

**Comparaison de la qualité de vie
des patients âgés ≥ 80 ans versus < 80 ans
après un infarctus cérébral thrombolysé
au CHRU de Tours**

Capucine DIARD-DETŒUF et al.
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Introduction

- Incidence de l'accident vasculaire cérébral 100 000 à 145 000 /an
- Augmente de manière exponentielle avec l'âge
- Age moyen 73 ans

- Patients ≥ 80 ans représentent 30 à 40% des patients victimes d'infarctus cérébral (IC)
Béjot et al, 2010
- La thrombolyse intraveineuse (IV) = traitement de référence de l'IC
 - N'a pas l'AMM chez les patients ≥ 80 ans
 - Recommandations HAS 2009 « accord professionnel »
- Des études récentes suggèrent une bonne efficacité et sécurité de la thrombolyse IV pour ces patients plus âgés

Berrouschot et al, Stroke 2005
Mishra et al, VISTA, Stroke 2010
IST-3, Lancet 2012

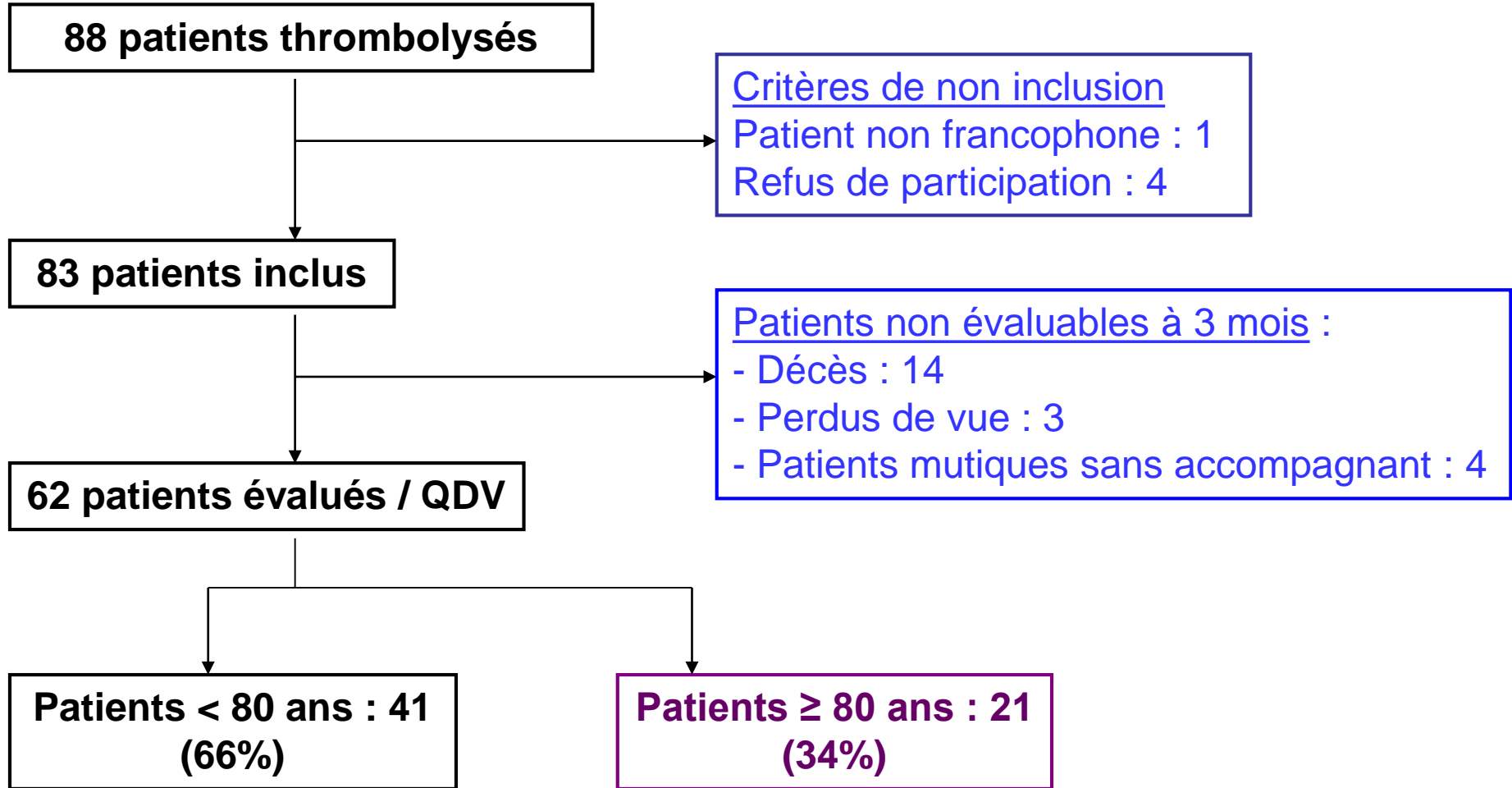
Objectif

- Peu de données sur la qualité de vie (QDV) *TEMPiS, J Neurol 2010*
De Weerd et al, BMC Neurol 2012
- Intérêt d'une évaluation « non motrice » post-thrombolyse
 - Qualité de vie / Dépression / Troubles cognitifs
- D'autant plus chez les patients de plus de 80 ans
 - IC souvent cliniquement plus sévère à la phase initiale
 - Séquelles attendues plus lourdes *Béjot et al, Cerebrovasc Dis 2010*

→ Objectif principal

Comparer la QDV des patients ≥ 80 ans à celle des patients < 80 ans à 3 mois d'un IC thrombolysé

Patients et méthode



Patients et méthode (2)

- **La Stroke Impact Scale (SIS) 3.0**

Lai et al, Stroke 2002

- Autoquestionnaire adapté à l'accident vasculaire cérébral
- Version validée pour l'aidant si aphasie sévère

- 8 domaines (4 domaines physiques et 4 psychosociaux)
- Score calculé entre 0 et 100% (100% étant le score optimal)
- Score « favorable » → score $\geq 75\%$

