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Medical Notebook: Paramedics to field-test new stroke treatment

By Lee Peterson
DAILY BREEZE

An old drug will take on a new role as a front-line stroke treatment in a study involving paramedics and hospitals all over Los Angeles County.

The study, led by the UCLA Stroke Center, will test the use of magnesium sulfate as a brain protectant, by having paramedics administer the drug or a placebo to suspected stroke victims before they reach the hospital.

As paramedics respond to 911 calls and evaluate patients over the next few years, 1,300 people experiencing symptoms of stroke will be enlisted in the experiment, the first large-scale field trial of this type of drug. Those who received the magnesium sulfate and the placebo patients will be compared to see if the drug reduced disability brought on by stroke.

A pilot study conducted by UCLA and the Los Angeles Fire Department on the Westside from 2000 to 2002 achieved promising results. Paramedics were found to accurately recognize stroke, and could safely give magnesium sulfate in the field, said Dr. Marc Eckstein, medical director for the LAFD and an assistant professor of medicine at County-USC Medical Center.

With a four-year, \$16 million grant from the National Institutes of Health, the UCLA Stroke Center and the LAFD will start bringing hospitals and paramedics all

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over the county into the program. It's hoped that the 80 hospitals in the county will take part.

The drug works by dilating blood vessels in the brain and preventing buildup of calcium in injured nerve cells. Eckstein said it's a drug that's been around for a long time, amassed a proven safety record, and costs pennies per dose. The closest analogy is similar to giving baby aspirin to help heart attack patients.

About 85 percent of strokes involve clots that starve brain tissue of blood, but about 15 percent are hemorrhagic or bleeding strokes. Unlike "clot-busting" stroke drugs which can not be given to patients with bleeding strokes, magnesium sulfate is safe and potentially helpful for those patients, Eckstein said.

By contrast, the clot-buster TPA is given in hospitals, only after the patient has undergone a thorough CT scan to rule out the possibility of a bleeding stroke. The time it takes to complete this usually makes it too late for the drug to do any good.

Eckstein said magnesium sulfate is promising as a stroke treatment because it can be delivered safely in the field within the first two hours of the onset of stroke symptoms, the prime time for stopping the destruction of brain cells. Whether it will help patients avoid disability will be shown by the study.

Participants will be signed up as they have strokes. After the paramedics' assessment, the patient or guardian will be put on the phone with one of the researchers, a doctor who is helping to run the study. The doctor will explain the study and ask for permission for the paramedic to administer the drug — or the placebo. No one will know which one it is until the study is completed.

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