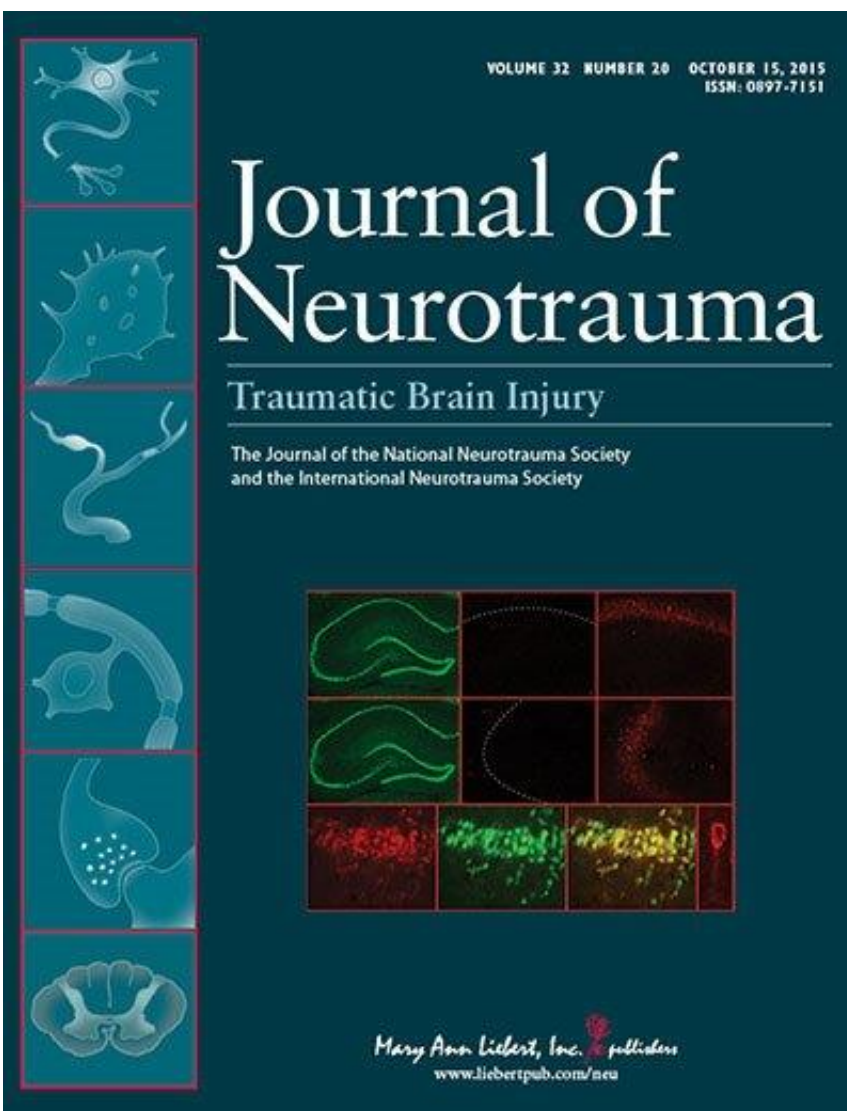


# New consensus statements target controversial trial results on intracranial pressure monitoring in severe TBIs

October 15 2015



Credit: Mary Ann Liebert, Inc., publishers

Seven consensus statements developed by 23 international opinion leaders in the acute care of patients with severe traumatic brain injury (sTBI) provide a clear interpretation of clinical trial results that compared intracranial pressure (ICP)-based management to a treatment protocol guided by CT-imaging and examination without ICP monitoring. Results of the BEST TRIP trial led to ongoing debate over the value of ICP monitoring in sTBI. These new consensus statements, which will help guide practicing physicians and researchers, are published in *Journal of Neurotrauma*.

In "[A Consensus-Based Interpretation of the Benchmark Evidence from South American Trials: Treatment of Intracranial Pressure Trial](#)," Randall Chesnut, MD, University of Washington, Seattle, and an international team of researchers present their consensus opinions on the Benchmark Evidence from South American Trials: Treatment of Intracranial Pressure (BEST TRIP). The seven consensus statements that emerged from their discussions help clarify the trial protocols, the different patient outcomes with and without ICP [monitoring](#), the validity of the trial, and the main implications of the trial results.

"This brief but eloquent consensus report helps revisit the overall implications and interpretations derived from the BEST TRIP trial," says John T. Povlishock, PhD, Editor-in-Chief of *Journal of Neurotrauma* and Professor, Medical College of Virginia Campus of Virginia Commonwealth University, Richmond. "As noted by the authors, this consensus document reframes many of the controversial issues generated in this initial trial, calling for a more critical evaluation of the study and its overall interpretation. From my perspective as Editor-in-Chief, I believe the consensus positions detailed therein help place this trial in the appropriate intellectual framework, while highlighting the continued need for more rigorous evaluation of intracranial hypertension, its

monitoring, and its implications for traumatically brain-injured patients."

**More information:** The article is available free on the *Journal of Neurotrauma* website until November 15, 2015.

Provided by Mary Ann Liebert, Inc

Citation: New consensus statements target controversial trial results on intracranial pressure monitoring in severe TBIs (2015, October 15) retrieved 25 April 2024 from <https://medicalxpress.com/news/2015-10-consensus-statements-controversial-trial-results.html>

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