Abubakar et al, 2012

Résultats (1) : Comparaison des deux populations

– Données démographiques et cliniques initiales

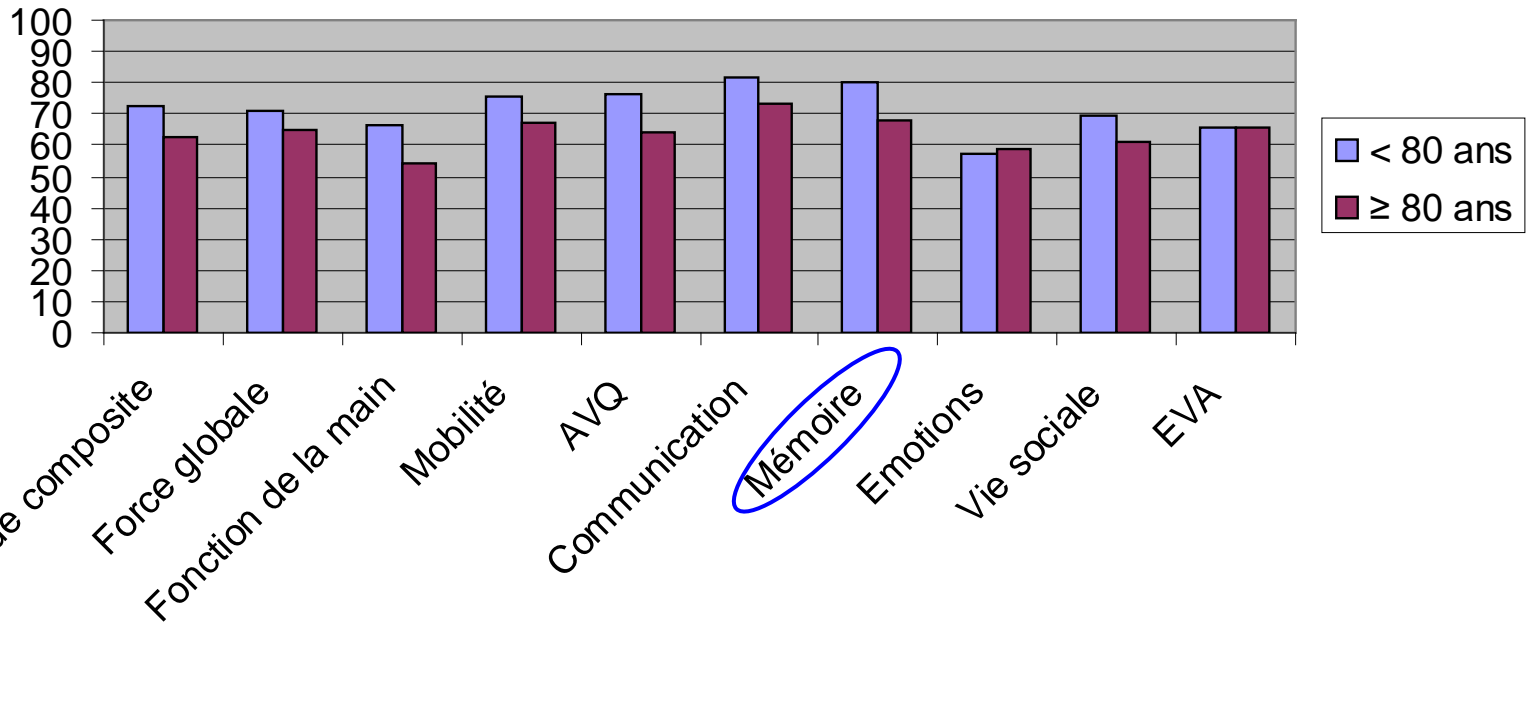
Données initiales	< 80 ans n=41	≥ 80 ans n=21	p
Age, années (moy, [min-max])	66 [36-78]	85 [80-93]	
Femme, n (%)	14 (34)	12 (57)	0,08
FDR CV, n (%)			
Tabac	9 (22)	0	0,02
Surpoids/Obésité	19 (46)	4 (19)	0,04
NIHSS initial médian [min-max]	8 [0-25]	11 [1-24]	0,56
Aphasie, n (%)	16 (39)	11 (52)	0,32
Délai thrombolyse >3h, n (%)	16 (39)	10 (48)	0,52
Transformation hémorragique symptomatique, n (%)	4 (10)	0	0,29

Résultats (2) : devenir à 3 mois

Données cliniques à 3 mois	< 80 ans n=41	≥ 80 ans n=21	p
NIHSS médian	1 [0-5]	1 [0-4]	
Amélioration du NIHSS, n (%)	31 (76)	20 (95)	0,08
Evolution favorable, Rankin ≤ 1	22 (54)	11 (52)	0,78
Indépendance, Rankin ≤ 2	29 (71)	16 (76)	0,87

Résultats (3) : scores de QDV (SIS 3.0)

