



New Treatment for Stroke Set to Increase Chances of Recovery



University of Leicester (UK) researchers have contributed to a landmark study which has revealed a new way to treat strokes caused by bleeding inside the brain.

The study found that intensive blood pressure lowering in patients with intracerebral haemorrhage, the most serious type of stroke, reduced the risk of major disability and improved chances of recovery by as much as 20 per cent.

The study, which involved more than 2800 patients from 140 hospitals around the world, was announced at the European Stroke Conference in London, and published in *The New England Journal of Medicine*.

Professor Thompson Robinson, Deputy Head of the University of Leicester's Department of Cardiovascular Sciences, was the UK co-ordinator for the study and co-authored the paper.

The study was led by the George Institute for Global Health, in Sydney, Australia.

Professor Thompson Robinson said: "Stroke is the third most common cause of death in the UK and the most common adult cause of neurological disability. Approximately 1 million people are living with the consequences of stroke in the United Kingdom, a third with life-changing severe disability. Every year an estimated 152,000 people in the UK have a stroke and intracerebral haemorrhage - spontaneous bleeding within the brain most often due to hypertension - accounts for at least 10 per cent of all cases.

"Intracerebral haemorrhage kills about half of those affected within one month and leaves most survivors disabled, and to date there is no specific treatment for this type of stroke.

"The results of the study show that intensively reducing high blood pressure within 6 hours of onset of a bleeding-related stroke is safe, and results in a significant shift from being dead and dependent to being alive and independent after stroke. Because it involves treatment with already available blood pressure-lowering treatments, the results should be easy to implement in all hospitals and be of benefit to patients. It is important to reinforce that stroke is a medical emergency, and individuals who suspect that they may have had a stroke

should dial 999 (UK) and seek urgent medical attention.

“Leicester has a long-standing interest in acute stroke and blood pressure research, and hosts the NIHR Trent Stroke Local Research Network. There are many opportunities for Leicester patients presenting with stroke to participate in research to improve outcomes for future patients with stroke.”

Professor Bruce Neal of The George Institute and The University of Sydney said the study challenges previous thought about blood pressure lowering in intracerebral haemorrhage.

He said: “The study findings will mean significant changes to guidelines for stroke management worldwide. They show that early intensive blood pressure lowering, using widely available therapies, can significantly improve the outcome of this illness.

“We hope to see hospital emergency departments around the world implement the new treatment as soon as possible. By lowering blood pressure, we can slow bleeding in the brain, reduce damage and enhance recovery.

“The study findings are tremendously exciting because they provide a safe and efficient treatment to improve the likelihood of a recovery without serious disability - a major concern for those who have experienced stroke.

“The only treatment option to date has been risky brain surgery, so this research is a very welcome advance.”

The study found patients who suffered an acute intracerebral haemorrhage and received the blood pressure lowering treatment were better off from both a physical and psychological perspective.

- **Full bibliographic information**The New England Journal of Medicine - "Rapid Blood-Pressure Lowering in Patients with Acute Intracerebral Hemorrhage" - Craig S. Anderson, M.D., Ph.D., Emma Heeley, Ph.D., Yining Huang, M.D., Jiguang Wang, M.D., Christian Stapf, M.D., Candice Delcourt, M.D., Richard Lindley, M.D., Thompson Robinson, M.D., Pablo Lavados, M.D., M.P.H., Bruce Neal, M.D., Ph.D., Jun Hata, M.D., Ph.D., Hisatomi Arima, M.D., Ph.D., Mark Parsons, M.D., Ph.D., Yuechun Li, M.D., Jinchao Wang, M.D., Stephane Heritier, Ph.D., Qiang Li, B.Sc., Mark Woodward, Ph.D., R. John Simes, M.D., Ph.D., Stephen M. Davis, M.D., and John Chalmers, M.D., Ph.D. for the INTERACT2 Investigators

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