A large stroke trial has shown that intensive blood pressure lowering after clot removal worsens recovery. The results of the trial, stopped early due to the significance of the findings, were presented in a late-breaking session at the World Stroke Congress and simultaneously published in *The Lancet*.

Professor Craig Anderson, Director of Global Brain Health at The George Institute for Global Health, said the rapid emergence of this effect suggested the more aggressive approach was compromising the return of blood flow to the affected area.

“Our study provides a strong indication that this increasingly common treatment strategy should now be avoided in clinical practice,” he said.

Around 85 percent of strokes are ischemic strokes, caused by the loss of blood flow to an area of the brain due to a blockage in a blood vessel, leading to a loss of neurological function.

Endovascular thrombectomy is an increasingly used non-surgical treatment for ischemic stroke, in which microcatheters or thin tubes visible under X-rays are inserted into the blood clot to dissolve it.

“A potential downside of this now widely used and effective treatment is that the rapid return of blood supply to an area that has been deprived of oxygen for a while can cause tissue damage known as reperfusion injury,” said Professor Anderson.

“This has resulted in a shift in medical practice towards more intensive lowering of blood pressure after clot removal to try and minimize this damage, but without evidence to support the benefits versus potential harms.”

To try and address the evidence gap, researchers recruited 816 adults with acute ischemic stroke who had elevated blood pressure after clot removal from 44 centers in China between July 2020 and March 2022. They had an average age of 67 and just over a third were female.

407 were assigned to more-intensive (target

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