

Disclaimer

The FDA chose a specific outcome algorithm that met its need for a given medical product-outcome assessment. The use of a specific outcome algorithm in a Sentinel assessment should not be interpreted as an endorsement from FDA to use the algorithm for all safety assessments. Investigators should always consider the objective, study design, analytic approach, and data source of a given medical product safety assessment when choosing the outcome algorithm. The suitability of an outcome algorithm may change when applied to different scenarios. For additional information, please refer to the Mest Practices for Conducting and Reporting Pharmacoepidemiologic Safety Studies Using Electronic Healthcare Data guidance document provided by the FDA.



Overview

| Title | Stroke Algorithm Defined in "Stroke following Typical or Atypical Antipsychotic Use in |
|---------------------|---|
| | non-Elderly Patients: a Propensity Score Matched Analysis" |
| Request ID | cder_mpl2p_wp004_nsdp_v01 |
| Description | This report lists International Classification of Diseases, Ninth Edition, Clinical |
| | Modification (ICD-9-CM) diagnosis codes and algorithms used to define stroke in this |
| | request. |
| | For additional information about the algorithm and how it was defined relative to the cohort and exposures of interest in the inferential analysis, see the Modular Program reports here: https://www.sentinelinitiative.org/drugs/assessments/antipsychotics-and-stroke-psm. |
| Outcome | Stroke (hemorrhagic or ischemic stroke) |
| Algorithm to Define | Evidence of an ICD-9-CM code used to define stroke in the Inpatient care setting in the |
| Outcome | principal diagnosis position. |
| Query Period | January 1, 2001 - September 30, 2015 |
| Request Send Date | March 10, 2017 |



Glossary

Care Setting - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or missing (U)

Outcome - outcome of interest (either primary or secondary)

Principal Diagnosis (PDX) - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms the Caresetting/PDX parameter.

Query Period - period in which the modular program looks for exposures and outcomes of interest **Request Send Date** - date the request was sent to Sentinel Data Partners



International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Stroke in this Request

| ICD-9-CM Codes | Description |
|----------------|--|
| 433.01 | Occlusion and stenosis of basilar artery with cerebral infarction |
| 433.11 | Occlusion and stenosis of carotid artery with cerebral infarction |
| 433.21 | Occlusion and stenosis of vertebral artery with cerebral infarction |
| 433.31 | Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction |
| 433.81 | Occlusion and stenosis of other specified precerebral artery with cerebral infarction |
| 433.91 | Occlusion and stenosis of unspecified precerebral artery with cerebral infarction |
| 434.01 | Cerebral thrombosis with cerebral infarction |
| 434.11 | Cerebral embolism with cerebral infarction |
| 434.91 | Cerebral artery occlusion, unspecified, with cerebral infarction |
| 436 | Acute, but ill-defined, cerebrovascular disease |
| 430 | Subarachnoid hemorrhage |
| 431 | Intracerebral hemorrhage |