

Genotyping not better than symptoms for picking stroke medication

Using a patient's genotype to guide the initial dosing of warfarin or its analogues does not appear to be better than dosing based on clinical characteristics, a meta-analysis showed.

In pooled results from randomized trials, genotype-guided dosing did not result in a greater percentage of time spent in the therapeutic INR range or improvements in major bleeding or thromboembolic events, according to Kathleen Stergiopoulos, MD, PhD, of Stony Brook University in New York, and David Brown, MD, of Washington University School of Medicine in St. Louis.

The findings stood up in various sensitivity analyses and remained unchanged when the only study using the warfarin analogues was excluded, they reported online in the JAMA Internal Medicine.

Read the full, original story: [Stroke Rounds: No Help From Genotype-Guided Warfarin Dosing](#)