

Plain English summary of the main results of the REstart or STop Antithrombotics Randomised Trial



Why did we do RESTART?

More than one-third of people who've survived brain haemorrhage stop taking oral anti-blood-clotting drugs, like aspirin. Normally taken to stop blood vessels getting blocked, so-called antiplatelet drugs increase the risk of bleeding in general. So they're widely believed to increase the risk of another brain haemorrhage. We wanted to see if this was true.

What was RESTART?

RESTART was a randomised trial involving 537 survivors of brain haemorrhage in the UK. Those taking part were mostly men over the age of 70. They had all had diseases that block blood flow due to clotting, but had then stopped taking antiplatelet drugs after their brain haemorrhage.

RESTART split these people into two groups: half were encouraged to start antiplatelet drugs, and half were encouraged to stay off them.

Over the course of 5 years, we kept track of those who had recurrent bleeding and any major event to do with blocked blood flow, including heart attack and stroke.

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What did the main results of RESTART show?

In fact, overall, fewer people who started antiplatelet drugs had another brain haemorrhage compared to those who kept off these drugs. The number whose blood vessels became seriously blocked was about the same in both groups. It looks like the risk of antiplatelet drugs for people with brain haemorrhage is small enough not to outweigh the established benefits of these drugs for stopping more heart attacks and strokes.

You can get more information including links to the papers in *The Lancet* and *The Lancet Neurology*, as well as a 2-3 minute video summary, at www.RESTARTtrial.org.

What does this mean for me?

If you took part in RESTART, or have the same health problems as the people who took part, what does appear to be clear is that the widely held view that antiplatelet drugs (like aspirin and clopidogrel) are bad for survivors of brain haemorrhage isn't necessarily the case. These drugs are readily available from your GP. You may want to discuss any changes you want to make to your antiplatelet medicines with your consultant or GP.