

ASC: Rapid BP lowering tx no better for intracerebral bleed

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For patients with spontaneous intracerebral hemorrhage and elevated systolic blood pressure, intensive, rapid blood pressure lowering treatment is not associated with a significant reduction in death or severe disability at 90 days compared with guideline-recommended treatment, according to a study published online May 29 in the *New England Journal of Medicine* to coincide with presentation at the annual European Stroke Conference, held from May 28 to 31 in London.

(HealthDay)—For patients with spontaneous intracerebral hemorrhage and elevated systolic blood pressure, intensive, rapid blood pressure lowering treatment is not associated with a significant reduction in death or severe disability at 90 days compared with guideline-recommended treatment, according to a study published online May 29 in the *New England Journal of Medicine* to coincide with presentation at the annual European Stroke Conference, held from May 28 to 31 in London.

Craig S. Anderson, M.D., Ph.D., from the George Institute for Global

Health at the University of Sydney, and colleagues randomized 2,794 patients with spontaneous intracerebral hemorrhage within the previous six hours, who had elevated systolic blood pressure, to receive intensive blood pressure lowering treatment or guideline-recommended treatment.

The researchers found that the primary outcome of death or major disability at 90 days occurred in 52 percent of those receiving [intensive therapy](#), compared with 55.6 percent of those receiving guideline-recommended treatment (odds ratio with intensive treatment, 0.87; $P = 0.06$). Significantly lower modified Rankin scores were seen with intensive treatment on ordinal analysis (odds ratio for greater disability, 0.87; $P = 0.04$). Mortality was 11.9 and 12 percent, respectively, in the intensive treatment and guideline-recommended treatment groups. Nonfatal [serious adverse events](#) occurred in 23.3 percent of the intensive treatment group and in 23.6 percent of the guideline-recommended treatment group.

"In patients with intracerebral hemorrhage, intensive lowering of blood pressure did not result in a significant reduction in the rate of the primary outcome of death or severe disability," the authors write.

Several authors disclosed [financial ties](#) to the pharmaceutical industry.

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