LOAD: A pilot study of the safety of loading of Aspirin & Clopidogrel in acute ischaemic stroke and transient ischaemic attack. Is the loading dose of Aspirin and Clopidogrel a good alternative for patients with acute ischaemic stroke and TIA? How this will impact our clinical practice?

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Aspirin and clopidogrel are the two effective anti platelet drugs which are used in loading doses in other vascular events like cardiac to prevent further deterioration. The value of this approach for the brain is not known.

What is the study design?
This pilot study was conducted to assess the safety and efficacy of the double anti platelet agents in loading doses in patient with acute ischaemic stroke presenting within 36 hours of onset of symptoms.

Who were the patients?
Forty patients were enrolled from a single stroke center in six months. All the patients were diagnosed to have stroke or TIA by examination from a stroke specialist fitting their inclusion criteria. Primary safety aim was symptomatic haemorrhage with a secondary end point of neurological detoriation.

What were the results?
The dose appeared to be safe as no acute intracranial haemorrhages were detected with no mortality. Only a single symptomatic intracranial haemorrhage 2.5% was detected 43days post treatment. None of the patients experienced neurological detoriation within 24hrs and 97% had no detoriation by 7 days of treatment. Treatment was compared with matched control patients.

The author concluded that high loading doses of two antiplatelet agents were effective in the treatment of patient with acute ischaemic stroke within 36hrs of onset.

Why is this study important?
This study provides successful ground for the safety and efficacy of these drugs for future studies in the treatment of acute ischaemic stroke not fulfilling the criteria of acute revascularization. In Pakistan cost of r tPA limits revascularization therapy in many of eligible patients with stroke. This trial has shown promising result for loading doses of aspirin and Clopidogrel safety, and we should await efficacy results before we start loading 2 agents for every patient. However, this is a promising alternative for a resource strapped region.

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