



## AUTHORS

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## INTRODUCTION

- Rebleeding after aneurysmal subarachnoid hemorrhage (aSAH) is associated with significant morbidity and mortality.<sup>1</sup>
- Elevated blood pressure (BP) has historically been considered an important risk factor for rebleeding.<sup>2,3</sup>
- Newly released management guidelines no longer recommend specific BP targets prior to securing the aneurysm.<sup>4,5</sup>
- BP management practice is highly variable in the USA.<sup>6</sup>
- Within Canada, the practice pattern and beliefs are unclear.

## OBJECTIVES

The objectives of this study are threefold:

- Describe the “self-reported” practice patterns of early BP management (first 72 hours) by clinicians who care for aSAH patients in the Canadian setting.
- Identify predictors for selection of specific BP targets.
- Explore potential barriers to BP target implementation.

## METHOD

### Study design:

- Self-administered, web-based survey generated using a modified-delphi process.
- Questionnaire was pre-tested and piloted for clarity, consistency, and overall completion time.
- 3 case scenarios representing progressive clinical severity.
- University of Ottawa REB approved (H-11-22-8598).

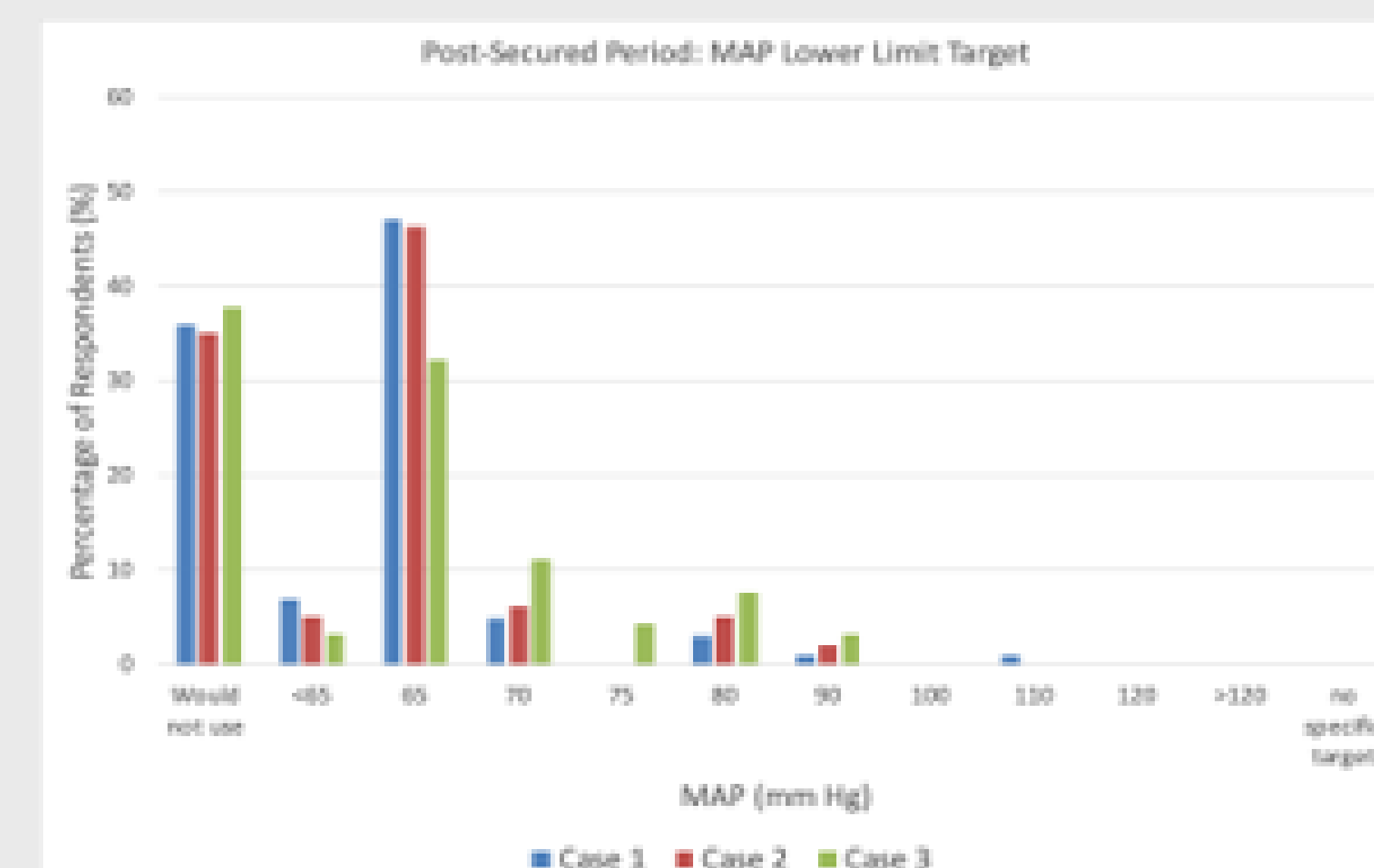
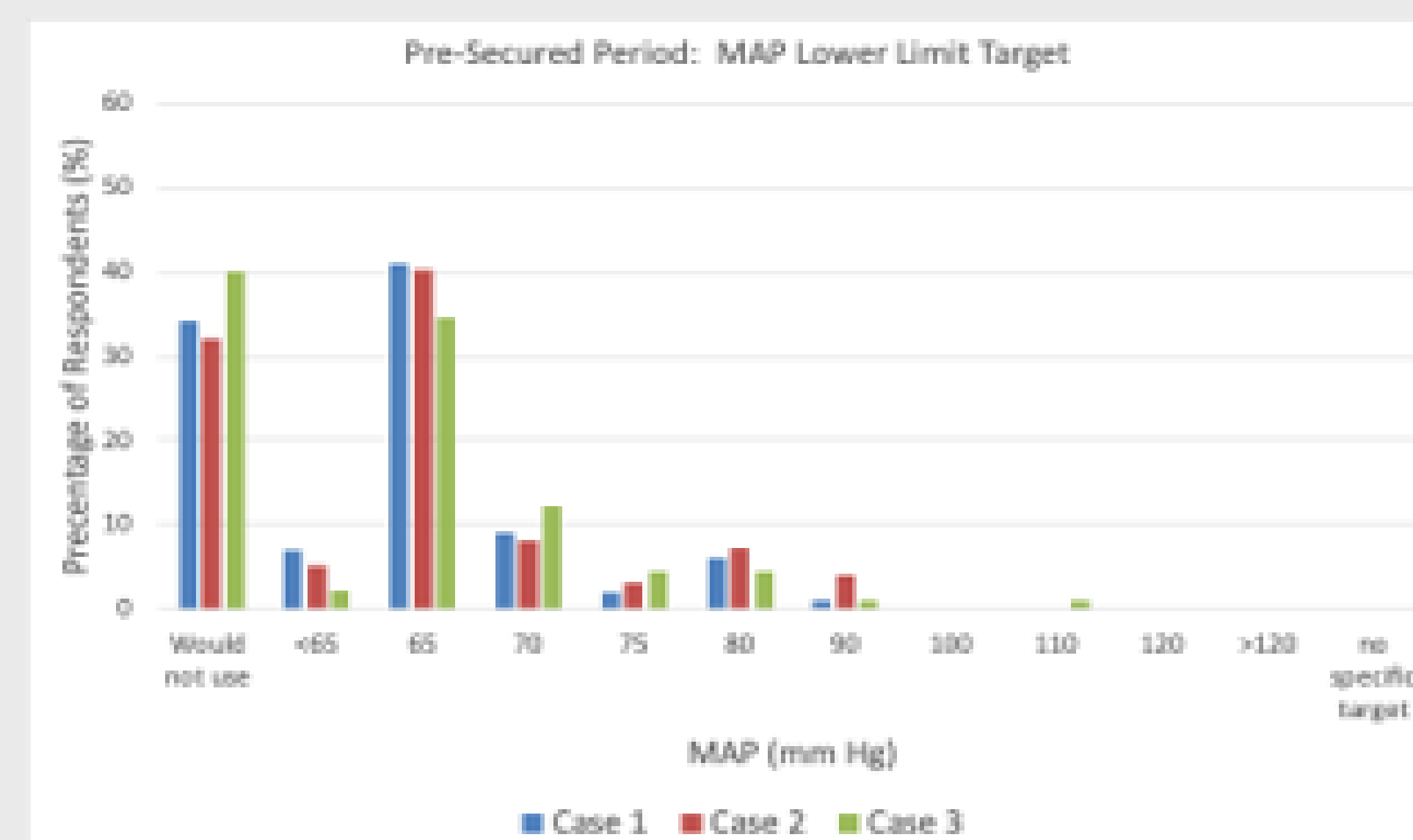
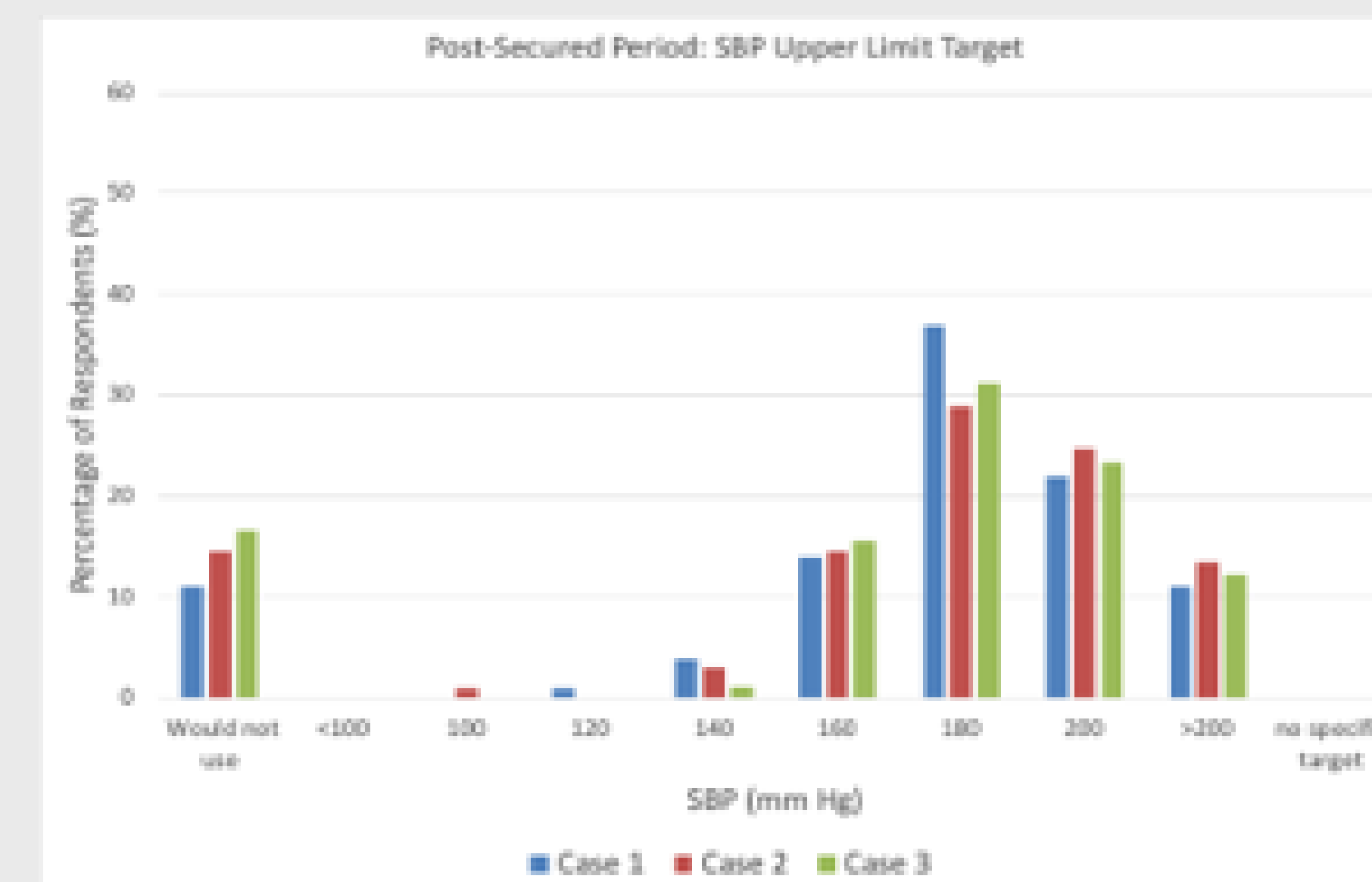
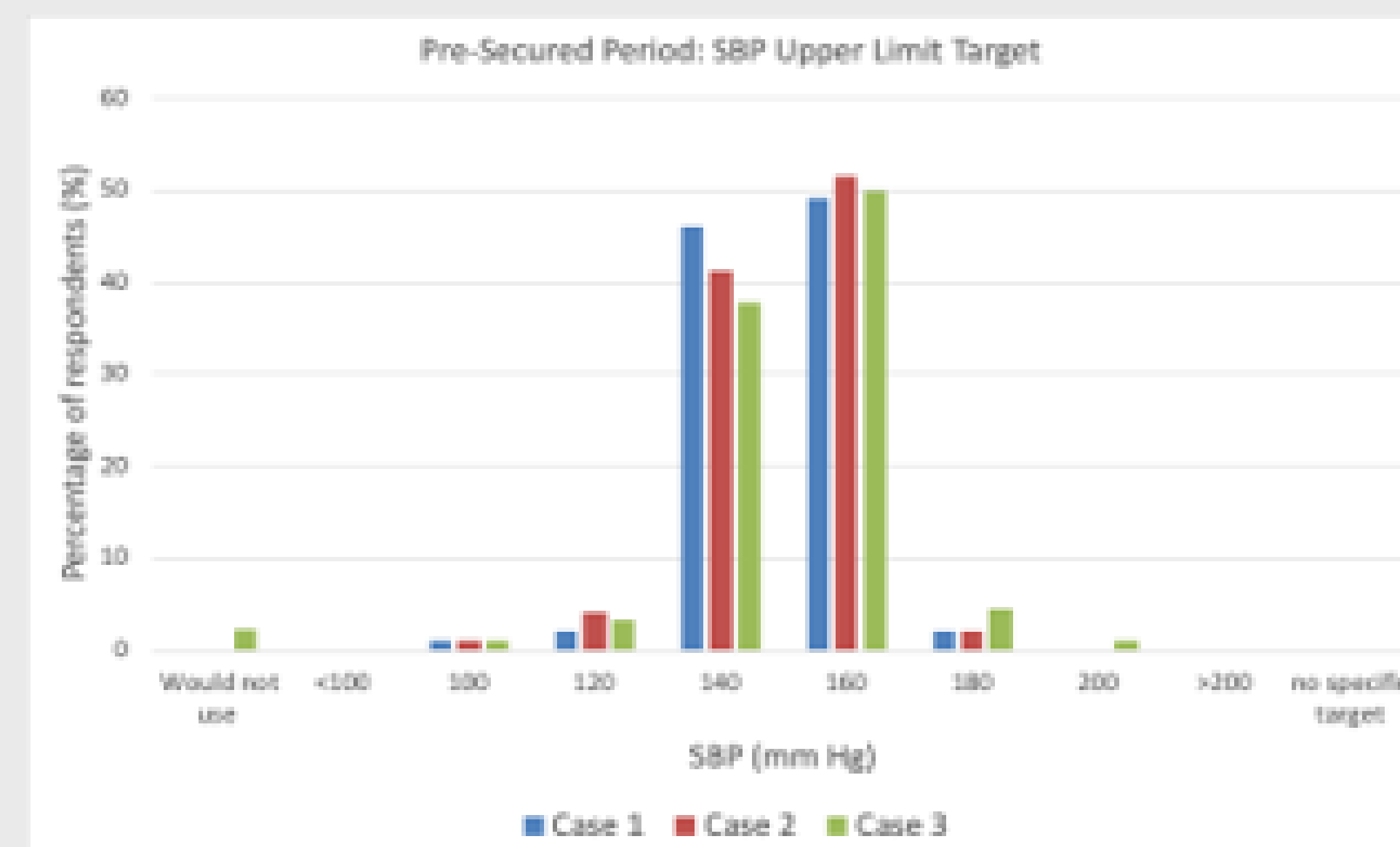
### Population:

