



Preadmission beta-blockers are associated with decreased incidence of cerebral vasospasm in aneurysmal subarachnoid hemorrhage

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Introduction

Vasospasm is a frequent complication of aneurysmal subarachnoid hemorrhage (SAH), with a significant impact on disease course. The effect of beta-blockers on the occurrence and severity of vasospasm has not been previously studied. The purpose of the present study was to assess the impact of preadmission beta-blockers on the incidence of vasospasm following SAH.

Methods

The study population included 211 consecutive patients treated for aneurysmal SAH at Jefferson Hospital for Neuroscience. The occurrence of vasospasm was assessed by serial transcranial Doppler and/or the need for endovascular intervention in the event of neurological deterioration refractory to medical therapy. Multivariate logistic regression analysis was performed to determine the predictors of vasospasm

Results

The proportion of patients with any mean flow velocity >120 cm/sec was 22% in patients taking prehospital beta-blockers versus 58% in those not taking prehospital beta-blockers ($p=0.003$). Likewise, the proportion of patients with any mean flow velocity >200 cm/sec was 3.7% in patients taking prehospital beta-blockers versus 18.4% in those not taking prehospital beta-blockers ($p=0.02$). In multivariate analysis, preadmission beta-blockers (OR 4.5; $p=0.002$) and lower Hunt and Hess grades (OR 3.7; $p<0.001$) were independent negative predictors of vasospasm. Fourteen patients required an endovascular intervention for medically refractory vasospasm; none of these patients were taking prehospital beta-blockers ($p<0.05$).

Conclusions

The results of this study suggest that preadmission beta-blockers are associated with decreased incidence of cerebral vasospasm in patients with aneurysmal SAH. Beta-blockers may be a promising therapeutic avenue for vasospasm.

Learning Objectives

To understand the potential benefits of Beta blockers in preventing vasospasm in subarachnoid hemorrhage patients.

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