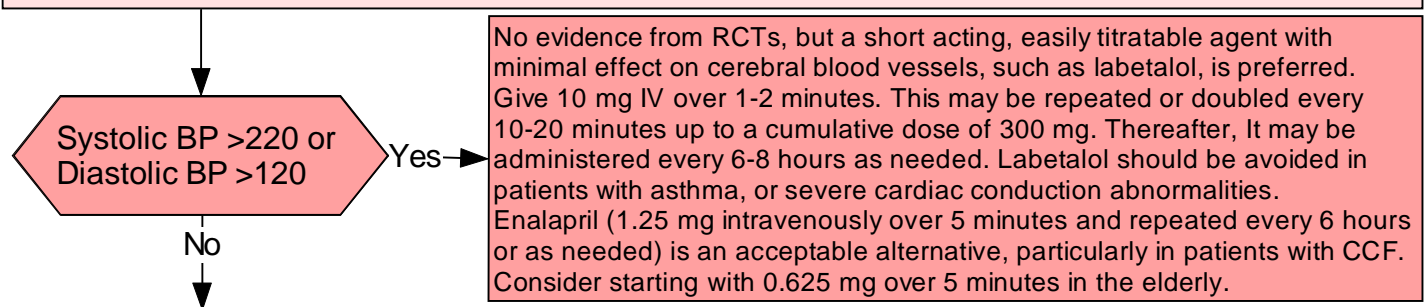


Protocol for Management of Blood Pressure and Lipids after Stroke or TIA

Eligibility Patients who have had a stroke or TIA.

Elevated blood pressure should not be treated within the first days after ischaemic stroke
Unless systolic BP exceeds 220 mm Hg or diastolic pressure exceeds 120 mm Hg
(sustained on repeated measurement)

The ischaemic penumbra loses autoregulation, and perfusion is directly linked to mean arterial pressure. Acute elevations in BP are often transient, and spontaneous declines are common. Overzealous treatment of hypertension following acute ischaemic stroke can convert the ischaemic penumbra into an infarct. The exceptions to this general recommendation are when there is concomitant Acute Myocardial Infarction, Cardiac or Renal failure



- Existing antihypertensive drugs should be continued unless the person has symptomatic postural hypotension.
- New antihypertensive treatment for secondary prevention can be introduced 5 days following acute stroke.
- There is good evidence from the PROGRESS trial, that treatment with an ACE inhibitor and diuretic reduces the risk of recurrent stroke and death from other cardiovascular causes irrespective of the baseline blood pressure.

Initial investigations and management:

Check U+E prior to initiating treatment and weekly thereafter		ECG and Chest X-ray if not already done	
Increase dose of Ramipril according to chart			
	Creatinine <165	Creatinine 165-400	Creatinine >400
Week 1	2.5mg	1.25mg	1.25mg
Week 2	5mg	2.5mg	2.5mg
Week 3	10mg	5mg	Add Diuretic (see below)
Week 4	Bendroflumethiazide or Indapamide 2.5mg daily		←
(There may be an initial fall in BP, with each dose increment, but it generally levels upwards thereafter. Symptomatic postural hypotension should be avoided)			
If BP remains above 140/85 add in further agents as per British Hypertension Society AB/CD guidelines (In the table above, Ramipril use corresponds to Step 1 and Diuretic plus Ramipril use corresponds to Step 2)			
BHS Step 3	Add Calcium Channel Blocker		
BHS Step 4	Add Alpha blocker, Spironolactone or other non-thiazide diuretic		

Lipid Management

As with blood pressure, there is strong evidence from trials that people who have had a stroke benefit from lipid lowering therapy irrespective of their initial cholesterol level.

Therefore all patients in whom there are no contraindications should be started on Simvastatin 40mg daily