

# **Economic and Humanistic Burden of Cerebral Vasospasm and Its Related Complications after Aneurysmal Subarachnoid Hemorrhage: a Systematic Literature Review**

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## Supplementary Material

**Table S1.** Embase and Medline search strategies (searched via Embase.com)

No.	Query
#1	'subarachnoid hemorrhage'/exp
#2	(subarachnoid NEXT/2 (hemorrhage OR haemorrhage)):ti,ab
#3	'intracranial aneurysm'/exp
#4	'intracranial aneurysm':ti,ab OR 'aneurysm':ti,ab OR 'aneurysmal':ti,ab OR 'brain infarction':ti,ab OR 'brain ischemia':ti,ab OR 'cerebral infarction':ti,ab OR 'cerebral ischemia':ti,ab
#5	(#1 OR #2) AND (#3 OR #4)
#6	'aneurysmal subarachnoid hemorrhage':ti,ab OR 'aneurysmal subarachnoid haemorrhage':ti,ab
#7	#5 OR #6
#8	'vasospasm':ti,ab OR 'brain vasospasm':ti,ab
#9	#7 OR #8
#10	'health care cost'/exp OR 'drug cost'/exp OR 'cost of illness'/exp OR 'hospital cost'/exp OR 'pharmacoeconomics'/exp OR 'treatment cost*':ti,ab OR 'direct cost*':ti,ab OR 'direct medical cost*':ti,ab OR 'nonmedical cost*':ti,ab OR 'non-medical cost*':ti,ab OR 'total cost*':ti,ab OR 'cost per patient treated':ti,ab OR 'budget impact':ti,ab OR 'cost burden':ti,ab OR 'societal cost*':ti,ab OR 'administrative cost*':ti,ab OR 'travel cost*':ti,ab OR 'travel time':ti,ab OR 'disease cost':ti,ab OR 'cost of drugs':ti,ab
#11	'indirect cost*':ti,ab OR 'disability':ti,ab OR 'functional status':ti,ab OR 'physical function':ti,ab OR 'impairment':ti,ab OR 'disabilities':ti,ab OR 'productivity':ti,ab OR 'employment':ti,ab OR 'retirement':ti,ab OR 'work disability':ti,ab OR 'absenteeism':ti,ab OR 'presenteeism':ti,ab OR 'sick leave':ti,ab OR 'sick day':ti,ab OR 'worktime loss':ti,ab OR 'opportunity loss':ti,ab OR 'job performance':ti,ab OR ((work NEAR/2 loss):ti,ab)
#12	'healthcare resource*':ti,ab OR 'medical resource*':ti,ab OR 'healthcare resource use':ti,ab OR 'health resource consumption':ti,ab OR 'health care consumption':ti,ab OR 'medical resource consumption':ti,ab OR 'hospital admission*':ti,ab OR 'icu admission*':ti,ab OR 'emergency department visit*':ti,ab OR 'emergency room visit*':ti,ab OR 'er visit*':ti,ab OR 'ed visit*':ti,ab OR 'inpatient visit*':ti,ab OR 'outpatient visit*':ti,ab OR 'specialist visit*':ti,ab OR 'unscheduled doctor visit*':ti,ab OR 'unscheduled physician visit*':ti,ab OR 'general practitioner visit*':ti,ab OR 'hospitalization':ti,ab OR 'health care utilization'/exp OR 'hospitalization'/exp OR 'length of stay':ti,ab OR 'discharge*':ti,ab OR 'readmission':ti,ab
#13	'quality adjusted life year*':ti,ab OR 'qaly':ti,ab OR 'qalys':ti,ab
#14	'cost utility analysis'/exp OR 'cost minimization analysis'/exp OR 'economic evaluation'/exp OR 'cost benefit analysis'/exp OR 'cost effectiveness analysis'/exp OR 'cost-consequence':ti,ab OR 'cost-minimisation':ti,ab OR 'cost minimisation':ti,ab OR 'cost-minimization':ti,ab OR 'cost minimization':ti,ab OR 'cost effectiveness':ti,ab OR 'icer':ti,ab OR 'incremental cost effectiveness ratio':ti,ab OR ('cost effectiveness':ti,ab AND ratio:ti,ab) OR 'incremental cost-effectiveness ratio':ti,ab
#15	#10 OR #11 OR #12 OR #13 OR #14
#16	'quality of life'/exp OR 'qol':ti,ab OR 'quality of life':ti,ab OR 'hrql':ti,ab OR 'hrqol':ti,ab OR 'hr qol':ti,ab OR 'hql':ti,ab OR 'hqol':ti,ab OR 'h qol':ti,ab OR 'quality adjusted life year*':ti,ab OR 'quality adjusted life':ti,ab OR 'qaly*':ti,ab OR 'disability adjusted life year*':ti,ab OR 'disability adjusted life':ti,ab OR 'daly*':ti,ab OR 'patient reported outcome*':ti,ab OR 'satisfaction':ti,ab OR 'preference*':ti,ab OR 'activities of daily living':ti,ab OR 'adl':ti,ab OR 'assessment of quality of life':ti,ab OR 'aqol':ti,ab OR 'quality of well being scale':ti,ab OR 'sf36':ti,ab OR 'sf 36':ti,ab OR 'short form 36':ti,ab OR 'shortform 36':ti,ab OR 'sf thirtysix':ti,ab OR 'sf thirty six':ti,ab OR 'shortform thirtysix':ti,ab OR 'shortform thirty six':ti,ab OR 'short form thirtysix':ti,ab OR 'short form thirty six':ti,ab OR 'sf6':ti,ab OR 'sf 6':ti,ab OR 'short form 6':ti,ab OR 'shortform 6':ti,ab OR 'sf six':ti,ab OR 'sfsix':ti,ab OR 'shortform six':ti,ab OR 'short form six':ti,ab OR 'sf6d':ti,ab

