Rapid Blood Pressure Reduction Safe for Ischemic Stroke

Intensive blood pressure control reduced the risk of intracranial hemorrhage without increasing the risk of death or disability in patients with acute ischemic stroke receiving intravenous thrombolysis, according to a trial published in the Lancet. Previous studies raised concern that quickly reducing blood pressure might worsen cerebral ischemia in these patients.

Within 6 hours of acute ischemic stroke onset, 2196 patients with a systolic blood pressure of 150 mm Hg or more were randomly assigned to receive intensive blood pressure lowering (systolic target, 130-140 mm Hg; ≤1 hour) or guideline-recommended blood pressure lowering (systolic target, ≤180 mm Hg) for up to 72 hours after intravenous thrombolysis.

Functional status at 90 days did not differ between groups. However, in the intensive group, only 14.8% of patients had any intracranial hemorrhage compared with 18.7% in the guideline group. Rates of serious adverse events were similar between groups.

Due to the lack of functional improvement, the findings may not support a shift to intensive blood pressure lowering among patients with mild to moderate acute ischemic stroke, according to the authors.

Caring Text Messages for Preventing Suicides

A suicide prevention intervention that supplemented standard care with caring text messages in active-duty military personnel did not reduce the odds of current suicidal ideation or suicide risk incidents, reported a study in JAMA Psychiatry.

The 658 US Army soldiers and marines at risk of suicide were randomly assigned to Caring Contacts, an intervention comprising 11 text messages expressing care and concern sent during the 12-month trial and on participants’ birthdays. All participants also received standard care.

At 12 months, there was no difference between the groups in the likelihood or severity of current suicidal ideation or hospitalization or medical evacuation for suicide risk. However, relative to the control group, Caring Contacts reduced the odds of 2 secondary outcomes—having any suicidal ideation or of attempting suicide between baseline and follow-up—by 44% and 48%, respectively. The clinically meaningful treatment effects were modest, but a longer-term Caring Contacts intervention may be more effective, according to the investigators.

Acupuncture May Reduce Menopausal Symptoms

A brief course of acupuncture may help ease menopausal symptoms and offer a treatment alternative to hormone replacement therapy, suggested a study in BMJ Open.

The researchers randomly assigned 70 women with moderate to severe menopausal symptoms to 5 weekly 15-minute sessions of Western medical acupuncture or to a control group that was offered acupuncture after 6 weeks. The intervention was delivered by family physicians from 9 general practices in Denmark trained in acupuncture.

At 6 weeks, patients in the acupuncture group reported fewer hot flushes, emotional symptoms, and skin and hair problems compared with those in the control group. Those in the acupuncture group also reported less troublesome sweating, sleeping, and physical problems.

However, it’s possible that these clinical benefits could be attributed to the placebo effect given the lack of an acupuncture comparator, acknowledged the authors.

Flexible Duty Hours, Sleep, and Patient Outcomes

Patient safety was not compromised in internal medicine residency programs with flexible duty hours, and medical trainees who worked in these programs were no more sleep-deprived than their peers in standard hour programs, reported 2 recent studies in the New England Journal of Medicine.

The Individualized Comparative Effectiveness of Models Optimizing Patient Safety and Resident Education (iCOMPARE) trial cluster-randomized 63 internal medicine residency programs in the United States to uphold standard duty hours for medical trainees or use flexible duty hours that maintained an 80-hour work week with no limits on shift lengths or required time off between shifts during the 2015-2016 academic year.

The primary outcome of iCOMPARE, reported in one study, was patient safety. The change in 30-day mortality among patients treated in flexible programs (12.6% in the pretrial year vs 12.5% in the trial year) was noninferior to that in the standard programs (12.7% in the pretrial year vs 12.2% in the trial year). Most flexible programs incorporated both extended and standard shifts. However, the study did not evaluate patient outcomes when residents worked extended shifts.

The sleep analysis, reported in the other study, examined sleep duration, morning sleepiness, and alertness over 14 days for 205 interns at 6 flexible programs and 193 interns at 6 standard programs. The average sleep time per 24 hours was 6.85 hours among those in flexible programs and 7.03 hours among those in standard programs. Noninferiority was not established for alertness.

A previously reported analysis found no significant difference in the time medical interns spent on direct patient care and education between the 2 residency programs, although interns in flexible programs were less satisfied with their educational experience. — Anita Slomski, MA

Note: Source references are available through embedded hyperlinks in the article text online.