**RATIONALE**

- High blood pressure (BP) is common in acute stroke and is associated with poor outcome.
- Previous hospital-based trials testing the effect of lowering BP have been inconclusive.
- Glyceryl trinitrate (GTN), a nitric oxide donor, is a candidate treatment for acute stroke; it lowers blood pressure, does not alter cerebral blood flow or platelet function, and is neuroprotective in experimental stroke.
- The PIL-FAST,1 FAST-Mag2 and RIGHT3 trials confirmed the feasibility of performing ambulance-based stroke trials in different healthcare settings.
- Both RIGHT3 and ENOS–early4 (subgroup of patients recruited <6 hours) showed that transdermal GTN improved functional outcome.
- Based on these results, RIGHT-2 is testing the safety and efficacy of transdermal GTN in 850 patients in the pre-hospital setting.

**METHODS**

- Paramedics from 8 UK ambulance services serving 53 acute hospital stroke services screen, consent, randomise and treat 1050 FAST-positive patients with systolic BP >120 mmHg presenting within 4 hours of onset.
- Treatment comprises GTN or sham patch, initiated in the ambulance and continued daily in hospital for 3 days.
- The primary outcome is the modified Rankin Scale at day 90.
- Secondary outcomes include vascular events, disability, quality of life, mood and cognition.
- Neuroimaging and blood biomarkers will examine potential mechanisms of action.
- Recruitment commenced in quarter 3, 2015.
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- The trial is funded by British Heart Foundation and sponsored by the University of Nottingham

**References**