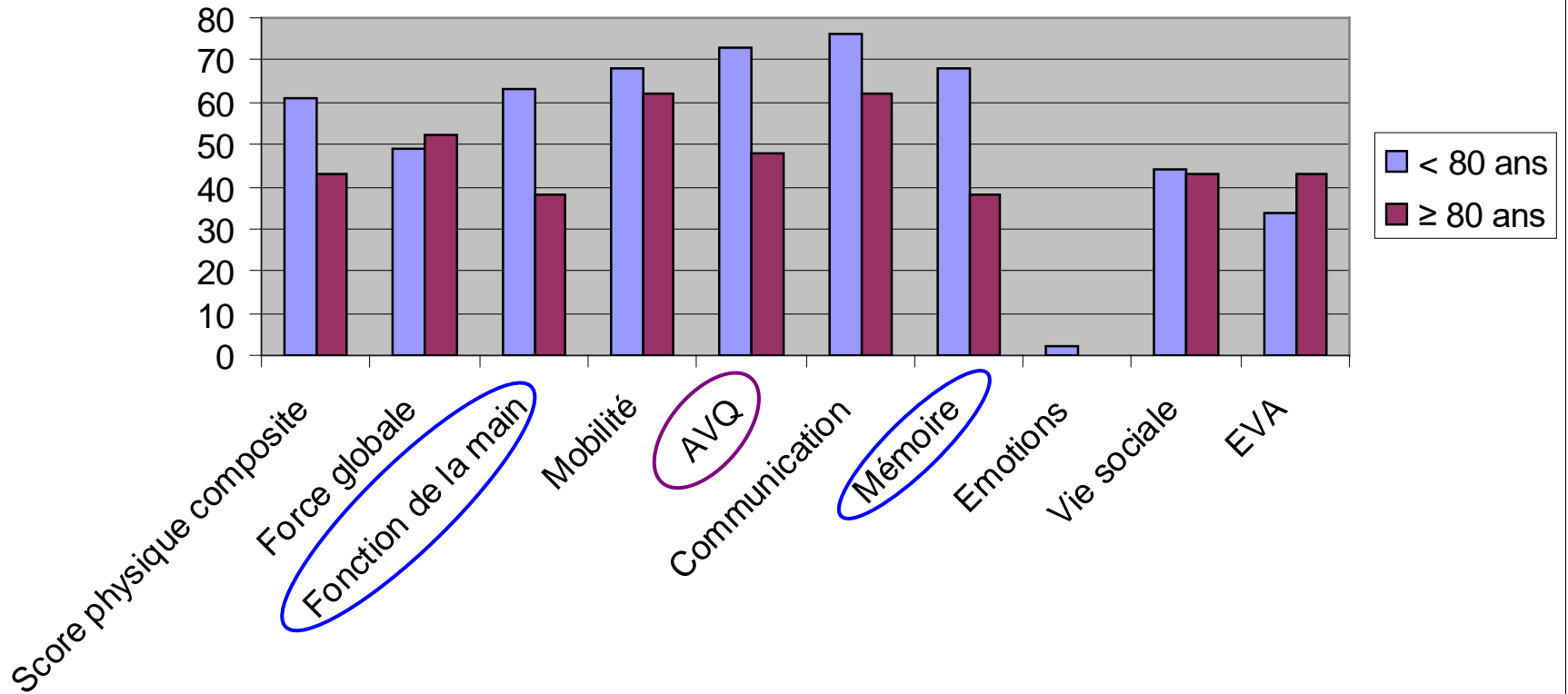
Comparaison des moyennes des scores de QDV



