AFFINITY: Assessment of Fluoxetine in Stroke Recovery - January 2018

Facts:
- Stroke is the 3rd leading disease (of 291 diseases) within the global burden of disease ranking.
- Each year there are 16 million first-ever strokes and 5.7 million stroke-associated deaths globally.

Background:
- Half of all stroke survivors have long-term disability, which negatively impact their quality of life and increase health care treatments and costs.
- Effective treatments to reduce disability after stroke are lacking.
- Early research suggests the antidepressant fluoxetine could reduce disability by improving motor recovery after stroke.

Aims:
- To determine whether the use of the antidepressant fluoxetine in the 6 months after acute stroke is safe and improves patients’ stroke outcome.
- Does fluoxetine improve other outcomes such mood, survival, and thinking?

Methods:
- This trial will involve 1600 recent stroke survivors in Australia, New Zealand and Vietnam over 12 months, with half receiving fluoxetine and half a placebo.
- We will measure disability at six and 12 months
- The results will be evaluated alongside two sister trials being conducted in the UK (FOCUS) and Sweden (EFFECTS).

Impact:
- Fluoxetine is simple to use, widely available and inexpensive
- If the AFFINITY trial can show that fluoxetine is safe, reduces disability and improves outcomes, and that these improvements continue for six months after stopping fluoxetine, fluoxetine treatments will improve the lives of hundreds of thousands stroke survivors globally and reduce health care costs.

Contact:
To find out more about the AFFINITY study and its Co-principal Investigators: Prof Graeme Hankey and A/Prof Maree Hackett or The George Institute for Global Health, please contact: Julia Timms +61 410 411 983 or email jtimms@georgeinstitute.org.au OR the AFFINITY trial office: Phone: +61 8 6151 1061 Email: AFFINITY@health.wa.gov.au Website: www.affinitytrial.org

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