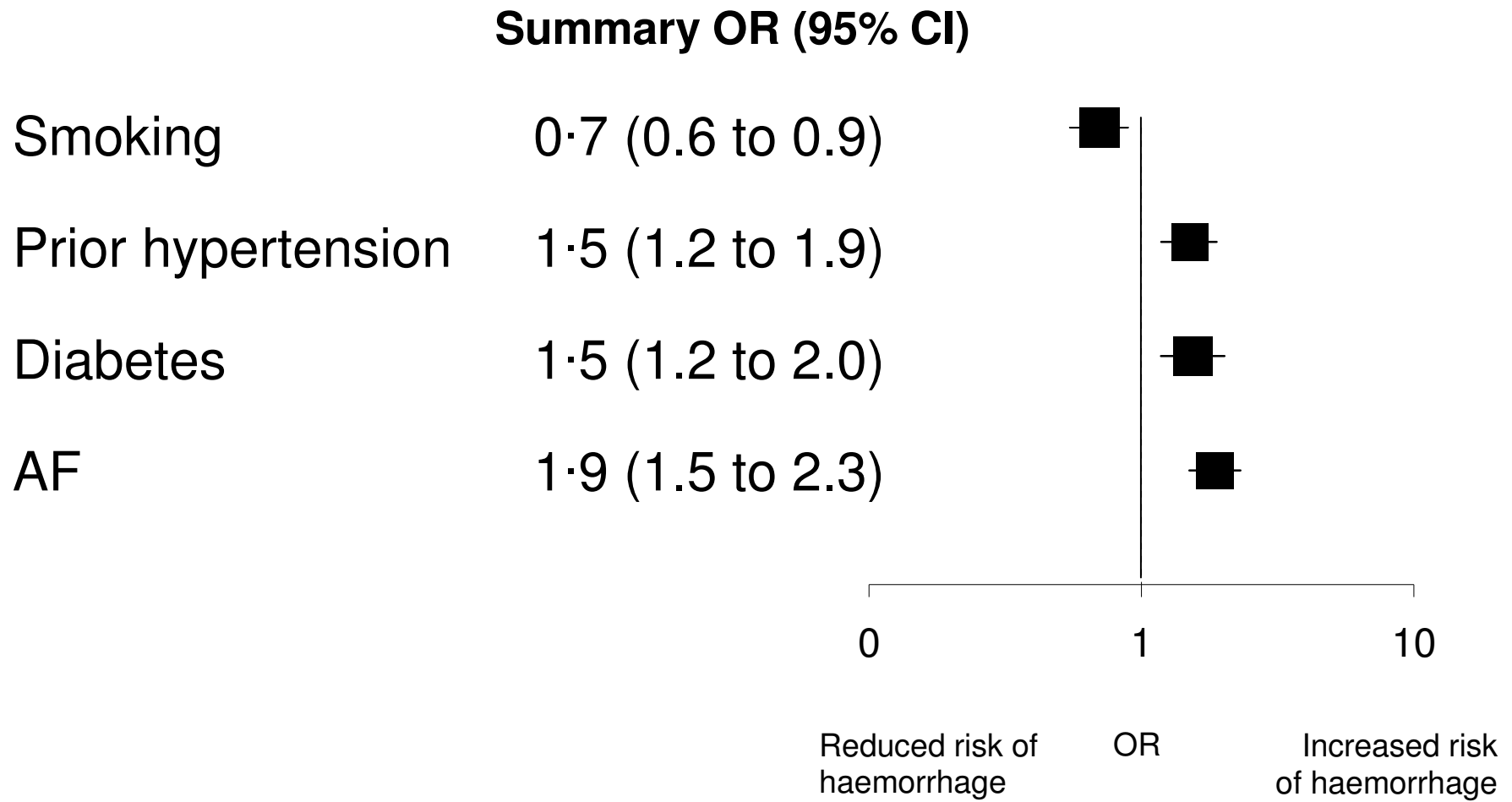
>10 studies had consistent effects sizes for age, glucose & NIHSS

2 x odds of ICH interval (95% CI)*



*assume log-linear relationship with ICH

>10 studies had consistent effect sizes for smoking, diabetes, prior hypertension and AF



Post rtPA ICH definitions

Radiological definition

Any intracranial haemorrhage Parenchymal haemorrhage

Clinical definition

Any deterioration

NINDS-S
(*n=26*)

ECASS-1 *
(*n=9*)

Significant deterioration

ECASS-3
(*n=12*)

SITS-MOST
(*n=8*)

* No clinical deterioration necessary

Summary proportion of rtPA ICH by ICH definition

Radiological definition

	Any intracranial haemorrhage	Parenchymal haemorrhage
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Clinical definition	Any deterioration		
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5%

12%

	Significant deterioration		
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7%

4%

Summary proportion of rtPA ICH by ICH definition

Radiological definition

	Any intracranial haemorrhage	Parenchymal haemorrhage
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Clinical definition	Any deterioration		
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5%

12%

	Significant deterioration		
--	------------------------------	--	--

7%

4%

**Most consistent estimate across studies
(least statistical heterogeneity)**

Effect of study design on effect sizes

Between study differences in effect sizes of

age, smoking, NIHSS, diabetes, prior hypertension, glucose, AF, CT visible brain lesion, or use of prior antiplatelets

....were not explained by

- ICH definition in studies
- Observational cohort vs clinical trial
- Adjustment for confounding factors in final models

There was no statistical evidence of small study bias

Conclusions

Individual factors measured before an infusion of rtPA have only a modest predictive power for subsequent ICH

Study design (particularly ICH definition) did not change the effect sizes of baseline factors to a significant degree