

April 2005

Issue 23

Headlines:

- Largest BP Trial
- South East Asia Centres
- UK Investigators Meeting
- European Stroke Conference
- Limb weakness
- Carotid Doppler
- Tip of month

Current Recruitment

345



Congratulations to Dr Darawil's Team in Newham, UK on the recruitment of their first 3 patients in March



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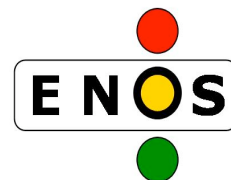
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ENOS NEWS



The Newsletter for the 'Efficacy of Nitric Oxide in Stroke Trial'

Largest BP Trial

Congratulations and thanks to all the ENOS collaborators – the trial is now the largest to assess the management of BP in acute stroke. This is a real achievement for all of us.

South-East Asia Centres

Following a successful visit to China, Hong Kong and Taiwan, Philip Bath spoke at the Taiwan Stroke Conference about ENOS. We hope that many of our colleagues in South-East Asia will participate in ENOS in the near future.

UK Investigators Meeting 2005

We would like to thank all of the delegates who attended the first UK Investigators Meeting in Nottingham on 13 April 2005. The Meeting was a great success and we had useful discussions on the current status and progress of the trial, investigators' questions and answers.

European Stroke Conference

We will hold an international investigators meeting on 26 May 2005 at 6pm at the European Stroke Conference in Bologna. All investigators and those who may be interested in joining the trial are invited to attend if they are in Bologna.

Limb Weakness

It is important to remember that limb weakness, ie., arm and/or leg weakness is an essential inclusion criteria for the ENOS trial. Facial weakness alone is not sufficient for inclusion and therefore, these patients should be excluded from the trial.

Carotid Dopplers

We would like to remind investigators of the importance of requesting carotid dopplers on all patients randomised into ENOS. This is crucial as it will provide vital information regarding the safety of lowering blood pressure in patients with carotid artery stenosis. Where a carotid doppler is not clinically indicated, funding is available from the trial office.

Tip of the Month

We ask investigators to ensure that correct distinction is made between dysphasia and dysarthria on the baseline randomisation form. Remember that patients with left-sided weakness are less likely to have dysphasia unless this is old or they are truly left-handed/right dominant. This is important for the Oxford Clinical Stroke Classification.