Response

Regarding the letter of Drs Nobili and Rodriguez, we would like to refer to the paper "Rheological Determinants of Cerebral Blood Flow," wherein the correlation coefficient between fibrinogen and CBF was statistically significant and nearly doubled in patients suffering from cerebrovascular disease compared with normal control subjects.

In connection to the correlations between elevated plasma fibrinogen levels and decreased CBF, we would like to refer to the discussion in our article. The report of 10 patients with high levels of fibrinogen was part of an ongoing, formally designed trial and revealed an increased CBF immediately after HELP application. Meanwhile, this study had been completed.

Manfred Walzl, MD
Helmut Lechner, MD
Berengaria Walzl, MD
Gerhard Schied, MD
Department of Neurology
Kar-Franzens University
Graz, Austria

References


Does Ticlopidine Prevent Reversible Cerebrovascular Ischemic Events in Women?

Recently, there has been a greater awareness of gender differences in age-specific stroke mortality and morbidity, risk factor constellations, and treatment outcomes. For example, it is controversial whether aspirin is equally effective in preventing stroke in women and men. However, the primary analysis from the Ticlopidine Aspirin Stroke Study (TASS) found that ticlopidine reduces the risk of subsequent fatal and nonfatal stroke in women and men with an initial reversible cerebrovascular ischemic event or minor stroke. The overall risk reduction for ticlopidine-treated patients was greater than that seen for aspirin-treated patients. This efficacious response in both genders was confirmed by the Canadian American Ticlopidine Study. Andre Bellavance recently reported a subgroup analysis from the TASS Group on the efficacy of ticlopidine compared with aspirin in preventing reversible cerebrovascular ischemic events. Ticlopidine was again superior to aspirin in reducing the risk of these events either occurring alone or in conjunction with stroke or death. The data presented did not provide information regarding the effects of gender in this subgroup analysis, however. Were there sufficient numbers of events to assess whether women treated with ticlopidine had a decreased risk of reversible ischemic cerebrovascular events compared with women treated with aspirin? This sort of information from large clinical stroke trials is needed to further our understanding of the biologically based differences between genders that could affect our management of patients with cerebral ischemic events.

Robin L. Brey, MD
Department of Medicine

References


Response

I would like to thank Dr Brey for her letter. She brings to our attention an interesting point: Does ticlopidine prevent reversible cerebrovascular ischemic events in women? Grotta, Norris, and collaborators suggested in their analysis that women benefit most from ticlopidine. But again, this is from the baseline characteristics of TASS. Unfortunately, no analysis was performed, either by Grotta et al or myself, to evaluate separately for women the efficacy of ticlopidine in preventing reversible cerebrovascular ischemic events. It would be interesting to undertake such an evaluation, but one must realize that as we concentrate on smaller and smaller subgroups, the number of events as well as the number of patient involved gets ever smaller, and the power of statistical analysis loses its effectiveness and meaning.

Andre Bellavance, MD, PhD
Department of Neurology
University of Sherbrooke at Charles LeMoyne Hospital
Greenfield Park, Quebec, Canada

Improving Stroke Rehabilitation: A Controlled Study

The randomized clinical trial by Kalra and colleagues found a significantly better outcome for stroke patients treated in a stroke unit compared with those in general medical wards. Although baseline characteristics of the patients and total physiotherapy time were similar in the two groups, the authors did not give any information about the physiotherapy staff in the two arms of the trial.

It is likely that physiotherapists in the unit dedicated to stroke care were more interested and specialized in stroke rehabilitation than their colleagues in general medical wards. The study was carried out in a district general hospital in Britain. Stroke rehabilitation in the general medical wards of such hospitals makes up only a part of physiotherapists' total workload, with the bulk comprising other activities, such as chest physiotherapy. Furthermore, the seniority of the physiotherapy staff in the two treatment areas was not addressed. Consequently, an equal number of "30-minute therapy units" of stroke rehabilitation delivered by therapists of different experience and seniority cannot be considered as equivalent.

References

Does ticlopidine prevent reversible cerebrovascular ischemic events in women?
R L Brey

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