- All attending intensivists and cerebrovascular neurosurgeons (N=293) who practice in Canadian centres (N=21) who potentially care for patients with aSAH.

### Dissemination:

- Responses collected from March 3rd, 2023 to April 30th, 2023 using SurveyMonkey.

## RESULTS



### Respondent Demographics

- Total n=102
- ICU = 87 (85%)
- CV NSx = 15 (15%)
- NCC fellowship training
- n = 14 (16%)
- Centre volume (cases/year)
- ≥ 25 = 79 (91%)

### Key barrier = provider disagreement

- Sometimes = 41%
- Often/always = 14%

### Key predictors

- Higher BP target
- Edema/↑ ICP = 90%
- Lower BP target
- ↑ Aneurysm size = 76%

## CONCLUSION

- In the **pre-secured period**, the reported BP targets are uniform and in keeping with previous guidelines.
- In the **post-secured period**, we observed wide variability in the reported BP targets.
- Minimal change in targets reported with increasing case severity.
- Important predictors of BP target selection were identified/ranked.
- The key barrier to BP target implementation identified by respondents was provider disagreement.
- Our results will inform the design of a future prospective study.

## ACKNOWLEDGEMENTS

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## REFERENCES

1. Larsen CC, Astrup J. Rebleeding After Aneurysmal Subarachnoid Hemorrhage: A Literature Review. *World Neurosurgery* 2013;79(2):307-12.
2. Tang C, Zhang T-S, Zhou L-F. Risk Factors for Rebleeding of Aneurysmal Subarachnoid Hemorrhage: A Meta-Analysis. *PLoS ONE* 2014;9(6):e99536.
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4. Treggiari MM, Rabinstein AA, Busi KM, et al. Guidelines for the Neurocritical Care Management of Aneurysmal Subarachnoid Hemorrhage. *Neurocrit Care* [Internet] 2023 [cited 2023 Jul 21];