	OR 'sf 6d':ti,ab OR 'short form 6d':ti,ab OR 'shortform 6d':ti,ab OR 'sf six d':ti,ab OR 'sfsixd':ti,ab OR 'shortform six d':ti,ab OR 'short form six d':ti,ab OR 'sf12':ti,ab OR 'sf 12':ti,ab OR 'short form 12':ti,ab OR 'shortform 12':ti,ab OR 'sf twelve':ti,ab OR 'sftwelve':ti,ab OR 'shortform twelve':ti,ab OR 'short form twelve':ti,ab OR 'sf20':ti,ab OR 'sf 20':ti,ab OR 'short form 20':ti,ab OR 'shortform 20':ti,ab OR 'sf twenty':ti,ab OR 'sftwenty':ti,ab OR 'shortform twenty':ti,ab OR 'short form twenty':ti,ab OR 'eq 5d':ti,ab OR 'eq5d':ti,ab OR 'euroqol':ti,ab OR 'euro qol':ti,ab OR 'health status':ti,ab OR 'hye':ti,ab OR 'hyes':ti,ab OR 'health* year* equivalent*':ti,ab OR 'the oxford participation and activities questionnaire':ti,ab OR 'ox-paq':ti,ab OR 'stroke specific quality of life scale':ti,ab OR 'ss-qol':ti,ab
<b>#17</b>	'psychological well-being'/exp OR ('utilit*':ti,ab AND 'health':ti,ab) OR ('utilit*':ti,ab AND 'scor*':ti,ab) OR ('utilit*':ti,ab AND 'valu*':ti,ab) OR ('disutilit*':ti,ab AND 'health':ti,ab) OR ('disutilit*':ti,ab AND 'scor*':ti,ab) OR ('disutilit*':ti,ab AND 'valu*':ti,ab) OR 'utilit*':ti,ab OR 'disutilit*':ti,ab OR 'standard gamble':ti,ab OR 'time trade off':ti,ab OR 'time tradeoff':ti,ab OR 'tto':ti,ab OR 'visual analog scale':ti,ab OR 'visual analogue scale':ti,ab OR 'vas':ti,ab OR 'discrete choice experiment':ti,ab OR '15d':ti,ab OR 'health utilities index':ti,ab OR 'hui':ti,ab OR 'hui1':ti,ab OR 'hui2':ti,ab OR 'hui3':ti,ab OR 'rosser index':ti,ab OR 'rosser':ti,ab OR 'quality of wellbeing':ti,ab OR (('quality' NEAR/2 'wellbeing')':ti,ab) OR 'qwb':ti,ab
<b>#18</b>	#16 OR #17
<b>#19</b>	#9 AND #15
<b>#20</b>	#9 AND #18
<b>#21</b>	#19 OR #20
<b>#22</b>	#21 NOT ('animal'/de NOT 'human'/de)
<b>#23</b>	#22 NOT ([conference abstract]/lim OR [conference paper]/lim OR [conference review]/lim OR [editorial]/lim OR [erratum]/lim OR [letter]/lim OR [note]/lim)
<b>#24</b>	#23 NOT 'case report'
<b>#25</b>	#24 NOT (review:it NOT ((systematic:ti,ab OR meta:ti,ab) AND analy*':ti,ab OR ((indirect:ti,ab OR mixed:ti,ab) AND 'treatment comparison':ti,ab)))

**Table S2.** Cochrane search strategy

ID	Search
#1	MeSH descriptor: [Subarachnoid Hemorrhage] explode all trees
#2	(subarachnoid NEXT/2 (hemorrhage OR haemorrhage)):ti,ab
#3	MeSH descriptor: [Intracranial Aneurysm] explode all trees
#4	('intracranial aneurysm' OR 'aneurysm' OR 'aneurysmal' OR 'brain infarction' OR 'brain ischemia' OR 'cerebral infarction' OR 'cerebral ischemia'):ti,ab
#5	(#1 OR #2) AND (#3 OR #4)
#6	('aneurysmal subarachnoid hemorrhage' OR 'aneurysmal subarachnoid haemorrhage'):ti,ab
#7	#5 OR #6
#8	('vasospasm' OR 'brain vasospasm'):ti,ab
#9	#7 OR #8
#10	(conference OR 'conference paper'):pt
#11	review:pt
#12	((systematic OR meta) AND analy* OR ((indirect OR mixed) AND 'treatment comparison')):ti,ab
#13	#11 NOT #12
#14	#9 NOT (#10 OR #13)

