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AAN 73rd ANNUAL MEETING ABSTRACT

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Abstract Title: Association Between Antidepressants Use and Intracerebral Hemorrhage: Florida Stroke Registry

Press Release Title: Do Commonly Prescribed Antidepressants Increase the Risk of Bleeding Stroke?

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Objective: NA

Background: Selective serotonin reuptake inhibitors (SSRIs), the most commonly prescribed antidepressants (AD) in the US, are linked to an increased intracerebral hemorrhage (ICH) risk possibly related to impaired platelet function. In the Florida Stroke Registry (FSR), we studied the proportion of cases presenting with ICH among AD users and the rate of SSRI prescription among stroke patients discharged on AD.

Design/Methods: From January 2010 to December 2019 we included 127,915 cases from FSR in whom information on AD use was available. Multivariable logistic regression was used to evaluate ICH proportions among AD and non-AD users and rates of prescribed SSRIs at discharge.

Results: The rate of ICH among prior AD users (n=17,009, median age 74, IQR=19) and non-AD users (n=110,906, median age 72, IQR=21) were 11% and 14% respectively. Prior AD users were more likely to be female (17% vs. 10% male), non-Hispanic White (16% vs. 8% non-Hispanic Black vs. 12% Florida Hispanic vs. 6% Puerto Rican Hispanic), have hypertension (HTN) (14.% vs. 10%), diabetes mellitus (DM) (16% vs.12%), use oral anticoagulants (OAC) (17 % vs. 13%), antiplatelets (AP; 17% vs. 11%), and statins (17% vs. 10%) prior to hospital presentation. In multivariable analysis adjusting for age, race, prior history of HTN, DM, prior OAC, AP and statin use, AD users just as likely to present with spontaneous ICH as compared to non-AD users (OR=0.92, 95% CI 0.85, 1.01). A total of 3.4% of all ICH patients and 9% of those in whom AD information was available were discharged home on an AD (74 % SSRI, 24% other AD).

Conclusions: In this large population-based study, we did not find an association between prior AD use and an increased rate of ICH. Importantly, AD are commonly prescribed to patients with ICH in routine clinical practice. The association between AD use in ICH patients deserves further studies.

Study Support: None