
Dr. Xian is an Assistant Professor of Medicine at Duke University Medical Center, Duke Clinical Research Institute. Dr. Xian was a trainee of the AHA/PRT Spina Outcomes Research Fellowship Training Program at Duke University from 2010 to 2012. His research interests include outcomes research and comparative effectiveness research in cardiovascular disease and stroke. Dr. Xian was named the Bertram Scott Research Fellow by the AHA Founders Affiliate in 2008. He also received the AHA Council on Clinical Cardiology Young Investigator Database Seed Grant in 2008 and won the AHA QCOR Young Investigator Award in 2010.

Key Messages:

- Intravenous tissue plasminogen activator (tPA) is currently the only effective treatment to improve outcomes for acute ischemic stroke; however, treatment with intravenous tPA carries the risk of symptomatic intracranial hemorrhage (sICH).
- Although current guidelines endorse administering intravenous tPA to warfarin-treated patients if their international normalized ratio (INR) is 1.7 or lower, there are few data on safety of intravenous tPA in warfarin-treated patients in clinical practice.
- By examining 23,437 ischemic stroke patients receiving tPA from 1203 GWTG-Stroke hospitals, the author found the use of intravenous tPA among warfarin-treated patients (INR < 1.7) was not associated with increased sICH risk compared with non-warfarin-treated patients.
- These data provide empirical support of current American Heart Association/American Stroke Association guideline recommendations.
- The authors found the potential for substantial under-treatment, because up to 50 percent of warfarin-treated patients who might have been eligible for reperfusion therapy did not receive intravenous tPA.

See Publication in JAMA and Editorial “Cerebral Hemorrhage, Warfarin, and Intravenous tPA: The Real Risk Is Not Treating”.

Read the journal article and editorial.

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