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**Introduction:**
Urapidil is an antihypertensive, vasodilatory drug with no tachycardia or increased ICP effect. Recommended for neurocritical patients in European and Asian guidelines. **OBJECTIVE:** To evaluate the efficacy and tolerance of injectable urapidil for the treatment of hypertensive emergencies in neurocritical patients.

**Methods:**
We carried out a prospective study of 175 cases in 2 South American Neuro ICU (Chile and Argentina), with clinical and biological monitoring. Treatment was initiated if the blood pressure was higher than 180/110mmHg with organ dysfunction. Efficacy was defined as a lowering of blood pressure to 150/100mmHg or below. The drug was administered according to protocol by IV bolus (by PVC) followed by continuous infusion. Sex, age, SAP, MAP, DAP and CR were evaluated at the beginning and end of bolus therapy, as well as response to the drug at 5, 10, 15 minutes, and maintenance dose. **STATISTICAL ANALYSIS:** Wilcoxon test for paired samples.

**Results:**
175 patients (average age: 63). Isquemic Stroke (86), ICH (59), SAH (16), HELLP / PEE (5), ACS (3), HE (2). Changes in SAP (198 to 130), DAP (116 to 78) and MAP (155 to 94) (p two tails <0.001). No significant changes in CR (median 76 to 72). 9 deaths, none attributable to administration of urapidil. 124 (71%) responded to 1st dose at 5 min, 50 (28%) to 2nd dose at 10 min and 1 (1%) required a 3rd dose at 15 min. All responded favourably. Urapidil was effective in all cases, with a significant decrease in BP. 99% within 10 minutes. There was no lack of response or complications.

**Conclusion:**
Injectable urapidil seems to be an antihypertensive agent that is easy to use and effective in all the cases of this first south-american experience. Further comparative studies are required.
HEMODYNAMIC EFFECTS OF URAPIDIL