Regarding Article “Guidelines for the Management of Spontaneous Intracerebral Hemorrhage: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association”

To the Editor:

The recent American Heart Association Stroke Council guideline statement on the management of intracerebral hemorrhage includes the statement that “The recent Stroke Prevention with Aggressive Reductions in Cholesterol Levels (SPARCL) study found increased risk of subsequent ICH (unadjusted hazard ratio, 1.68; 95% confidence interval, 1.09 to 2.59) among subjects with prior stroke randomized to high-dose atorvastatin. It remains unclear whether this effect outweighs the benefits of statin treatment in reducing ischemic cardiac and cerebral events in ICH survivors.”1

Arguably, a more relevant estimate can be derived from the 93 SPARCL participants whose qualifying stroke was, in fact, an intracerebral hemorrhage. Although the number of recurrent strokes observed in this subgroup was small, the relative risk of recurrent intracerebral hemorrhage was 4.1 (Table).2,3 Because of the increase in recurrent intracerebral hemorrhage, total strokes were significantly increased among those assigned to atorvastatin (Table).

Although certainly not definitive, these best available data support that high-dose statin therapy should probably be avoided in survivors of intracerebral hemorrhage unless there is a very compelling anticipated benefit on coronary events for an individual patient.

Disclosures

None.

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Table. SPARCL Trial Results for Participants With Intracerebral Hemorrhage as Their Qualifying Stroke2

<table>
<thead>
<tr>
<th></th>
<th>Atorvastatin (n=45)</th>
<th>Placebo (n=48)</th>
<th>Hazard Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic strokes</td>
<td>3</td>
<td>2</td>
<td>1.6 (0.3–9.8)</td>
</tr>
<tr>
<td>Intracerebral bleeds</td>
<td>7</td>
<td>2</td>
<td>4.1 (0.8–20)</td>
</tr>
<tr>
<td>All strokes</td>
<td>10</td>
<td>4</td>
<td>2.8 (0.9–9.0)*</td>
</tr>
</tbody>
</table>

*Another calculation of the hazard ratio has also been published by the investigators: 3.2 (1.0–10), P=0.05.3
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