

脳卒中発症直後の高血圧治療は回復に影響しなかった (LBCT 1/Abstract: 19557)

CATIS:脳卒中急性期に血圧を低下させても回復には影響しなかった

CATIS: Lowering blood pressure in the acute phase of stroke made no difference in recovery

虚血性脳卒中後超急性期の降圧は患者の回復に影響しなかったとのlate-breaking clinical trialの結果が2013年American Heart Association学会で発表され、同時にJAMAオンライン版に掲載された。China Antihypertensive Trial in Acute Ischemic Stroke (CATIS)の研究者は、虚血性脳卒中を発症し来院時に高血圧を有していた患者4,071人を調査した。患者の半分は降圧薬を投与され、他の半分は脳卒中発症後48時間は常用の降圧薬を中止する群に無作為に割り付けられた。両群とも標準的な脳卒中治療を受けた。脳卒中発症14日後または退院時まで死亡または重大な障害を有していたのは、いずれの群も33.6%であった。3か月後のこれらの率は両群ともに25%であった。この確率が3か月後に低かったのは、時間経過により重大な障害を有する患者が減少したためである。好ましくない副作用もまた降圧薬治療の有無で差がなかった。

Full Text

Lowering high blood pressure in the very acute initial period after an ischemic stroke made no difference in patient recovery in a late-breaking clinical trial presented at the American Heart Association's Scientific Sessions 2013 and published simultaneously online in JAMA.

Researchers for the China Antihypertensive Trial in Acute Ischemic Stroke (CATIS) studied 4,071 people who suffered an ischemic stroke and had high blood pressure when they presented to the hospital. Half of the patients were randomly assigned to get blood pressure-lowering medication and the other half assigned to discontinue their home antihypertensive medications within 48 hours of their stroke. Both groups received standard stroke care.

Within 14 days of stroke or at hospital discharge, 33.6 percent of the patients in each group had died or experienced a major disability.

At three months, the rate was 25 percent for each group. The rate was lower after three months because fewer patients continued to have a major disability as time passed.

"We were surprised that lowering blood pressure during this most acute phase of the stroke made no difference in patient outcomes," said Jiang He, M.D., Ph.D., the study's lead author and professor of epidemiology and medicine at Tulane University Health Science Center in New Orleans. "Lowering blood pressure is known to prevent strokes. But in this study, we saw no difference by treating high blood pressure early after stroke."

The rate of negative side effects was also similar with or without high blood pressure treatment.

"The data suggests that during the acute phase of ischemic stroke, treatment of hypertension should be individualized by the physician based on the patient's clinical conditions," said He, chair of the Department of Epidemiology in the Tulane University School of Public Health and Tropical Medicine.

Lowering stroke patients' blood pressure in the long term is recommended to prevent additional strokes. But there are no guidelines on lowering blood pressure immediately for most people having a stroke, unless their blood pressure is extremely high, He said.

While the investigation took place in China, the results might apply to stroke patients worldwide, he said.

"We need to look at the long-term impact, too, not only death and major disability, but other things such as cognitive functional impairment and quality of life," He said.

Co-authors include Younghong Zhang, M.D., Ph.D.; Tan Xu, M.D. Ph.D.; Jing Chen, M.D.; Weijun Tong, M.D.; S. Zhang, Ph.D.; Chung-Shiung Chen, M.S. and Q. Zhao M.D., Ph.D.

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Cardiology特集

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