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Antihypertensive therapy in stroke secondary prevention

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Blood pressure is a controversial issue in acute stroke management. Patients with the highest and lowest levels of blood pressure in the first day after stroke are more likely to have early neurological decline and poorer outcomes. A low blood pressure at stroke onset is unusual. There is no convincing evidence that active management of blood pressure after acute stroke influences patient outcomes. Several studies are examining whether blood pressure should be lowered after acute stroke, and whether antihypertensive therapy should be continued or stopped in the first few days after stroke. In patients undergoing thrombolysis it is common practice to avoid systolic blood pressures above 185 mmHg.

A meta-analysis of seven randomized controlled trials showed that antihypertensive drugs reduced stroke recurrence after stroke or TIA.

Antihypertensive treatment is recommended for prevention of recurrent stroke in persons who have had an ischemic stroke or TIA and are beyond the acute period. The optimal drug regime remains uncertain: however, the available data support the use of diuretics and the combination of diuretics and ACEI, indefinitely after stroke or TIA. The target BP level and should be individualized, but benefit has been associated with an average reduction of 10/5 mm Hg, and normal BP levels have been defined as <120/80 mmHg.

However, blood pressure should not be lowered intensively in patients with suspected haemodynamic stroke. The angiotensin receptor antagonist eprosartan may be more effective than the calcium channel blocker nitrendipine.

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Accelerated prophylactic treatment after TIA or mild stroke

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Within the last years several studies have shown that the risk of stroke after transient ischemic attack (TIA) and mild ischemic stroke is much higher within the first days after the event than later on. A score has been developed to define risk of stroke after TIA (Johnston et al, 2007).

Studies from Oxford (Rothwell et al, 2007) and Paris (Lavallée et al, 2007) from 2007 have shown that immediate treatment with platelet inhibition, and a rapid start of statins and blood-pressure treatment reduces the risk of stroke in patients with TIA to a level of 1.24% to 2.1% within 90 days. These studies were open with historical controls.

A randomised controlled trial from Canada (FASTER) (Kennedy et al, 2007) was terminated prematurely due to slow recruitment and results were inconclusive.

Establishment of open acute clinics for TIA patients is to be considered..

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