**Table S3.** Summary of data extraction variables

<b>Study objective</b>	As stated in the publication	
<b>Study characteristics</b>	Author, year Design (e.g. randomized, observational, survey) Randomization & blinding methods (if RCTs) Selection criteria and study design for non-RCTs Baseline stratification Years of study conduct	Follow up duration Country Key inclusion/exclusion criteria Study phase Sample size
<b>Patient characteristics</b>	Age Sex Race/ethnicity Body weight, BMI Comorbidities	Morbidity score on admission Days between admission and treatment Treatment modality (coiling, clipping)
<b>Medication</b>	Drugs (such as prophylactic “triple-H” therapy, clazosentan, and intraarterial papaverine calcium channel blockers, milrinone, tirilazad, fasudil, cilostazol, albumin, eicosapentaenoic acid, erythropoietin, corticosteroids, minocycline, deferoxamine, intrathecal thrombolytics)	
<b>Study outcomes</b>	<u>Economic</u> Direct costs Indirect costs (such as loss of productivity, sickness, early retirement, provision of community health and social services) Economic model results (including, CEA, CUA, BIA, CMA): (e.g. ICER, LYG, cost per QALY) Resource use (such as rescue therapy, re-admission, length of hospital stay [ICU, main wards], discharge status after hospitalization, rehabilitation)	<u>Health-related quality of life/Humanistic</u> Utility, disutility scores Health-related quality of life measures (disease specific and generic) Care giver burden

**Table S4.** Study characteristics of the 42 studies included in the Systematic Literature Review

Author (Date) Study ID	Country	Data sources	No. of centers	Study design	No. pts	Clearly defined pts criteria/ Consecutive recruitment	Data collection years	% of pts with VSP <sup>a</sup>
<b>Clinical trials</b>								
Raval et al. (2021) [30]	USA	-	1	RCT	33	Yes/ Yes	2015–2017	Unspecified
Ren et al. (2019) [31]	China	-	1	RCT	86	Yes /Yes	2017–2019	13.79%–41.38%
Mahajan et al. (2014) [28]	India	-	1	RCT	66	Yes/ Yes	NR (over 2-year period)	25%–26.5%
Senbokuya et al. (2013) [33]	Japan	UMIN000004347	7	RCT	109	Yes/ Yes	2009–2010	13%
Macdonald et al. (2012) [27] CONSCIOUS-1	Austria, Canada, Finland, France, Germany, Israel, Italy, Sweden, Switzerland, UK, USA	NCT00111085	52	Post hoc RCT	409	Yes/ Yes	2005–2006	58.67%
Rivero-Arias et al. (2009) [32] ISAT	UK	ISRCTN49866681	42	Post hoc RCT	1,644	Yes/ Yes	1997–2002	25.2%
Fountas et al. (2008) [26]	USA	-	-	RCT	74	Yes/ Yes	1999–2001	32%–41.6%
Zwienenberg-Lee et al. (2008) [34]	USA, Canada, Netherlands	National Institutes of Health–funded study	10	RCT	170	Yes/ Yes	2000–2005	54.1%–56.5% <sup>b</sup>
Prevedello et al. (2006) [29]	Brazil	Hospital Nossa Senhora das Gracias	1	Non-RCT	72	Yes/ NR	2000–2004	47.9%–58.3%
<b>Observational studies</b>								
Chatrath et al. (2020) [41]	USA	University of Virginia	1	RLC	206	Yes/ Yes	2011–2018	Unspecified

Author (Date) Study ID	Country	Data sources	No. of centers	Study design	No. pts	Clearly defined pts criteria/ Consecutive recruitment	Data collection years	% of pts with VSP <sup>a</sup>
Hoffman et al. (2020) [46]	USA	NRD	Multicenter	RLC	8,346	Yes/ Unclear	2010–2014	3.2%–4.0%
Sokolowski et al. (2021) [56]	USA	-	1	RLC	195	Yes /Yes	2011–2018	11%–57.1% <sup>c</sup>
Strickland et al. (2020) [59]	USA	Tertiary referral UH and safety net CH	2	RCC	131	Yes/Unclear	2010–2015	31%–32.9% <sup>c</sup>
Wilde et al. (2020) [63]	USA	Value Data Driven Outcome Database and medical records	-	RCC	198	Yes/Unclear	2001–2017	16.7%–18.2% <sup>d</sup>
Chotai et al. (2021) [42]	USA	NIS database	1	RCC	5,353	Yes/Yes	2012–2015	19%
Rumalla et al. (2018) [52]	USA	NRD	-	RLC	12,777	Yes/ Yes	2013–2013	2.7%
Abulhasan et al. (2018) [35]	Canada	Hospital registry and ICU database	1	RLC	419	Yes/ Yes	2010–2016	24.2%
Alaraj et al. (2017) [36]	USA	Department of Neurosurgery, University of Illinois at Chicago	1	RCC	174	Yes/ Yes	2011–2014	25.9%
Drazin et al. (2015) [44]	USA	Cedars Sinai Medical Center	1	RCC	107	Yes/Yes	-	32.3%–58%
Kreiter et al. (2013) [48]	USA	Columbia University Subarachnoid Hemorrhage Outcomes Project	1	PLC	534	Yes/Yes	1996–2001	14%
Khatri et al. (2011) [47]	USA	NIS database	-	RCC	74,356	Yes/Unclear	2005–2007	Unspecified
Chou et al. (2010) [43]	USA	Duke University Medical Center database	1	RCC	198	Yes/Yes	1999–2004	61.3% <sup>b</sup>

