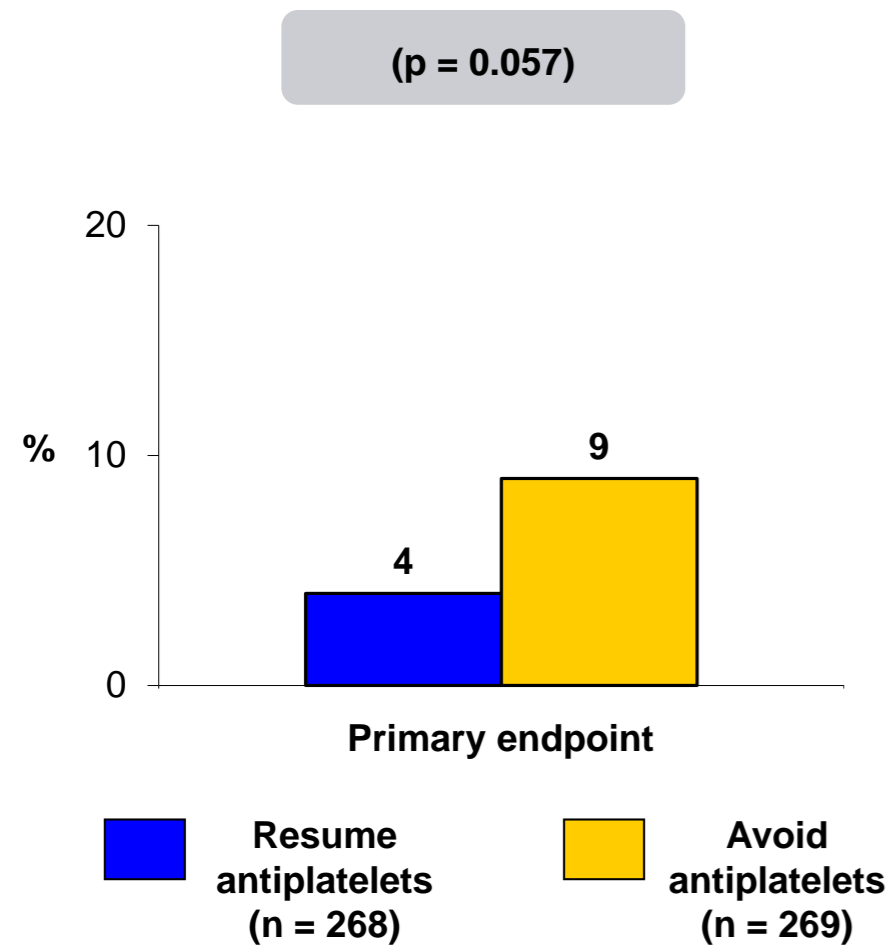


RESTART

Trial Description: Patients with a spontaneous intracerebral hemorrhage while taking antiplatelet or anticoagulant therapy were randomized in a 1:1 fashion to either resuming antiplatelet therapy or avoiding antiplatelet therapy. They were followed for 4 years.



RESULTS

- Primary endpoint, recurrent symptomatic spontaneous intracerebral hemorrhage for resuming vs. avoiding antiplatelet medications: 4% vs. 9% (p = 0.057)
- All major hemorrhage events: 18 vs. 25 (p = 0.27); ischemic stroke: 7% vs. 10%; major occlusive vascular events: 45 vs. 52 (p = 0.39)

CONCLUSIONS

- Resuming antiplatelet therapy at a median of 2.5 months after symptomatic intracerebral hemorrhage does not increase the risk of recurrent intracerebral bleeding compared with avoiding antiplatelet agents
- In fact, there was a clear trend towards lower bleeding with resuming antiplatelet agents

RESTART Collaboration. *Lancet* 2019;May 22:[Epub]