T he recent widespread use of thrombolytic therapy for acute stroke, the need to control pressure to $<185$ mm Hg systolic and $110$ mm Hg diastolic has become an imperative. The publication of the Acute Candesartan Cilexetil Therapy in Stroke Survivors (ACCESS) study, which showed improved outcomes with candesartan treatment between days 1 and 10 among patients with acute stroke and hypertension, has unfortunately not clarified this issue much, because there was no blood pressure difference between patients treated with candesartan versus placebo. Furthermore, the administration of oral drugs, which cannot be retrieved if the pressure goes too low, is problematic.

In that regard, the report by Wilmot et al in this issue of Hypertension lends strong support to the use of transdermal nitrates to treat hypertension in acute stroke. They showed that blood pressure could be lowered substantially, without reduction of cerebral perfusion in the ischemic region. Important advantages of the nitrate patch are that it is easy to implement, and, more importantly, it can be removed if the pressure is dropping too low. The results of their main trial, the Efficacy of Nitric Oxide in Stroke Trial (ENOS), to determine whether blood pressure reduction improves outcomes in patients with high blood pressure and acute stroke, are, therefore, to be eagerly anticipated.

References