Results
All patients were hypertensive and most were on medication (18/19). BP was well controlled. Mean age of patients was 66.6y and controls 67.2y.

<table>
<thead>
<tr>
<th></th>
<th>Day systolic BP (mmHg)</th>
<th>Day diastolic BP (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>Mean 143.9 SD 12.8 CV 8.9</td>
<td>Mean 83.6 SD 8.8 CV 10.6</td>
</tr>
<tr>
<td>Controls</td>
<td>Mean 140.5 SD 12.4 CV 8.8</td>
<td>Mean 84.5 SD 11.7 CV 13.9</td>
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</table>

Patients had lower SD and CV of daytime diastolic BP (p<0.01) No similar differences were found for nighttime BP. Patients also had a non-significantly reduced % nocturnal decline in diastolic BP (11% vs 17%).

Conclusion
Patients with lacunar stroke had reduced daytime variability in daytime diastolic blood pressures compared to controls and showed a trend to reduced nocturnal decline in BP. Thus the hypothesis that excessive BP variability in lacunar stroke patients contributes to the pathogenesis of the ischaemic process is not proven.

Preliminary findings
Endothelin-1 in the cold hemiplegic arm

Introduction
Endothelin-1 (ET1) is a potent vasoconstrictor and plays a fundamental role in the maintenance of basal vascular tone. We wondered whether ET1 was important in the vasoconstriction seen in the hemiplegic limbs in some stroke patients.

Method
All patients had the symptom of unilateral coldness in the hemiplegic arm following an acute stroke. Patients were investigated in a temperature controlled room after acclimatisation for 30 minutes. Skin temperature was assessed using a skin probe. Uncuffed venous blood samples were taken simultaneously from both arms for determination of ET1 levels (NR 0.2-0.7 fmol/ml). ET1 assay was performed using an ELISA technique (Biomedica). Both arms were then cooled in ice water at 6°C for 1 minute and ET1 levels were repeated. The data were not normally distributed, so were log transformed to permit the use of independent samples t-test.

Results
Eleven patients were recruited, eight men and three women, mean age 70 years. The mean skin temperature of the arm was 29.8°C on the hemiplegic side and 30.9°C on the other side. Thirteen non stroke controls and three of the subjects had undetectable ET1 levels. The ET1 level was 0.44 fmol/ml on the hemiplegic side and 0.32 fmol/ml on the other side (P<0.08, NS) at rest and 0.75 fmol/ml on the hemiplegic side and 0.54 fmol/ml on the other side (P<0.054, NS) after cooling.

Conclusions
There is a variable pattern of ET1 levels in patients with vasomotor changes following stroke. Surprisingly, some patients had no detectable ET1. Others showed a non significant trend to higher levels of ET1 in the cold hemiplegic arm both at rest and particularly after cold stress.

URINARY SYMPTOMS AND DEPRESSION IN STROKE SURVIVORS

Introduction: Urinary symptoms and depression are both common after stroke; however, the contribution of urinary symptoms to post stroke depression in community living stroke survivors has not previously been described. The aim of this study was to examine this relationship.

Methods: A community based epidemiological postal survey was carried out in a random sample of the Leicestershire population aged >40 years. Individuals were asked about self reported depression, previous strokes and urinary symptoms using a standardised...