

Improving treatments for acute intracerebral haemorrhage strokes (INTERACT3) – March 2022



Facts:

- Stroke is the 2nd leading cause of death and 3rd leading cause of disability worldwide.
- ICH stroke accounts for up to half of all strokes in low- to middle-income countries, and at least one-third of patients die within one month after onset.
- Acute hypertension occurs among almost all patients who experience an ICH and strongly predicts a bad outcome – death or survival with disability.

Project cycle:

2017 – 2023

Partners:

The George Institute for Global Health The West China Hospital, China

Supporters:

Joint Global Health Trials grant from National Institute of Health Research (NIHR), the Department for International Development (DFID), the Global Challenges Research Fund (GCRF) and the Medical Research Council (MRC), UK The West China Hospital Outstanding Discipline Development 1-3-5 Program, China

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Background:

- Acute stroke due to spontaneous bleeding in the brain, called intracerebral haemorrhage (ICH), is the most severe and least treatable type of stroke.
- Despite many requiring life-saving surgery, intensive care and other treatments, there is uncertainty about how best to organise the management of ICH patients.
- Rates of ICH are particularly high in low- and middle-income countries, largely due to the high prevalence of hypertension and other risk factors.
- Given the strong relationship between elevated blood pressure (BP) and serious outcomes from stroke (ICH), rapidly lowering BP may improve treatment and recovery.

Aims:

• To determine whether new treatment strategies to control BP, sugar levels and fever early, coupled with reversing any blood thinners, can improve ICH survival without serious disability.

Methods:

- This study uses a step-wedged, cluster-randomised controlled design. Hospitals are randomised between the control 'usual care' and the proposed trial package of care
- The study aims to enrol 8,360 patients across 110 hospitals in nine low- and middle-income countries and one high-income country.
- This study will include a broad range of patients, including those with large ICH and/or require early neurosurgery who have often been excluded from previous research studies.
- The study also includes interviews with participating health professionals to gain insights into the barriers and facilitators to change processes of care introduced by the care bundle.

Impact:

- This is the largest research project to ever evaluate treatments for ICH and will involve a significant number of hospitals in China and around the world where there is a heavy burden of stroke.
- It will clarify whether managing abnormal physiological variables and rapid correction of blood thinners can improve stroke recovery.
- The protocols used for the package of care can be readily adopted in hospitals worldwide.
- Research learnings will inform and transform global stroke treatment strategies.

Contact:

To find out more about the INTERACT3 study and its principal investigators Professor Craig Anderson, Professor Chao You or The George Institute, please contact: +86 10 8280 0577 or media china@georgeinstitute.org.cn

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