Letters

In Reply We thank Mahabala et al for their letter. We performed the analysis using postrandomization treatment groups based on systolic blood pressure (SBP) target values (intensive-arm goal, 110-139 mm Hg; standard-arm goal, 140-179 mm Hg).1 The first SBP level recorded in the emergency department was termed the initial SBP. The protocol permitted initiation of antihypertensive treatment (often by intravenous nicardipine infusion) before randomization to lower the SBP level to less than 180 mm Hg,2 which was consistent with the contemporary American Stroke Association Stroke Council guidelines,3 but the SBP level was to be maintained at 140 mm Hg or more before randomization. The initiation of antihypertensive treatment before randomization resulted in prerandomization SBP level reduction in the Antihypertensive Treatment of Acute Cerebral Hemorrhage 2 trial. The issue regarding prerandomization or ultra-early intensive reduction of SBP being more beneficial than intensive SBP reduction at later points has been raised previously.4 Mahabala et al have provided a valuable analysis of the data supporting the hypothesis in their letter. Li et al4 also reported that among 354 patients in whom intravenous nicardipine treatment was initiated within 2 hours, the frequency of hematoma expansion was significantly lower in the intensive blood pressure reduction group compared with the standard treatment group. Multivariant analysis showed that ultra-early intensive blood pressure treatment was associated with a decreased risk of hematoma expansion, a higher rate of functional independence, and good outcome at 90 days. One issue to be cautious about in prerandomization SBP reduction is that the SBP reduction groups are created based on post hoc conceptualization. Therefore, the limitations of post hoc analysis apply and should be taken into account during interpretation.

Adnan I. Qureshi, MD
Wei Huang, MA
Iryna Lobanova, MD, PhD

Author Affiliations: Zeenat Qureshi Stroke Institute, University of Missouri, Columbia (Qureshi, Huang, Lobanova); Department of Neurology, University of Missouri, Columbia (Qureshi, Huang, Lobanova).

Corresponding Author: Adnan I. Qureshi, MD, Zeenat Qureshi Stroke Institute, Department of Neurology, University of Missouri, One Hospital Drive, CES07, Columbia, MO 65212 (qureshai@gmail.com).

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CORRECTION

Error in Author Name: In the Original Investigation titled “Novel Alzheimer Disease Risk Loci and Pathways in African American Individuals Using the African Genome Resources Panel: A Meta-analysis,” published in the January 2021 issue of JAMA Neurology,1 the 23rd author’s first name was misspelled. Dr Wang’s name should be spelled “Li-San Wang.” This article was corrected online.


Table. Comparison of Intensive Prerandomization vs Nonintensive Prerandomization Systolic Blood Pressure Reduction With Standard Postrandomization Reduction

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Intensive prerandomization, No./total No. (%)</th>
<th>Nonintensive prerandomization, No./total No. (%)</th>
<th>Risk ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematoma expansion</td>
<td>18/114 (15.8)</td>
<td>108/370 (29.2)</td>
<td>0.60 (0.38-0.95)</td>
</tr>
<tr>
<td>Neurological deterioration</td>
<td>8/118 (6.8)</td>
<td>32/181 (18.4)</td>
<td>0.82 (0.39-1.73)</td>
</tr>
<tr>
<td>Adverse events &lt;72 h</td>
<td>1/118 (0.8)</td>
<td>5/381 (1.3)</td>
<td>0.65 (0.07-5.50)</td>
</tr>
<tr>
<td>Adverse events 3 mo</td>
<td>21/118 (17.8)</td>
<td>78/381 (20.5)</td>
<td>0.89 (0.57-1.39)</td>
</tr>
<tr>
<td>Adverse kidney events</td>
<td>5/118 (4.2)</td>
<td>15/381 (3.9)</td>
<td>1.07 (0.40-2.89)</td>
</tr>
</tbody>
</table>

Chakrapani Mahabala, MD
Prabodh Varma, MBBS
Ashok Shenoy, MD

Author Affiliations: Department of Internal Medicine, Kasturba Medical College Mangalore, Manipal Academy of Higher Education, Manipal, India (Mahabala, Varma); Department of Pharmacology, Kasturba Medical College Mangalore, Manipal Academy of Higher Education, Manipal, India (Shenoy).

Corresponding Author: Chakrapani Mahabala, MD, Department of Internal Medicine, Kasturba Medical College, Mangalore Manipal Academy of Higher Education, Light House Hill Road, Mangalore 575001, India (chakrapani.mm@manipal.edu).

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