

- multicentre, randomised, open-label, blinded endpoint, phase 3 trial. *Lancet Neurol* 2022; 21: 971–981.
57. Li G, Lin Y, Yang J, et al. Intensive ambulance-delivered blood-pressure reduction in hyperacute stroke. *N Engl J Med* 2024; 390: 1862–1872.
 58. Anderson CS, Huang Y, Wang JG, et al. Intensive blood pressure reduction in acute cerebral haemorrhage trial (INTERACT): a randomised pilot trial. *Lancet Neurol* 2008; 7: 391–399.
 59. Koch S, Romano JG, Forteza AM, et al. Rapid blood pressure reduction in acute intracerebral hemorrhage: feasibility and safety. *Neurocrit Care* 2008; 8: 316–321.
 60. Potter JF, Robinson TG, Ford GA, et al. Controlling hypertension and hypotension immediately post-stroke (CHHIPS): a randomised, placebo-controlled, double-blind pilot trial. *Lancet Neurol* 2009; 8: 48–56.
 61. Butcher KS, Jeerakathil T, Hill M, et al. The intracerebral hemorrhage acutely decreasing arterial pressure trial. *Stroke* 2013; 44: 620–626.
 62. Anderson CS, Heeley E, Huang Y, et al. Rapid blood-pressure lowering in patients with acute intracerebral hemorrhage. *N Engl J Med* 2013; 368: 2355–2365.
 63. Jusufovic M, Sandset EC, Bath PM, et al. Blood pressure-lowering treatment with candesartan in patients with acute hemorrhagic stroke. *Stroke* 2014; 45: 3440–3442.
 64. Qureshi AI, Palesch YY, Barsan WG, et al. Intensive blood-pressure lowering in patients with acute cerebral hemorrhage. *N Engl J Med* 2016; 375: 1033–1043.
 65. Krishnan K, Scutt P, Woodhouse L, et al. Glyceryl trinitrate for acute intracerebral hemorrhage: results from the Efficacy of Nitric Oxide in Stroke (ENOS) trial, a subgroup analysis. *Stroke* 2016; 47: 44–52.
 66. Zheng J, Li H, Lin S, et al. Perioperative antihypertensive treatment in patients with spontaneous intracerebral hemorrhage. *Stroke* 2017; 48: 216–218.
 67. Gupta S, Abbot AK, Srinath R, et al. Randomized trial to assess safety and clinical efficacy of intensive blood pressure reduction in acute spontaneous intracerebral haemorrhage. *Med J Armed Forces India* 2018; 74: 120–125.
 68. RIGHT-2 Investigators. Prehospital transdermal glyceryl trinitrate in patients with ultra-acute presumed stroke (RIGHT-2): an ambulance-based, randomised, sham-controlled, blinded, phase 3 trial. *Lancet* 2019; 393: 1009–1020.
 69. Yuan F, Yang F, Zhao J, et al. Controlling Hypertension After Severe Cerebrovascular Event (CHASE): a randomized, multicenter, controlled study. *Int J Stroke* 2020; 16: 1747493020932784.
 70. Gioia L, Klahr A, Kate M, et al. The intracerebral hemorrhage acutely decreasing arterial pressure trial II (ICH ADAPT II) protocol. *BMC Neurol* 2017; 17: 100.
 71. Al-Shahi Salman R, Frantziadis J, Lee RJ, et al. Absolute risk and predictors of the growth of acute spontaneous intracerebral haemorrhage: a systematic review and meta-analysis of individual patient data. *Lancet Neurol* 2018; 17: 885–894.
 72. Divani AA, Liu X, Di Napoli M, et al. Blood pressure variability predicts poor in-hospital outcome in spontaneous intracerebral hemorrhage. *Stroke* 2019; 50: 2023–2029.
 73. Manning L, Hirakawa Y, Arima H, et al. Blood pressure variability and outcome after acute intracerebral haemorrhage: a post-hoc analysis of INTERACT2, a randomised controlled trial. *Lancet Neurol* 2014; 13: 364–373.
 74. Chang JJ, Armonda R, Goyal N, et al. Magnesium: pathophysiological mechanisms and potential therapeutic roles in intracerebral hemorrhage. *Neural Regen Res* 2019; 14: 1116–1121.
 75. Tanaka E, Koga M, Kobayashi J, et al. Blood pressure variability on antihypertensive therapy in acute intracerebral hemorrhage: the Stroke Acute Management with Urgent Risk-factor Assessment and Improvement-intracerebral hemorrhage study. *Stroke* 2014; 45: 2275–2279.
 76. de Havenon A, Majersik JJ, Stoddard G, et al. Increased blood pressure variability contributes to worse outcome after intracerebral hemorrhage. *Stroke* 2018; 49: 1981–1984.
 77. Moullaali TJ, Wang X, Martin RH, et al. Blood pressure control and clinical outcomes in acute intracerebral haemorrhage: a preplanned pooled analysis of individual participant data. *Lancet Neurol* 2019; 18: 857–864.
 78. Arima H, Heeley E and Delcourt C. Optimal achieved blood pressure in acute intracerebral hemorrhage: INTERACT2. *Neurology* 2015; 84: 464–471.
 79. Rodriguez-Luna D, Pancorbo O, Llull L, et al. Effects of achieving rapid, intensive, and sustained blood pressure reduction in intracerebral hemorrhage expansion and functional outcome. *Neurology* 2024; 102: e209244.
 80. Ma L, Hu X, Song L, et al. The third intensive care bundle with blood pressure reduction in acute cerebral haemorrhage trial (INTERACT3): an international, stepped wedge cluster randomised controlled trial. *Lancet* 2023; 402: 27–40.
 81. Wang X, Di Tanna GL, Moullaali TJ, et al. J-shape relation of blood pressure reduction and outcome in acute intracerebral hemorrhage: a pooled analysis of INTERACT2 and ATACH-II individual participant data. *Int J Stroke* 2022; 17: 1129–1136.
 82. Burgess LG, Goyal N, Jones GM, et al. Evaluation of acute kidney injury and mortality after intensive blood pressure control in patients with intracerebral hemorrhage. *J Am Heart Assoc* 2018; 7: 1–11.
 83. Li Q, Lv X, Morotti A, et al. Optimal magnitude of blood pressure reduction and hematoma growth and functional outcomes in intracerebral hemorrhage. *Neurology* 2025; 104: e213412.
 84. Qureshi AI, Huang W, Lobanova I, et al. Outcomes of intensive systolic blood pressure reduction in patients with intracerebral hemorrhage and excessively high initial systolic blood pressure: post hoc analysis of a randomized clinical trial. *JAMA Neurol* 2020; 77: 1355–1365.
 85. Bath PM, Woodhouse LJ, Krishnan K, et al. Prehospital transdermal glyceryl trinitrate for ultra-acute intracerebral hemorrhage: data from the RIGHT-2 trial. *Stroke* 2019; 50: 3064–3071.
 86. Graffagnino C, Bergese S, Love J, et al. Clevidipine rapidly and safely reduces blood pressure in acute intracerebral hemorrhage: the ACCELERATE trial. *Cerebrovasc Dis* 2013; 36: 173–180.
 87. Dong R, Li F, Li B, et al. Effects of an early intensive blood pressure-lowering strategy using remifentanyl and dexmedetomidine in patients with spontaneous intracerebral hemorrhage: a multicenter, prospective, superiority, randomized controlled trial. *Anesthesiology* 2024; 141: 100–115.