

# Analgesia for spontaneous intracerebral hemorrhage

**Spontaneous intracerebral hemorrhage** (ICH) is a serious threat to human health. Although early **blood pressure** (BP) elevation is closely associated with a poor **prognosis**, the optimal antihypertensive regimen for acute-phase ICH remains controversial. In ICH, **pain**, **sleep deprivation**, and **stress** are usually the main causes of dramatic BP increases. While traditional **antihypertensive treatment** resolves the increased BP, it does not address the root cause of the disease. **Remifentanyl** relieves **pain** and, when combined with **dexmedetomidine**'s antisympathetic action, can restore elevated BP to normal levels.

Dong et al. sought to validate the **efficacy** and **safety** of applying sufficient **analgesia** in combination with a minimal sedation program versus **antihypertensive** drug therapy for the early and rapid stabilization of BP in ICH patients.

They are conducting a multicenter, prospective, randomized controlled, single-blinded, superiority clinical trial across 15 hospitals. We will enroll 354 subjects in mainland China, and all subjects will be randomized into experimental and control groups in which they will be given remifentanyl combined with dexmedetomidine or antihypertensive drugs (urapidil, nicardipine, and labetalol). The primary endpoint will be the systolic BP control rate within 1 h of treatment initiation, and the efficacy and safety of the antihypertensive regimens will be compared between the two groups. Secondary endpoints include the incidence rate of early hemorrhage growth, neurological function, duration of intensive care unit (ICU) stay, and staff satisfaction with the treatment process.

They hypothesized that applying sufficient analgesia in combination with minimal sedation will act as an effective and safe antihypertensive strategy in ICH and that this treatment strategy could, therefore, be widely used as an ICH acute-phase therapy <sup>1)</sup>.

<sup>1)</sup>

Dong R, Li F, Xu Y, Chen P, Maegle M, Yang H, Chen W. Safety and efficacy of applying sufficient analgesia combined with a minimal sedation program as an early antihypertensive treatment for spontaneous intracerebral hemorrhage: a randomized controlled trial. *Trials*. 2018 Nov 6;19(1):607. doi: 10.1186/s13063-018-2943-6. PubMed PMID: 30400977; PubMed Central PMCID: PMC6219080.

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