Author (Date) Study ID	Country	Data sources	No. of centers	Study design	No. pts	Clearly defined pts criteria/ Consecutive recruitment	Data collection years	% of pts with VSP <sup>a</sup>
Springer et al. (2009) [58]	USA	Columbia University Subarachnoid Hemorrhage Outcomes Project	1	PLC	232	-/Unclear	1996–2002	Unspecified
Frontera et al. (2009) [11]		Columbia University Subarachnoid Hemorrhage Outcomes Project	1	PLC	580	-/Yes	1996–2002	16%–45%
Zaidat et al. (2009) [65]	USA	-	1	RCC	216	Yes/Yes	1999–2005	35%–55% <sup>b</sup>
Badjatia et al. (2005) [39]	USA	-	1	RCC	352	Yes/Unclear	1995–2002	29.2%
Suarez et al. (2004) [60]	USA	University Hospitals of Cleveland	1	RCC	140	Yes/Yes	1998–2000	23.5%
Yundt et al. (1996) [64]	USA	Barnes Hospital	1	RCC	112	Yes/Yes	1993–1994	12.5%–51.9%
Alay et al. (2020) [37]	Turkey	Ankara Numune Education & Research Hospital	1	RCC	143	Yes/ Unclear	During 2013	16%–26%
Harris et al. (2021) [45]	UK	Havering and Redbridge University Hospital NHS Trust, Queen’s Hospital, Romford, UK	1	RLC	137	Yes/ Yes	2012–2018	27.5%–47.4%
Sousa et al. (2019) [57]	Portugal	Santa Maria University Hospital	1	Cross-sectional	14	Yes/ Yes	2004–2006	21.3%
Ali et al. (2018) [38]	Turkey	Istanbul Medical Faculty, Istanbul	1	PLC	82	Yes/ Yes	2013–2015	84%
Bercker et al. (2018) [40]	Germany	University Hospital of Leipzig	1	RCC	276	Yes/ Yes	2009–2014	17.2%–33.9%



Author (Date) Study ID	Country	Data sources	No. of centers	Study design	No. pts	Clearly defined pts criteria/ Consecutive recruitment	Data collection years	% of pts with VSP <sup>a</sup>
Sakr et al. (2016) [53]	Germany	Friedrich-Schiller university hospital surgical ICU	1	RCC	142	Yes/ Yes	2004–2010	65.5%
Vetkas et al. (2013) [24]	Estonia	Department of Neurology and Neurosurgery, University of Tartu	1	RLC	114	Yes/ Yes	2001–2010	24%
Szmuda et al. (2013) [61]	Poland	Neurosurgery Department, Medical University of Gdansk	1	RCC	206	Yes/Unclear	1997–2006	7.8% <sup>e</sup>
Taylor et al. (2011) [62]	UK	15 bedded tertiary referral unit, National Hospital for Neurology and Neurosurgery, London	1	RLC	47	Yes/ Yes	2004–2008	38%
Soehle et al. (2007) [55]	UK	Unclear	1	PLC	29	Yes/ Unclear	NR	Unspecified
Scharbrodt et al. (2009) [54]	Germany	NR	1	RLC	128	Yes/ Yes	1995–2003	25%
Niskanen et al. (2004) [50]	Finland	Kuopio University Hospital	1	RCC	171	Yes/ Unclear	1997–2000	5.8%–5.9%
Morgan et al. (2000) [49]	Australia	Royal North Shore Hospital	1	RLC	200	Yes/ Yes	1992–1998	42.5%
Ogden et al. (1994) [51]	New Zealand	Auckland Hospital	1	PLC	89	Yes/ Yes	1988–1991	24.7%

<sup>a</sup> If % unspecified, VSP data was available, but the number of VSP patients was not reported. <sup>b</sup> Transcranial Doppler VSP. <sup>c</sup> Clinical VSP. <sup>d</sup> Mild to severe. <sup>e</sup> Reported as delayed cerebral ischemia.

**Abbreviations:** aSAH, aneurysmal subarachnoid hemorrhage; CH, county hospital; CONSCIOUS-1, Clazosentan to Overcome Neurological Ischemia and Infarction Occurring After Subarachnoid Hemorrhage; ISAT, International Subarachnoid Aneurysm Trial; NIS, Nationwide Inpatient Sample; No., number; NRD, Nationwide Readmissions Database; PLC, prospective longitudinal cohort; pts, patients; RCC, retrospective case control; RCT, randomized controlled trial; RLC, retrospective longitudinal cohort; UH, university hospital; VSP, cerebral vasospasm.