5. Hoh BL, Ko NU, Amin-Hanjani S, et al. 2023 Guideline for the Management of Patients With Aneurysmal Subarachnoid Hemorrhage: A Guideline From the American Heart Association/American Stroke Association. *Stroke* [Internet] 2023 [cited 2023 Jul 21];54(7).
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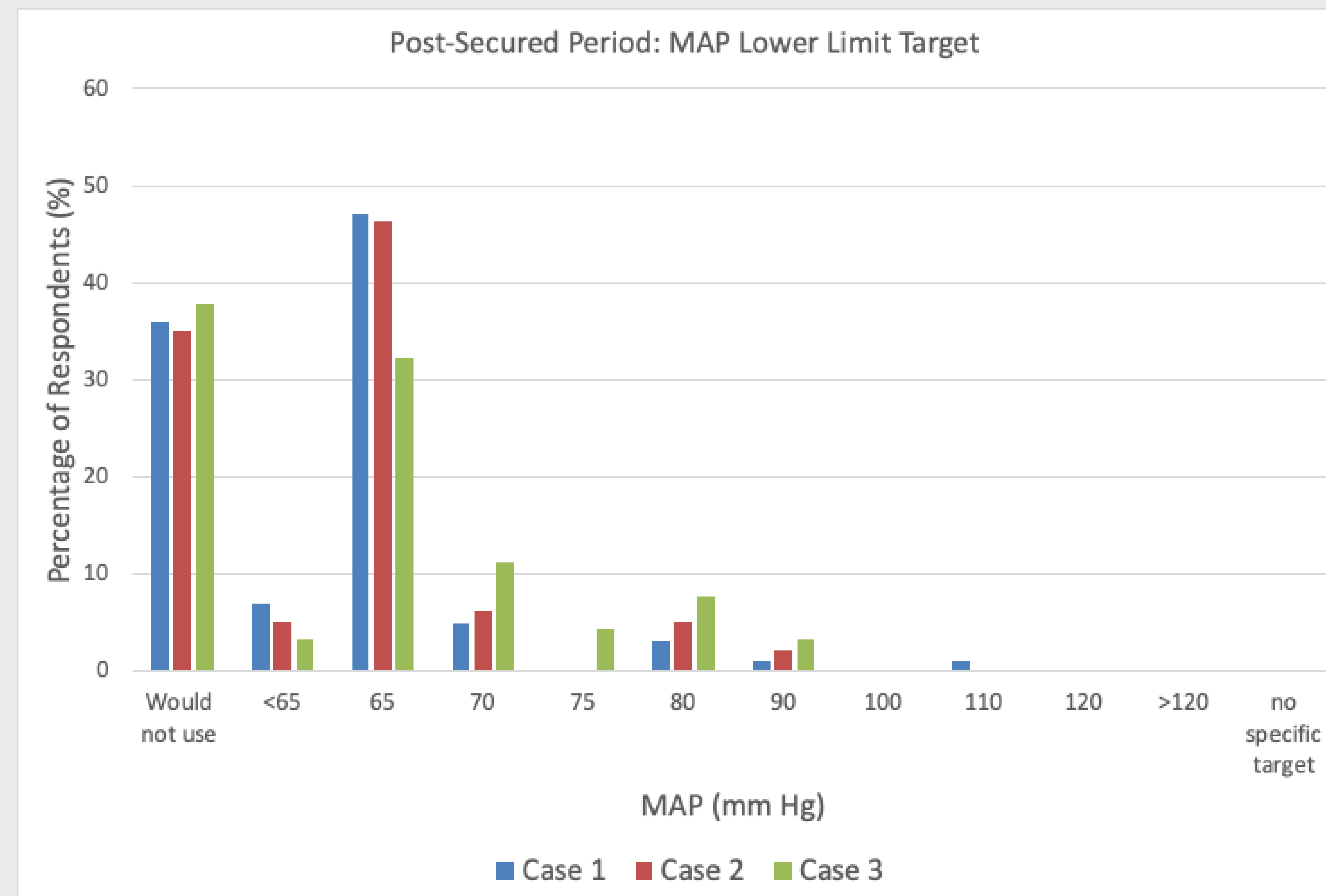
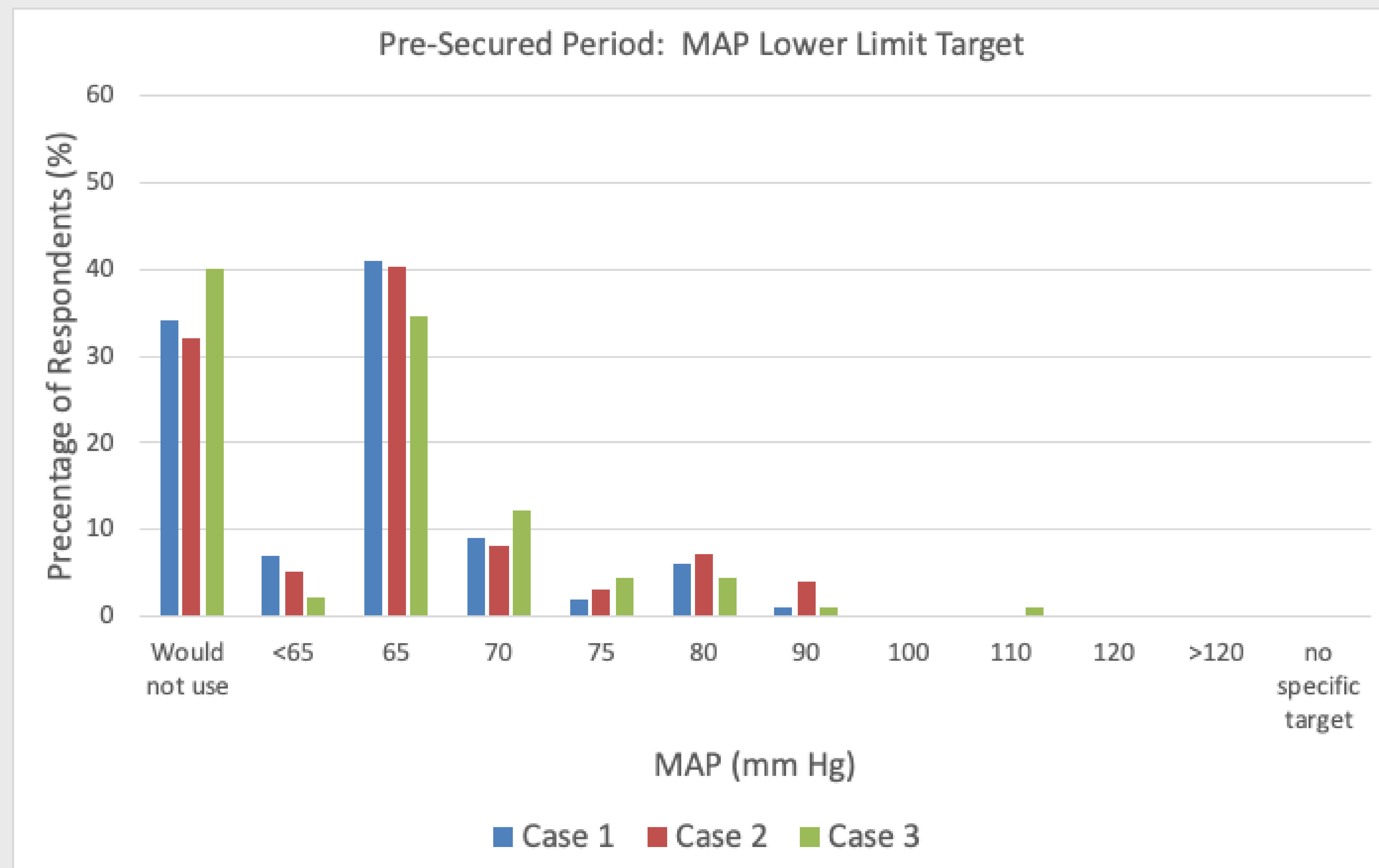
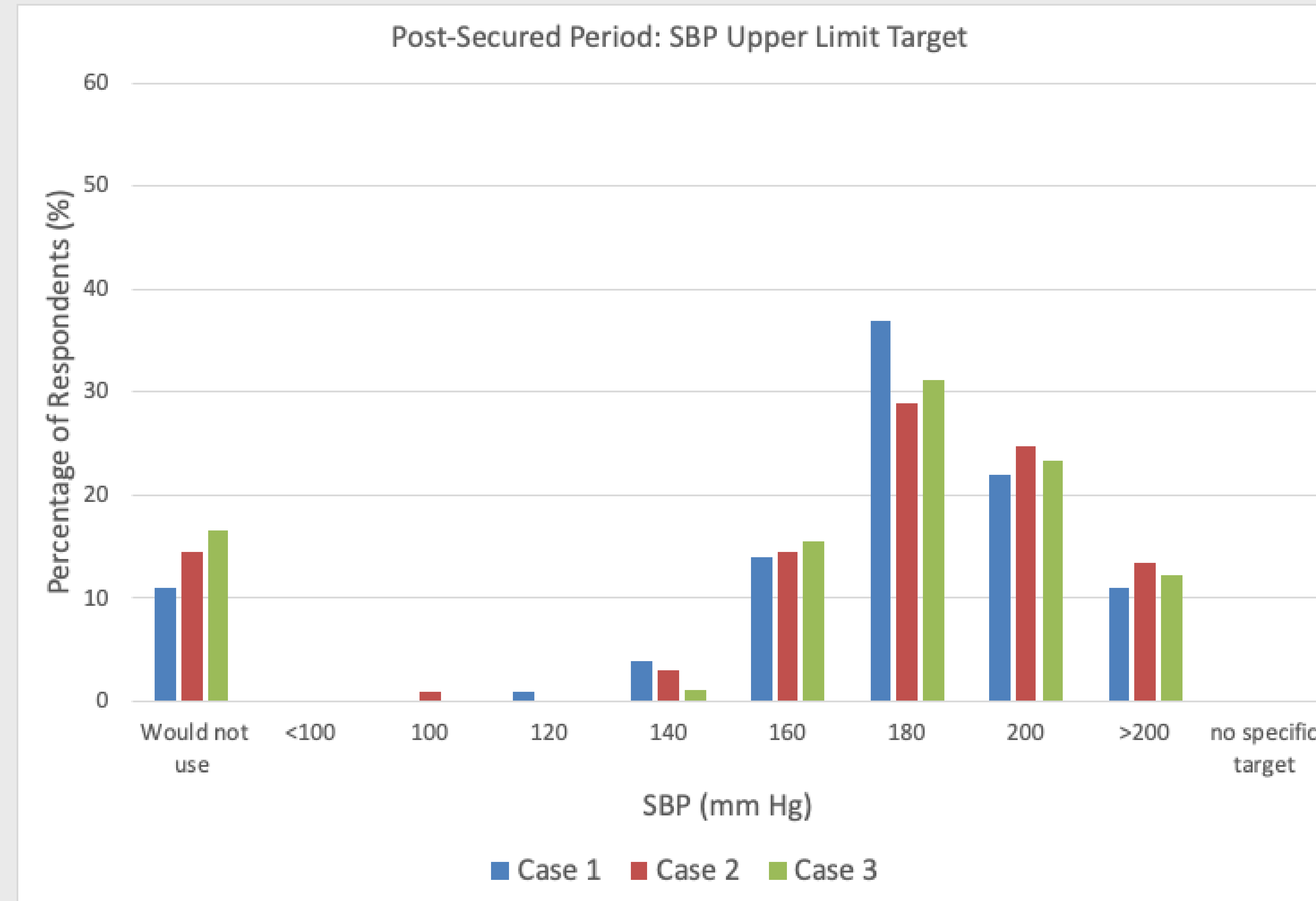
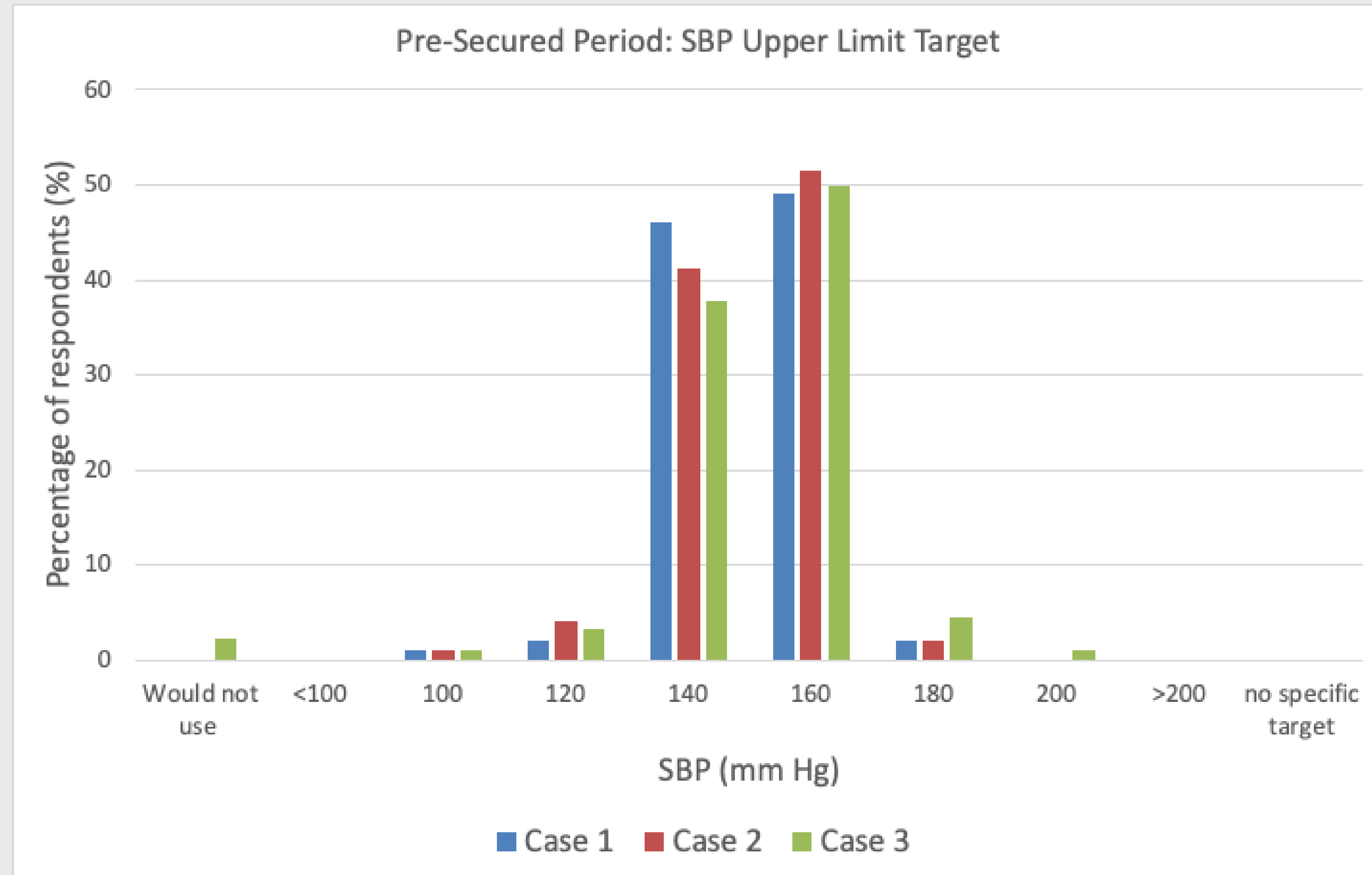
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