Letters to the Editor

Stroke welcomes Letters to the Editor and will publish them, if suitable, as space permits. They should not exceed 750 words (including references) and may be subject to editing or abridgment. Please submit letters in duplicate, typed double-spaced. Include a fax number for the corresponding author and a completed copyright transfer agreement form (available online at http://stroke.ahajournals.org and http://submit-stroke.ahajournals.org).

Importance of Blood Pressure Control in Hypertensive Patients With Coronary Heart Disease in Clinical Practice to Reduce the Risk of Stroke

To the Editor:

We wish to comment on the manuscript of Coca et al about which factors may influence the stroke risk among patients with coronary artery disease.1 For this purpose, data from the 22,576 patients enrolled in the INInternational VErapamil SR-trandolapril STudy (INVEST) were used. Interestingly, excellently blood pressure control was achieved, at 24 months, >70% of patients attained values <140/90 mm Hg during 61,835 patient-years of follow-up. At the study end, 377 patients had a stroke (6.1 strokes/1000 patient-years) and 28% of those patients had a fatal stroke. Increased age, black race, US residency, and history of prior myocardial infarction, smoking, stroke/transient ischemic attack, arrhythmia, diabetes, and coronary bypass surgery were associated with an increased risk of stroke. As expected, achieving a systolic blood pressure <140 mm Hg and a diastolic blood pressure <90 mm Hg was associated with a decreased risk of stroke. As authors remarked, these results strongly support the importance of reducing blood pressure to <140/90 mm Hg for stroke prevention in patients with coronary artery disease.

Although information given by controlled randomized trials is very important, it is not always reliable to clinical practice. Clinical trials are somehow selective, and sometimes significant differences remain between randomized trials and the “real world” of clinical practice.2–4 Although there are several causes to explain this difference, the more strict follow-up, the more favorable clinical profile and the major motivation of the patients to take the medication may be potential reasons that result in a better blood pressure control in these studies.5

Because blood pressure control is crucial to decrease the stroke risk, especially in those populations at highest risk such as those patients with hypertension and coronary artery disease, it seems necessary to explore the real blood pressure control in clinical practice. For this reason, a recent survey was performed.6 In this study, a total of 2024 patients with hypertension and chronic ischemic heart disease attended in cardiology outpatient clinics. The CINHTIA study.

In conclusion, these data show that there is a strong relationship between blood pressure control and the stroke risk, and secondly that it is necessary to perform studies that represents the “real world” of clinical practice to determine how the evidences obtained from clinical trials are translated into the daily management of the hypertensive population with ischemic heart disease.

Disclosures

None.

Vivencio Barrios, MD, PhD
Department of Cardiology
Hospital Ramón y Cajal
Madrid, Spain

Carlos Escobar, MD, PhD
Department of Cardiology
Hospital Infanta Sofia
Madrid, Spain

Importance of Blood Pressure Control in Hypertensive Patients With Coronary Heart Disease in Clinical Practice to Reduce the Risk of Stroke

Vivencio Barrios and Carlos Escobar

*Stroke*. 2009;40:e469; originally published online April 23, 2009; doi: 10.1161/STROKEAHA.108.519686

*Stroke* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2009 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/40/6/e469