## References

1. Macdonald RL, Schweizer TA. Spontaneous subarachnoid haemorrhage. *Lancet*. 2017;389(10069):655-66. [https://doi.org/10.1016/S0140-6736\(16\)30668-7](https://doi.org/10.1016/S0140-6736(16)30668-7).
2. D'Souza S. Aneurysmal Subarachnoid Hemorrhage. *J Neurosurg Anesthesiol*. 2015;27(3):222-40. <https://doi.org/10.1097/ANA.000000000000130>.
3. de Rooij NK, Linn FH, van der Plas JA, Algra A, Rinkel GJ. Incidence of subarachnoid haemorrhage: a systematic review with emphasis on region, age, gender and time trends. *J Neurol Neurosurg Psychiatry*. 2007;78(12):1365-72. <https://doi.org/10.1136/jnnp.2007.117655>.
4. Etminan N, Chang HS, Hackenberg K, de Rooij NK, Vergouwen MDI, Rinkel GJE, et al. Worldwide Incidence of Aneurysmal Subarachnoid Hemorrhage According to Region, Time Period, Blood Pressure, and Smoking Prevalence in the Population: A Systematic Review and Meta-analysis. *JAMA Neurol*. 2019;76(5):588-97. <https://doi.org/10.1001/jamaneurol.2019.0006>.
5. Bauer AM, Rasmussen PA. Treatment of intracranial vasospasm following subarachnoid hemorrhage. *Front Neurol*. 2014;5:72. <https://doi.org/10.3389/fneur.2014.00072>.
6. Ingall T, Asplund K, Mahonen M, Bonita R. A multinational comparison of subarachnoid hemorrhage epidemiology in the WHO MONICA stroke study. *Stroke*. 2000;31(5):1054-61. <https://doi.org/10.1161/01.str.31.5.1054>.
7. Hughes JD, Bond KM, Mekary RA, Dewan MC, Rattani A, Baticulon R, et al. Estimating the Global Incidence of Aneurysmal Subarachnoid Hemorrhage: A Systematic Review for Central Nervous System Vascular Lesions and Meta-Analysis of Ruptured Aneurysms. *World Neurosurg*. 2018;115:430-47. <https://doi.org/10.1016/j.wneu.2018.03.220>.
8. Connolly ES, Jr., Rabinstein AA, Carhuapoma JR, Derdeyn CP, Dion J, Higashida RT, et al. Guidelines for the management of aneurysmal subarachnoid hemorrhage: a guideline for

- healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2012;43(6):1711-37. <https://doi.org/10.1161/STR.0b013e3182587839>.
9. Stienen MN, Germans M, Burkhardt JK, Neidert MC, Fung C, Bervini D, et al. Predictors of In-Hospital Death After Aneurysmal Subarachnoid Hemorrhage: Analysis of a Nationwide Database (Swiss SOS [Swiss Study on Aneurysmal Subarachnoid Hemorrhage]). *Stroke*. 2018;49(2):333-40. <https://doi.org/10.1161/STROKEAHA.117.019328>.
  10. Dorsch NW, King MT. A review of cerebral vasospasm in aneurysmal subarachnoid haemorrhage Part I: Incidence and effects. *J Clin Neurosci*. 1994;1(1):19-26. [https://doi.org/10.1016/0967-5868\(94\)90005-1](https://doi.org/10.1016/0967-5868(94)90005-1).
  11. Frontera JA, Fernandez A, Schmidt JM, Claassen J, Wartenberg KE, Badjatia N, et al. Defining vasospasm after subarachnoid hemorrhage: what is the most clinically relevant definition? *Stroke*. 2009;40(6):1963-8. <https://doi.org/10.1161/STROKEAHA.108.544700>.
  12. Macdonald RL, Kassell NF, Mayer S, Ruefenacht D, Schmiedek P, Weidauer S, et al. Clazosentan to overcome neurological ischemia and infarction occurring after subarachnoid hemorrhage (CONSCIOUS-1): randomized, double-blind, placebo-controlled phase 2 dose-finding trial. *Stroke*. 2008;39(11):3015-21. <https://doi.org/10.1161/STROKEAHA.108.519942>.
  13. Macdonald RL. Delayed neurological deterioration after subarachnoid haemorrhage. *Nat Rev Neurol*. 2014;10(1):44-58. <https://doi.org/10.1038/nrneurol.2013.246>.
  14. Crowley RW, Medel R, Dumont AS, Ildigwe D, Kassell NF, Mayer SA, et al. Angiographic vasospasm is strongly correlated with cerebral infarction after subarachnoid hemorrhage. *Stroke*. 2011;42(4):919-23. <https://doi.org/10.1161/STROKEAHA.110.597005>.
  15. Geraghty JR, Testai FD. Delayed Cerebral Ischemia after Subarachnoid Hemorrhage: Beyond Vasospasm and Towards a Multifactorial Pathophysiology. *Curr Atheroscler Rep*. 2017;19(12):50. <https://doi.org/10.1007/s11883-017-0690-x>.
  16. Dankbaar JW, Rijdsdijk M, van der Schaaf IC, Velthuis BK, Wermer MJ, Rinkel GJ. Relationship between vasospasm, cerebral perfusion, and delayed cerebral ischemia after aneurysmal

- subarachnoid hemorrhage. *Neuroradiology*. 2009;51(12):813-9.  
<https://doi.org/10.1007/s00234-009-0575-y>.
17. Rabinstein AA, Weigand S, Atkinson JL, Wijdicks EF. Patterns of cerebral infarction in aneurysmal subarachnoid hemorrhage. *Stroke*. 2005;36(5):992-7.  
<https://doi.org/10.1161/01.STR.0000163090.59350.5a>.
  18. Daou BJ, Koduri S, Thompson BG, Chaudhary N, Pandey AS. Clinical and experimental aspects of aneurysmal subarachnoid hemorrhage. *CNS Neurosci Ther*. 2019;25(10):1096-112.  
<https://doi.org/10.1111/cns.13222>.
  19. Muehlschlegel S. Subarachnoid Hemorrhage. *Continuum (Minneap Minn)*. 2018;24(6):1623-57. <https://doi.org/10.1212/CON.0000000000000679>.
  20. Vergouwen MD, Vermeulen M, van Gijn J, Rinkel GJ, Wijdicks EF, Muizelaar JP, et al. Definition of delayed cerebral ischemia after aneurysmal subarachnoid hemorrhage as an outcome event in clinical trials and observational studies: proposal of a multidisciplinary research group. *Stroke*. 2010;41(10):2391-5.  
<https://doi.org/10.1161/STROKEAHA.110.589275>.
  21. Dorsch N. A clinical review of cerebral vasospasm and delayed ischaemia following aneurysm rupture. *Acta Neurochir Suppl*. 2011;110(Pt 1):5-6. [https://doi.org/10.1007/978-3-7091-0353-1\\_1](https://doi.org/10.1007/978-3-7091-0353-1_1).
  22. Hollingworth M, Jamjoom AAB, Bulters D, Patel HC. How is vasospasm screening using transcranial Doppler associated with delayed cerebral ischemia and outcomes in aneurysmal subarachnoid hemorrhage? *Acta Neurochir (Wien)*. 2019;161(2):385-92.  
<https://doi.org/10.1007/s00701-018-3765-8>.
  23. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *J Clin Epidemiol*. 2021;134:178-89. <https://doi.org/10.1016/j.jclinepi.2021.03.001>.