p=0,08

Résultats (4) : scores favorables $\geq 75\%$

Comparaison du pourcentage de patients obtenant un score favorable

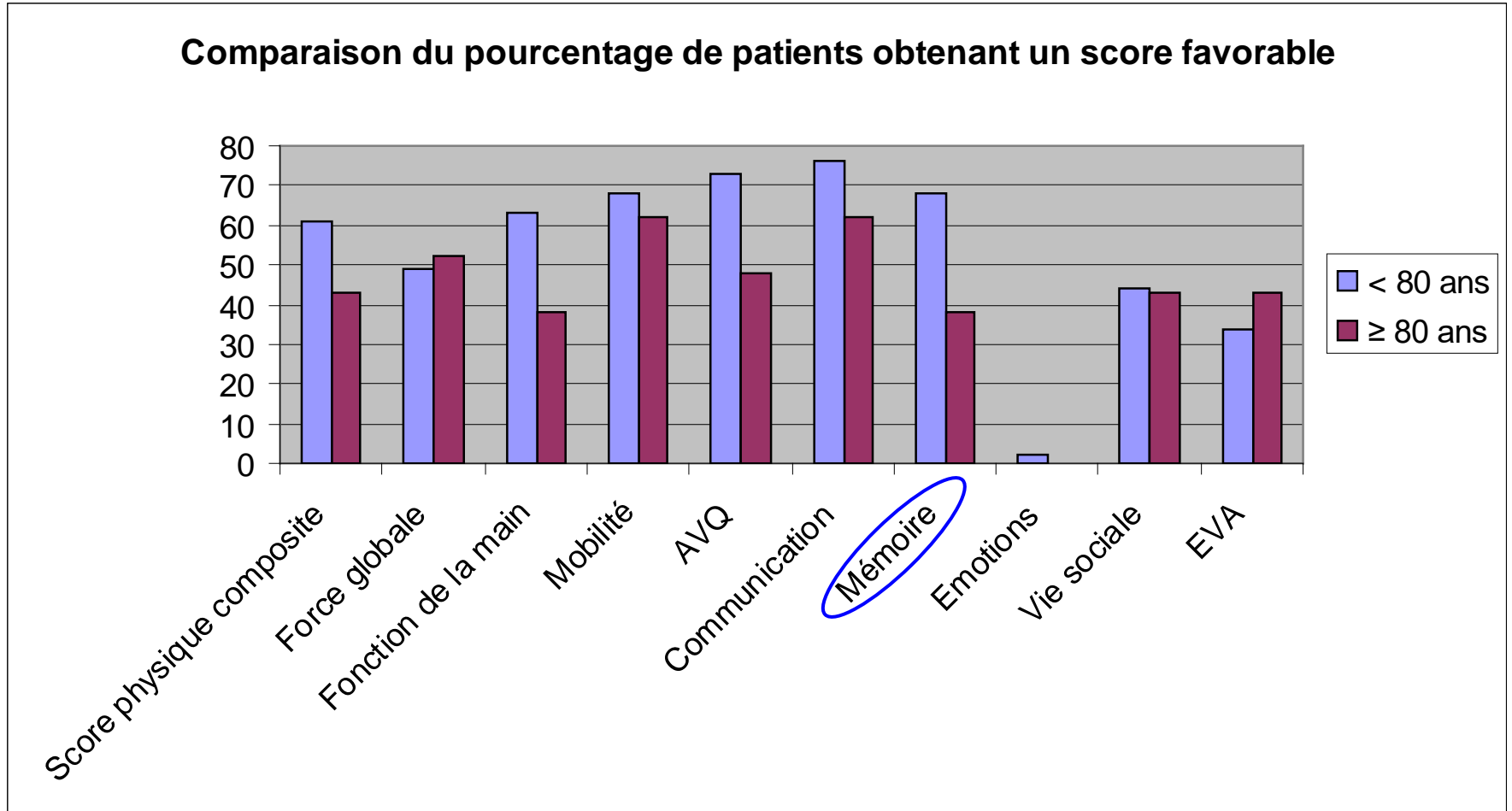


$p=0,058$

$p=0,047$

$p=0,053$

Résultats (5) : scores favorables $\geq 75\%$



Analyse multivariée

OR = 0,036 (IC95% [0,004-0,339])

Discussion (1)

Thrombolyse \geq 80 ans, efficacité et sécurité comparables



Recombinant tissue plasminogen activator for acute ischaemic stroke: an updated systematic review and meta-analysis

Joanna M Wardlaw, Veronica Murray, Eivind Berge, Gregory del Zoppo, Peter Sandercock, Richard L Lindley, Geoff Cohen

Summary

Lancet 2012; 379: 2364-72

Published Online

May 23, 2012

DOI:10.1016/S0140-

6736(12)60738-7

Background Recombinant tissue plasminogen activator (rt-PA, alteplase) improved functional outcome in patients treated soon after acute ischaemic stroke in randomised trials, but licensing is restrictive and use varies widely. The IST-3 trial adds substantial new data. We therefore assessed all the evidence from randomised trials for rt-PA in acute ischaemic stroke in an updated systematic review and meta-analysis.

- Méta-analyse – 12 essais randomisés
 - 7012 patients dont 1711 de plus de 80 ans
 - Indépendance (Rankin \leq 2) comparable
 - Lorsque thrombolyse dans les 3 heures

Discussion (2)

Thrombolyse ≥ 80 ans, efficacité et sécurité comparables



The benefits and harms of intravenous thrombolysis with recombinant tissue plasminogen activator within 6 h of acute ischaemic stroke (the third international stroke trial [IST-3]): a randomised controlled trial

*The IST-3 collaborative group**

Summary

Lancet 2012; 379: 2352–63

Published Online

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DOI:10.1016/S0140-

6736(12)60768-5

This online publication has been corrected. The corrected version first appeared at thelancet.com on August 24, 2012

See [Comment](#) page 2320

See [Articles](#) page 2364

*Members listed in the appendix

Correspondence to:

Prof Peter Sandercock, Division of Clinical Neurosciences, University of Edinburgh. Western

Background Thrombolysis is of net benefit in patients with acute ischaemic stroke, who are younger than 80 years of age and are treated within 4·5 h of onset. The third International Stroke Trial (IST-3) sought to determine whether a wider range of patients might benefit up to 6 h from stroke onset.

