Media Release

Milan, 23 May 2019

Encouraging data on management after brain bleeds offers reassurance to clinicians at the 5th annual European Stroke Organisation Conference

- **INTERACT / ATACH-2 Pooling Project:** Outcomes in patients with a brain bleed continue to improve as blood pressure is lowered
- **International Microbleeds Collaborative Network:** In TIA/stroke patients with many asymptomatic small bleeds on a brain scan, the risk of bleeding does not outweigh the risk of ischaemic stroke
- **TICH-2:** Acute treatment with tranexamic acid acute in brain haemorrhage may improve survival at 1 year

Additional information, including video interviews with principle investigators and summary slides are available on the ESOC 2019 Media Portal. Email your request for access to this password-protected resource to: ESCO@ESO-stroke.org.

The Presidential Plenary session at the 5th annual European Stroke Organisation Conference (ESOC) continued to display the excellent, practice changing research that is happening in stroke today. The session featured key presentations on how to treat patients with mircobleeds on an MRI scan and treatments to optimise management of patients who have already suffered a brain haemorrhage.

The Presidential Plenary included presentations on the studies and results outlined below.

INTERACT2 / ATACH-II IPD POOLING PROJECT:
To define optimal levels of systolic blood pressure control in acute intracerebral hemorrhage

The optimal blood pressure control target in patients with acute intracerebral haemorrhage is still a controversial topic.

This meta-analysis polls the individual patient data from 3,829 participants in the two largest studies of blood pressure control in acute intracerebral haemorrhage – INTERACT2 and ATACH-II – in order to ascertain whether systolic blood pressure (SBP) parameters are associated with better clinical outcomes.
There was a positive linear association for levels of achieved SBP (to levels as low as 120-130mmHg) and functional status (improvement per 10 mmHg increase: adjusted odds ratio [aOR] 0·90, 95% CI 0·87–0·94, p<0·0001). The authors also found that SPB variability was associated with functional independence (mRS 0-2, per 10 mmHg increase: aOR 0·87, 95% CI 0·79-0·97, p=0·0124). Importantly, there was no clear association between magnitude of SBP reduction and outcome, although there was a trend toward unfavourable outcomes

in patients achieving a large reduction in SBP (60 mmHg) within one hour. Symptomatic hypotension and renal serious adverse events were uncommon (<1%).

Dr Tom Moullaali, who presented the results of this meta-analysis, concluded that achieving early and stable levels of SBP, as low as 120-130 mm Hg over 24 hours, is associated with favourable outcomes in acute ICH.

International Microbleeds Collaborative Network:
Cerebral microbleeds and stroke risk after ischaemic stroke or transient ischaemic attack: a pooled analysis of individual patient data from cohort studies

This collaborative analysis of individual patient data from 38 international cohorts sought to answer whether a large number or specific pattern of small, asymptomatic bleeds seen on MRI scans (microbleeds) could identify ischaemic stroke or TIA patients who are at a higher risk of serious bleeds or ischaemic stroke. The analysis combined data from 20,322 patients, including 7,737 on anticoagulants and 11,520 on antiplatelet drugs.

Although the risk of future significant bleeds in the brain increased with increasing microbleeds, the risk of recurrent ischaemic stroke was always greater, with 64 ischaemic strokes occurring per 1,000 patient-years versus 27 bleeds when there were ≥10 microbleeds, and 73 ischaemic strokes versus 39 bleeds even when there were ≥20 microbleeds.

Principal investigator, Professor David Werring, commented: “The absolute risk of ischaemic stroke is higher than that of intracranial haemorrhage regardless of microbleed presence, burden or anatomical pattern.”

The research is published today in Lancet Neurology.

TICH-2:
The Tranexamic Acid for Intracerebral Haemorrhage-2 Trial – Results of one year follow up data

The TICH-2 trial previously reported that tranexamic acid did not improve independence in people after an acute bleed in the brain despite reducing the expansion of the bleed and reducing early death at 7 days. Recovering from an acute bleed may require several months or longer.

One-year follow-up was carried out on 1910 patients in TICH-2. At one year, tranexamic acid did not significantly improve independence and the observed trend towards better survival at one year might be due to chance (HR 0.77, 0.64 – 0.94, p=0.009).

Prof Nikola Sprigg said: “Haemostatic therapy if effective is only one component in the treatment of ICH, likely a ‘bundle of care’ including BP lowering is going to be necessary to improve outcome.

Issued by the ESOC 2019 PR Committee

For more information, to schedule interviews or for access to the password-protected Media Portal, please send your request to: ESOC@ESO-stroke.org.