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appropriate strategy. Screening for the presence of APA also seems advisable.

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References


Is thrombolytic therapy beneficial to acute stroke patients?

The letter by Werner Hacke and John Marler (EHJ 1997; 18: 1360) gives me the opportunity to raise a few points that seem central for the interpretation of the available evidence regarding the benefit/risk ratio of thrombolysis in acute ischaemic stroke.

In MAST-E, patients after stroke onset were not treated later than in ECASS (mean 4.5 h versus 4.4 h). Ongoing meta-analysis on pooled individual data from the streptokinase trials (the rt-PA trials have not yet joined the project) suggests that neither severity at entry nor the delay between onset of symptoms(s) and administration of thrombolytic treatment can explain the increased mortality.

The issue is apparently much more complex than suggested by Hacke and Marler. The only way to obtain greater insight and directions for future investigations is to compare individual data from streptokinase and rt-PA trials and to combine them to identify covariates influencing the treatment effect on mortality and cerebral bleeding. This can only be done by using statistical methods that account for confounders (including dose). This would be good science and good medicine as well.

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Reference