Methods In this international, multicentre, randomised, open-treatment trial, patients were allocated to 0·9 mg/kg intravenous recombinant tissue plasminogen activator (rt-PA) or to control. The primary analysis was of the proportion of patients alive and independent, as defined by an Oxford Handicap Score (OHS) of 0–2 at 6 months. The study is registered, ISRCTN25765518.

Findings 3035 patients were enrolled by 156 hospitals in 12 countries. All of these patients were included in the analyses (1515 in the rt-PA group vs 1520 in the control group), of whom 1617 (53%) were older than 80 years of age. At 6 months, 554 (37%) patients in the rt-PA group versus 534 (35%) in the control group were alive and independent (OHS 0–2; adjusted odds ratio [OR] 1·13, 95% CI 0·95–1·35, $p=0\cdot181$; a non-significant absolute increase of 14/1000, 95% CI –20 to 48). An ordinal analysis showed a significant shift in OHS scores; common OR 1·27 (95% CI 1·10–1·47,

Discussion (3)

Evaluation de la QDV post-thrombolyse

Effect of thrombolysis with alteplase within 6 h of acute ischaemic stroke on long-term outcomes (the third International Stroke Trial [IST-3]): 18-month follow-up of a randomised controlled trial



*The IST-3 collaborative group**

Summary

Background Few data are available from randomised trials about the effect of thrombolysis with alteplase on long-term functional outcome in patients who have had acute ischaemic stroke and no trial has reported effects on health-related quality of life. A secondary objective of the third International Stroke Trial (IST-3) was to assess the effect of thrombolysis on such outcomes at 18 months.

Methods In this open-label, international, multicentre, randomised, controlled trial, 3035 patients with ischaemic stroke from 12 countries were randomly allocated within 6 h of onset via a secure central system to either intravenous alteplase (0.9 mg/kg; n=1515) plus standard care or standard care alone (control; n=1520). 2348 patients were scheduled for 18-month follow-up. For our main analysis, survivors were assessed at 18 months with the Oxford handicap scale (OHS; the primary outcome was the adjusted odds of OHS score 0–2). We also used the EuroQoL (EQ) instrument and asked questions about overall functioning and living circumstances. We analysed the OHS and the five EQ domains by ordinal logistic regression and calculated the mean difference between treatment groups in EQ utility index and visual analogue scale score. Analyses were adjusted for key baseline prognostic factors. This study is registered with controlled-trials.com, number ISRCTN25765518.



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Limites

- 1^{ère} étude comparant la qualité de vie des patients ≥ 80 ans vs < 80 ans après un IC thrombolysé
- Faible effectif : nombre importants de patients perdus de vue et de données manquantes (patients mutiques sans accompagnant)
- Etude monocentrique
- Pas de groupe contrôle non thrombolysé
- Echelle de comorbidités ?

Conclusion

- La contre-indication de la thrombolyse IV après 80 ans ne semble plus adaptée
- Qualité de vie des patients thrombolysés ≥ 80 ans vs < 80 ans globalement comparable
- Bénéfices attendus dans la population des patients ≥ 80 ans au moins équivalents à ceux des plus jeunes
- Valeur d'une évaluation cognitive post-AVC en systématique, particulièrement chez les patients ≥ 80 ans

MERCI DE VOTRE ATTENTION

Drugs Aging

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ORIGINAL RESEARCH ARTICLE

Quality of Life After Off-Label Thrombolysis for Ischemic Stroke in Elderly Patients

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