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Antiplatelet or Anticoagulation after Cryptogenic Stroke in Patients With Atrial Cardiopathy

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Data analysis.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202480006

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 01 August 2024 and was last updated on 01 August 2024.

INTRODUCTION

Review question / Objective In patients with atrial cardiopathy after cryptogenic stroke, we conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) to ascertain the risk/benefit profile of anticoagulation versus antiplatelet therapy.

Condition being studied Outcome measures: Stroke recurrence, major bleeding events and mortality.

METHODS

Search strategy A comprehensive electronic search of articles published in the field was conducted by three researchers before 20 July 2024. A comprehensive manual search of the PubMed, Embase and Cochrane databases was conducted in order to select relevant randomised controlled trials.

Participant or population Patients with atrial cardiopathy after cryptogenic stroke.

Intervention Patients were treated with anticoagulant or antiplatelet drugs.

Comparator Antiplatelet.

Study designs to be included The search strategy was RCTs.

Eligibility criteria (1) Patients with atrial cardiopathy (patent foramen ovale or other functional issues); (2) Patient had a cryptogenic stroke. (3) Patients were treated with anticoagulant or antiplatelet drugs.

Information sources A comprehensive manual search of the PubMed, Embase and Cochrane databases was conducted in order to select relevant randomised controlled trials. Should the necessity arise to obtain pertinent research data, the authors will be duly contacted.

Main outcome(s) Stroke recurrence, major bleeding events and mortality.

Quality assessment / Risk of bias analysis We evaluated the methodological quality of the individual studies using the Cochrane risk of bias tool for RCTs.

Strategy of data synthesis The estimates are expressed as odds ratio (OR) with a 95% confidence interval (CI).

Subgroup analysis In terms of stroke recurrence and bleeding, we considered subgroup analysis of different anticoagulants and antiplatelet agents.

Sensitivity analysis We conducted sensitivity analyses to investigate the in fluence of a single study on the overall pooled estimate of each predefined outcome.

Country(ies) involved China.

Keywords Anticoagulation; Antiplatelet; Stroke.

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