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There's good news for stroke patients -a reduced dosage of a popularly used medicine not only does the job but can improve survival rates as well, a global study shows.

Researchers at the George Institute for Global Health investigated a modified dosage of recombinant tissue plasminogen activator (rtPA)-the standard care for acute ischaemic stroke for several years. The study showed that when the level of the drug was reduced, most of the clot busting or dissolving benefits of the higher dose were maintained while there was significantly less bleeding inside the brain. This helped improve survival rates, researchers claimed.

The drug rtPA is used to dissolve clots that block a blood vessel in a patient's brain within the first few hours of the onset of stroke symptoms.

Experts said the study had the potential to change the way the most common form of stroke is treated globally .More than 1.2 million Indians suffer strokes every year, making it the leading cause of death and disability in rural India.

The trial, covering 3,000odd patients in 100 hospitals worldwide, showed the rate of serious bleeding in the brain --intracerebral haemorrhage -came down by twothirds on reducing the dose of rtPA from a standard 0.9mg kg body weight to 0.6mgkg.

After 90 days into the trial, 8.5% of patients who received low dose rtPA died, compared to 10.3% among those who received the standard dose.

However, the survival benefits from the modified dosage of the drug rtPA was offset by a slight rise in the number of people suffering residual disability, the study showed. For every 1,000 patients treated with low dose rtPA, compared to the standard dose, 41 more people had physical disabilities, such as needing help dressing or walking, but 19 fewer people died.

“There is a trade-off with regard to recovery of functioning, but being alive is surely preferable to most patients than suffering an early death,“ said Prof Craig Anderson, the principal investigator of the George Institute for Global Health study.

He added that hopefully, the lower dose would become the standard in situations where a doctor considers the risk of intracerebral haemorrhage to be high in a particular patient.

Prof Jeyaraj D Pandian from Christian Medical College, Ludhiana, said intravenous rtPA (or alteplase) therapy is the currently approved therapy within 4.5 hours of the onset of stroke symptoms. This drug breaks and dissolves the clot in the blocked artery in the brain.