24. Vetkas A, Lepik T, Eilat T, Ratsep T, Asser T. Emotional health and quality of life after aneurysmal subarachnoid hemorrhage. *Acta Neurochir (Wien)*. 2013;155(6):1107-14. <https://doi.org/10.1007/s00701-013-1683-3>.
25. Vetkas A, Prans E, Koks S, Ratsep T, Asser T. Aneurysmal subarachnoid haemorrhage: Effect of CRHR1 genotype on mental health-related quality of life. *Sci Rep*. 2020;10(1):724. <https://doi.org/10.1038/s41598-020-57527-4>.
26. Fountas KN, Machinis TG, Robinson JS, Sevin C, Fezoulidis NI, Castresana M, et al. The role of magnesium sulfate in the treatment of vasospasm in patients with spontaneous subarachnoid haemorrhage. *Acta Neurochirurgica, Supplement*. 2008;104:269-73. [https://doi.org/10.1007/978-3-211-75718-5\\_55](https://doi.org/10.1007/978-3-211-75718-5_55).
27. Macdonald RL, Hunsche E, Schuler R, Wlodarczyk J, Mayer SA. Quality of life and healthcare resource use associated with angiographic vasospasm after aneurysmal subarachnoid hemorrhage. *Stroke*. 2012;43(4):1082-8. <https://doi.org/10.1161/STROKEAHA.111.634071>.
28. Mahajan C, Chouhan RS, Rath GP, Dash HH, Suri A, Chandra PS, et al. Effect of intraoperative brain protection with propofol on postoperative cognition in patients undergoing temporary clipping during intracranial aneurysm surgery. *Neurol India*. 2014;62(3):262-8. <https://doi.org/10.4103/0028-3886.136908>.
29. Prevedello DM, Cordeiro JG, de Moraes AL, Saucedo NSJ, Chen IB, Araújo JC. Magnesium sulfate: role as possible attenuating factor in vasospasm morbidity. *Surg Neurol*. 2006;65(Suppl 1):S1:14-S1:20. <https://doi.org/10.1016/j.surneu.2005.11.035>.
30. Raval RN, Small O, Magsino K, Chakravarthy V, Austin B, Applegate R, et al. Remote Ischemic Pre-conditioning in Subarachnoid Hemorrhage: A Prospective Pilot Trial. *Neurocrit Care*. 2021;34(3):968-73. <https://doi.org/10.1007/s12028-020-01122-y>.
31. Ren C, Xu H, Xu G, Liu L, Liu G, Zhang Z, et al. Effect of intraoperative infusion of dexmedetomidine on postoperative recovery in patients undergoing endovascular

- interventional therapies: A prospective, randomized, controlled trial. *Brain Behav.* 2019;9(7):e01317. <https://doi.org/10.1002/brb3.1317>.
32. Rivero-Arias O, Wolstenholme J, Gray A, Molyneux AJ, Kerr RS, Yarnold JA, et al. The costs and prognostic characteristics of ischaemic neurological deficit due to subarachnoid haemorrhage in the United Kingdom. Evidence from the MRC International Subarachnoid Aneurysm Trial. *J Neurol.* 2009;256(3):364-73. <https://doi.org/10.1007/s00415-009-0034-z>.
  33. Senbokuya N, Kinouchi H, Kanemaru K, Ohashi Y, Fukamachi A, Yagi S, et al. Effects of cilostazol on cerebral vasospasm after aneurysmal subarachnoid hemorrhage: a multicenter prospective, randomized, open-label blinded end point trial. *J Neurosurg.* 2013;118(1):121-30. <https://doi.org/10.3171/2012.9.JNS12492>.
  34. Zwienerberg-Lee M, Hartman J, Rudisill N, Madden LK, Smith K, Eskridge J, et al. Effect of prophylactic transluminal balloon angioplasty on cerebral vasospasm and outcome in patients with Fisher grade III subarachnoid hemorrhage: results of a phase II multicenter, randomized, clinical trial. *Stroke.* 2008;39(6):1759-65. <https://doi.org/10.1161/STROKEAHA.107.502666>.
  35. Abulhasan YB, Alabdulraheem N, Schiller I, Rachel SP, Dendukuri N, Angle MR, et al. Health Care-Associated Infections after Subarachnoid Hemorrhage. *World Neurosurg.* 2018;115:e393-e403. <https://doi.org/10.1016/j.wneu.2018.04.061>.
  36. Alaraj A, Hussein AE, Esfahani DR, Amin-Hanjani S, Aletich VA, Charbel FT. Reducing length of stay in aneurysmal subarachnoid hemorrhage: A three year institutional experience. *J Clin Neurosci.* 2017;42:66-70. <https://doi.org/10.1016/j.jocn.2017.03.049>.
  37. Alay GH, Postaci NA, Aytac I, Acar F, Ornek D, Dikmen B. Retrospective analysis of anesthetic management in the cerebral aneurysm treatment: Issues in the course of endovascular versus surgical treatment. *Kuwait Med J.* 2020;52(2):169-74.
  38. Ali A, Tanirgan G, Sabanci PA, Sivrikoz N, Abdullah T, Sencer A, et al. Relation of gray-white matter ratio with long-term cognitive functions and quality of life in patients with mild to

