Stroke is the third most common cause of death and the most common cause of disability in the western world. The development of drugs to limit the brain damage caused by stroke, or the effects of such damage, continues but no routinely effective treatment has yet been identified. Naftidrofuryl has been reported to be beneficial in the treatment of acute stroke in some studies, but it is unclear whether all of the evidence supports these findings. Consequently, the use of naftidrofuryl in acute stroke varies widely. It is used in some developing countries but has been removed from the market for use in acute stroke in the UK.

Objective
The objective of this study was to perform a systematic review of randomized controlled clinical trials to assess whether Naftidrofuryl in the acute phase of stroke (defined as within 7 days after ictus) can alter the risks of early death, late death, or disability.

Materials and Methods
We included all randomized controlled trials that compared the effect of Naftidrofuryl with that of placebo in patients with acute ischemic or hemorrhagic stroke clinically diagnosed by a medical practitioner with or without a CT scan. Two authors independently selected trials for inclusion, assessed trial quality, and extracted data using data extraction forms or, if available, re-analyzed individual patient data. Random effect models were used in the meta-analyses.

Main Results
Six trials involving 1274 participants were included. We found no significant benefits of Naftidrofuryl compared with placebo in reducing the risks of mortality (pooled OR, 1.03; 95% CI, 0.78 to 1.36; 6 studies; Systematic review of trials comparing naftidrofuryl with placebo in people with acute stroke. Results expressed as odds ratio (OR) with a random effects model. ORC1 suggests naftidrofuryl is superior to placebo. (Figure Leonardi-Bee J, Steiner T, Bath-Hextall FJ. Naftidrofuryl for acute stroke. The Cochrane Database of Systematic Reviews. 2007, Issue 2).
Figure) or of combined death or dependency/disability (pooled OR, 0.94; 95% CI, 0.70 to 1.16; 3 studies). Pooled results showed Naftidrofuryl had no significant effect on systolic, diastolic, or mean arterial blood pressures. No trials reported the effects of Naftidrofuryl on the risks of early death or deterioration, quality of life, stroke recurrence, or discharge site. However, we found a trend toward an increase in risk of minor adverse events in patients taking Naftidrofuryl (OR, 1.99; 95% CI, 0.96 to 4.11; \( P = 0.06 \)).

**Conclusions**

**Implications for Practice**
From this systematic review, there is little evidence to suggest that Naftidrofuryl affects outcome after acute stroke.

**Implications for Research**
Although only 6 randomized controlled trials were identified in this review, there is little evidence to support the conduct of further studies using Naftidrofuryl in the treatment of acute stroke.

Note: The full text of this review should be cited as: Leonardi-Bee J, Steiner T, Bath-Hextall FJ. Naftidrofuryl for acute stroke. *The Cochrane Database of Systematic Reviews*. 2007, Issue 2.

**Acknowledgments**
The authors thank the authors of the included trials who provided individual patient data. The authors are grateful to the Editorial Board of the Cochrane Stroke Group and external peer reviewers for their comments on the protocol and review.

**Disclosures**
Tim Steiner was the chief principal investigator for 2 of the trials included in the review. All the analyses and their interpretation reflect the opinions of the authors. No pharmaceutical company was involved in the analysis or interpretation of data, or in the writing of this review.
Naftidrofuryl for Acute Stroke
Jo Leonardi-Bee, Timothy Steiner and Fiona Bath-Hextall

Stroke. 2007;38:2206-2207; originally published online June 7, 2007;
doi: 10.1161/STROKEAHA.107.487355
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2007 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
http://stroke.ahajournals.org/content/38/7/2206

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Stroke can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Stroke is online at:
http://stroke.ahajournals.org//subscriptions/