Review: Anticoagulants are not more effective than antiplatelet agents in acute ischemic stroke


**Question**
In patients with acute ischemic stroke, what is the comparative effectiveness of anticoagulants (alone or with antiplatelet agents) and antiplatelet agents alone given within 14 days of stroke onset?

**Data Sources**
Studies were identified by searching (in April and May 2001) the Cochrane Stroke Group Trials Register, the Cochrane Controlled Trials Register, the trials register of the Antiplatelet Therapy Trials’ Collaboration, MEDLINE (1966 to 2000), and EMBASE/Excerpta Medica (1980 to 2000); and by scanning bibliographies of relevant studies.

**Study Selection**
Studies were selected if they were randomized controlled trials comparing anticoagulants with antiplatelet agents, or anticoagulants plus antiplatelet agents with antiplatelet agents alone, within 14 days of onset of presumed or confirmed acute ischemic stroke. Studies were excluded if treatment allocation was not adequately concealed or if they only assessed patients with transient ischemic attacks.

**Data Extraction**
Data were extracted on study methods and quality, participants, interventions, and outcomes.

**Commentary**
Although most ischemic strokes are the result of clot embolization, the relative value of anticoagulation and antiplatelet therapy in patients with such strokes is still not settled. Berge and Sandercock have done the important task of critically evaluating the existing literature for evidence-based information on the relative value of anticoagulants and antiplatelet agents in treatment of acute ischemic stroke. They reviewed a plethora of studies that addressed this important subject. However, after applying strict criteria for randomization and concealment of treatment allocation, only 4 trials met the inclusion criteria. Furthermore, almost 90% of the nearly 17,000 patients evaluated came from a single study (1). Therefore, an exhaustive search and analysis in an attempt to create the equivalent of a meta-analysis came down to reanalysis of a single study. The conclusion of the authors was that anticoagulation did not appear to have a significant advantage over aspirin. Berge and Sandercock’s analysis also shows that the practicing clinician should not appear to have a significant advantage over aspirin. Berge and Sandercock’s analysis also shows that the practicing clinician should not appear to have a significant advantage over aspirin. Anticoagulants used alone or with antiplatelet agents are not superior to antiplatelet agents used alone.

**References**