- moderate aneurysmal subarachnoid hemorrhage: a prospective observational study. *Acta Neurochir (Wien)*. 2018;160(1):181-9. <https://doi.org/10.1007/s00701-017-3374-y>.
39. Badjatia N, Topcuoglu MA, Buonanno FS, Smith EE, Nogueira RG, Rordorf GA, et al. Relationship between hyperglycemia and symptomatic vasospasm after subarachnoid hemorrhage. *Crit Care Med*. 2005;33(7):1603-9. <https://doi.org/10.1097/01.ccm.0000168054.60538.2b>.
40. Bercker S, Winkelmann T, Busch T, Laudi S, Lindner D, Meixensberger J. Hydroxyethyl starch for volume expansion after subarachnoid haemorrhage and renal function: Results of a retrospective analysis. *PLoS One*. 2018;13(2):e0192832. <https://doi.org/10.1371/journal.pone.0192832>.
41. Chatrath A, Soldozy S, Sokolowski JD, Burke RM, Schultz JG, Rannigan ZC, et al. Endovascular and Surgical Treatment Is Predictive of Readmission Risk After Aneurysmal Subarachnoid Hemorrhage. *World Neurosurg*. 2020;142:e494-e501. <https://doi.org/10.1016/j.wneu.2020.07.079>.
42. Chotai S, Patel PD, Liles C, Chen H, Shannon CN, Froehler MT, et al. Impact of Neurovascular Comorbidities and Complications on Outcomes After Procedural Management of Intracranial Aneurysm: Part 2, Ruptured Intracranial Aneurysm. *World Neurosurg*. 2021;146:e270-e312. <https://doi.org/10.1016/j.wneu.2020.10.091>.
43. Chou CH, Reed SD, Allsbrook JS, Steele JL, Schulman KA, Alexander MJ. Costs of vasospasm in patients with aneurysmal subarachnoid hemorrhage. *Neurosurgery*. 2010;67(2):345-51. <https://doi.org/10.1227/01.NEU.0000371980.08391.71>.
44. Drazin D, Rosner J, Nuno M, Alexander MJ, Schievink WI, Palestrant D, et al. Type of admission is associated with outcome of spontaneous subarachnoid hemorrhage. *Int J Stroke*. 2015;10(4):529-33. <https://doi.org/10.1111/ijvs.12005>.
45. Harris L, Hill CS, Elliot M, Fitzpatrick T, Ghosh A, Vindlacheruvu R. Comparison between outcomes of endovascular and surgical treatments of ruptured anterior communicating



- artery aneurysms. *Br J Neurosurg.* 2021;35(3):313-8.  
<https://doi.org/10.1080/02688697.2020.1812517>.
46. Hoffman H, Jalal MS, Chin LS. A Propensity Score-Matched Comparison of Readmission Rates Associated With Microsurgical Clipping and Endovascular Treatment of Ruptured Intracranial Aneurysms. *J Stroke Cerebrovasc Dis.* 2020;29(5):104696.  
<https://doi.org/10.1016/j.jstrokecerebrovasdis.2020.104696>.
47. Khatri R, Tariq N, Vazquez G, Suri MF, Ezzeddine MA, Qureshi AI. Outcomes after nontraumatic subarachnoid hemorrhage at hospitals offering angioplasty for cerebral vasospasm: a national level analysis in the United States. *Neurocrit Care.* 2011;15(1):34-41.  
<https://doi.org/10.1007/s12028-010-9423-5>.
48. Kreiter KT, Rosengart AJ, Claassen J, Fitzsimmons BF, Peery S, Du YE, et al. Depressed mood and quality of life after subarachnoid hemorrhage. *J Neurol Sci.* 2013;335(1-2):64-71.  
<https://doi.org/10.1016/j.jns.2013.08.024>.
49. Morgan MK, Jonker B, Finfer S, Harrington T, Dorsch NW. Aggressive management of aneurysmal subarachnoid haemorrhage based on a papaverine angioplasty protocol. *J Clin Neurosci.* 2000;7(4):305-8. <https://doi.org/10.1054/jocn.1999.0224>.
50. Niskanen M, Koivisto T, Ronkainen A, Rinne J, Ruokonen E. Resource use after subarachnoid hemorrhage: comparison between endovascular and surgical treatment. *Neurosurgery.* 2004;54(5):1081-6. <https://doi.org/10.1227/01.neu.0000119350.80122.43>.
51. Ogden JA, Mee EW, Henning M. A prospective study of psychosocial adaptation following subarachnoid haemorrhage. *Neuropsychol Rehabil.* 1994;4(1):7-30.  
<https://doi.org/10.1080/09602019408401453>.
52. Rumalla K, Smith KA, Arnold PM, Mittal MK. Subarachnoid Hemorrhage and Readmissions: National Rates, Causes, Risk Factors, and Outcomes in 16,001 Hospitalized Patients. *World Neurosurg.* 2018;110:e100-e11. <https://doi.org/10.1016/j.wneu.2017.10.089>.

