

Study Shows Blood Pressure Has Little to Do with Repeat Strokes

ATLANTIC CITY—Results released Friday (Nov. 9) of a national six-year study of stroke survivors with mild hypertension show that blood pressure level has little to do with repeat strokes.

The surprise finding also demonstrated, however, that antihypertensive drugs apparently are safe for this class of patients, a question which has been a major concern for years among physicians.

Cardiologist Sibley Hoobler, M. D., of the University of Michigan, who directed the research project reported its results in a paper given Friday at the annual meeting of the American Heart Association.

Dr. Hoobler said the close follow-up of 452 stroke victims by doctors at 10 U. S. medical centers had shown no statistical connection between mild hypertension and recurrence of strokes.

"It appears that once the stage has been set for the first cerebral infarction (stroke), the level of blood pressure or its variability has little relationship to stroke recurrences," Dr. Hoobler said. However, he cautioned, "the results of the study should not be interpreted to mean that stroke patients with high blood pressure should discontinue

taking their hypertension medication."

A key finding of the study, he noted, is that the use of antihypertensive drugs for stroke victims is safe and does not, as some authorities had feared, reduce the blood supply to the brain in such a way that it increases the risk of stroke recurrence.

The project established that hypertensive drugs are effective in lowering the blood pressure of most patients if they have had a stroke and that the medications are particularly valuable in protecting against the development of congestive heart failure.

Dr. Hoobler commented that other studies have shown that drugs to lower blood pressure reduce the incidence of first strokes and also are valuable in preventing later strokes among persons with quite high blood pressure.

The new study is the first to consider the value of drugs in treating mild hypertensives who have had stroke symptoms. The average blood pressure of the patients studied was 167 over 100. The research also included a significant number of women patients.

Some 80 per cent of the patients in the study were black, selected largely at Southern medical centers,

because high blood pressure is such a serious problem among blacks, Dr. Hoobler said.

The study was undertaken to settle a question plaguing doctors for years: Is antihypertensive treatment helpful or harmful after a stroke has occurred? Will it prevent or increase the chance of recurrence?

Dr. Hoobler said this uncertainty was explained to the patients who agreed to join the study knowing that they might be given a placebo (inactive) pill. The patients were also given low salt diets and followed closely every six weeks for one to five years.

Half received placebo and half an active drug which lowered the blood pressure almost to normal. Any patients doing poorly on drug or placebo were removed from the study but this occurred in only a few instances.

At the end of the study, there were 37 stroke recurrences in the drug treated group and 42 in the placebo group.

The difference between groups was not enough to be statistically significant, Dr. Hoobler said. However, congestive heart failure appeared in six persons, all in the placebo group and in none of those taking anti-

hypertensive drugs, a definite indication of the value of active therapy, Dr. Hoobler reported.

Subgroups of patients in the study who usually have a lower rate of blood vessel disease, such as females, persons without enlarged hearts and non-diabetics, also showed definite benefit from drug treatment. Overweight persons also benefited from medication.

Blacks on placebo showed a lower rate (23.7 per cent) of strokes or heart incidents than whites on placebo (43.5 per cent).

Blacks taking antihypertensive medication, however, showed little reduction in stroke or heart incidents, while whites receiving drugs, exhibited a substantial reduction—from 43.5 per cent to 16.7 per cent. Doctors added that since whites made up only 20 per cent of the study group, the findings were not statistically significant and should probably be considered in another study.

The research, supported by grants from the National Institute of Neurological Diseases and Stroke, was directed by neurologists and internists at the following centers:

Bowman Gray School of Medicine, Emory University

School of Medicine, Hennepin County General Hospital, Minneapolis, Medical College of Georgia, Medical College of Virginia, Philadelphia General Hospital, University of Maryland, University of Tennessee, University of Mississippi and Wayne State University (Detroit General and Harper Hospitals). The University of Michigan acted as the coordinating center.

In addition to Dr. Hoobler, major contributions to the research at the U-M were made by Steve Julius, M. D., the late John F. Simpson, M. D., and M. Anthony Schork, Ph.D. The project was a joint effort between the departments of internal medicine, neurology and biostatistics.

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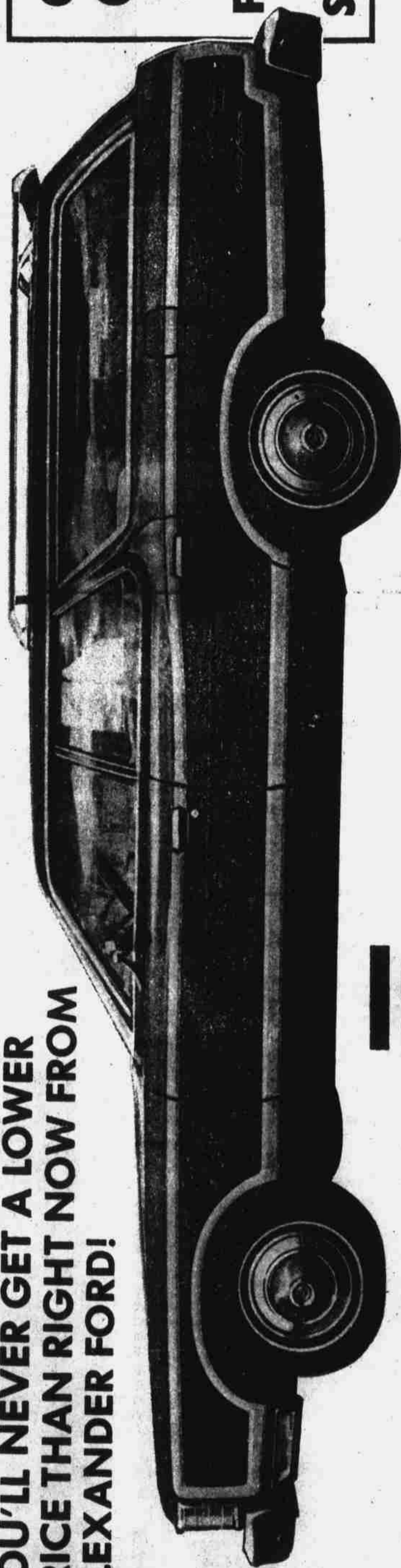
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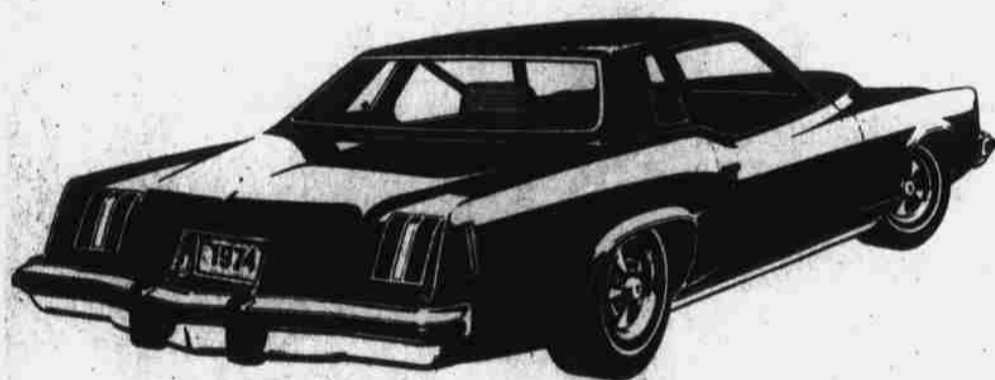
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