53. Sakr Y, Dunisch P, Santos C, Matthes L, Zeidan M, Reinhart K, et al. Poor outcome is associated with less negative fluid balance in patients with aneurysmal subarachnoid hemorrhage treated with prophylactic vasopressor-induced hypertension. *Ann Intensive Care*. 2016;6(1):25. <https://doi.org/10.1186/s13613-016-0128-6>.
54. Scharbrodt W, Stein M, Schreiber V, Boker DK, Oertel MF. The prediction of long-term outcome after subarachnoid hemorrhage as measured by the Short Form-36 Health Survey. *J Clin Neurosci*. 2009;16(11):1409-13. <https://doi.org/10.1016/j.jocn.2009.01.011>.
55. Soehle M, Chatfield DA, Czosnyka M, Kirkpatrick PJ. Predictive value of initial clinical status, intracranial pressure and transcranial Doppler pulsatility after subarachnoid haemorrhage. *Acta Neurochir (Wien)*. 2007;149(6):575-83. <https://doi.org/10.1007/s00701-007-1149-6>.
56. Sokolowski JD, Chen CJ, Soldozy S, Mastorakos P, Burke RM, Nguyen JM, et al. Nimodipine after aneurysmal subarachnoid hemorrhage: Fourteen-day course for patients that meet criteria for early hospital discharge. *Clin Neurol Neurosurg*. 2021;200:106299. <https://doi.org/10.1016/j.clineuro.2020.106299>.
57. Sousa L, Antunes A, Mendes T, Reimao S, Neto LL, Campos J. Long-term Neuropsychiatric and Neuropsychological Sequelae of Endovascularly Treated Aneurysmal Subarachnoid Hemorrhage. *Acta Med Port*. 2019;32(11):706-13. <https://doi.org/10.20344/amp.10894>.
58. Springer MV, Schmidt JM, Wartenberg KE, Frontera JA, Badjatia N, Mayer SA. Predictors of global cognitive impairment 1 year after subarachnoid hemorrhage. *Neurosurgery*. 2009;65(6):1043-50. <https://doi.org/10.1227/01.NEU.0000359317.15269.20>.
59. Strickland BA, Mert M, Ravina K, Chartrain A, Rennert RC, Bakhsheshian J, et al. Discrepancy in Neurologic Outcomes Following Aneurysmal Subarachnoid Hemorrhage as a Function of Socioeconomic Class. *World Neurosurg*. 2020;138:e787-e94. <https://doi.org/10.1016/j.wneu.2020.03.087>.
60. Suarez JI, Shannon L, Zaidat OO, Suri MF, Singh G, Lynch G, et al. Effect of human albumin administration on clinical outcome and hospital cost in patients with subarachnoid

- hemorrhage. *J Neurosurg.* 2004;100(4):585-90.  
<https://doi.org/10.3171/jns.2004.100.4.0585>.
61. Szmuda T, Słoniewski P, Waszak PM, Kindrachuk M, Olijewski W. Short- and long-term outcome of surgically treated ruptured internal carotid artery aneurysms. *Acta Neuropsychologica* 2013;11(4):403-17. <https://doi.org/doi:10.5604/17307503.1090469>.
62. Taylor CJ, Robertson F, Brealey D, O'Shea F, Stephen T, Brew S, et al. Outcome in poor grade subarachnoid hemorrhage patients treated with acute endovascular coiling of aneurysms and aggressive intensive care. *Neurocrit Care.* 2011;14(3):341-7.  
<https://doi.org/10.1007/s12028-010-9377-7>.
63. Wilde H, Twitchell S, Reese J, Guan J, Eli IM, Karsy M, et al. Evaluation of disease severity and treatment intensity as cost drivers for ruptured intracranial aneurysms. *Acta Neurochir (Wien).* 2020;162(1):157-67. <https://doi.org/10.1007/s00701-019-04153-3>.
64. Yundt KD, Dacey RG, Jr., Diringer MN. Hospital resource utilization in the treatment of cerebral aneurysms. *J Neurosurg.* 1996;85(3):403-9.  
<https://doi.org/10.3171/jns.1996.85.3.0403>.
65. Zaidat OO, Ionita CC, Hussain SI, Alexander MJ, Friedman AH, Graffagnino C. Impact of ruptured cerebral aneurysm coiling and clipping on the incidence of cerebral vasospasm and clinical outcome. *J Neuroimaging.* 2009;19(2):144-9. <https://doi.org/10.1111/j.1552-6569.2008.00285.x>.
66. Fisher CM, Kistler JP, Davis JM. Relation of cerebral vasospasm to subarachnoid hemorrhage visualized by computerized tomographic scanning. *Neurosurgery.* 1980;6(1):1-9.  
<https://doi.org/10.1227/00006123-198001000-00001>.
67. National Institute for Health and Care Excellence (NICE) Value Based Assessment of Health Technologies (Consultation Paper). <https://www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/NICE-technology-appraisals/VBA-TA-Methods-Guide-for-Consultation.pdf>. Accessed 17 Jan 2022.