# *ΘΕΡΑΠΕΥΤΙΚΕΣ ΕΞΕΛΙΞΕΙΣ 2022*
# *Αρτηριακή υπέρταση*

**Ε. Μανιός**

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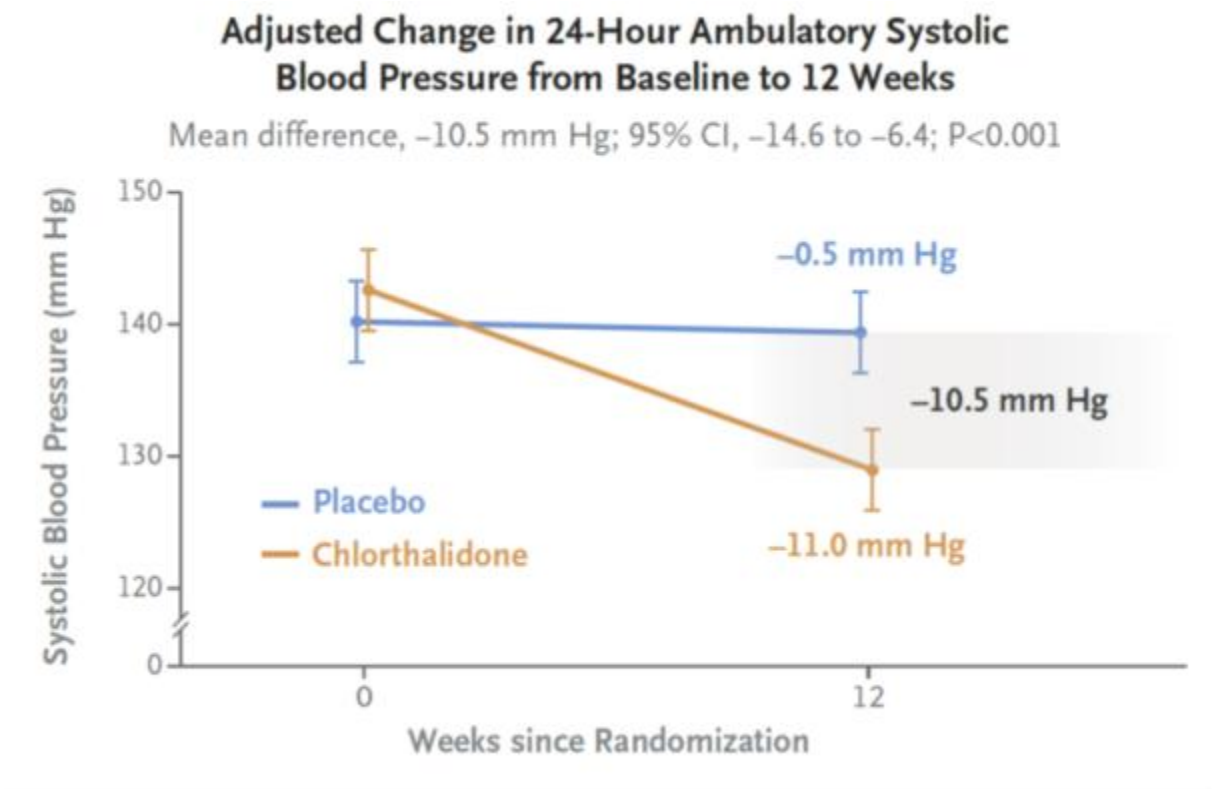
# Chlorthalidone for Hypertension in Advanced Chronic Kidney Disease

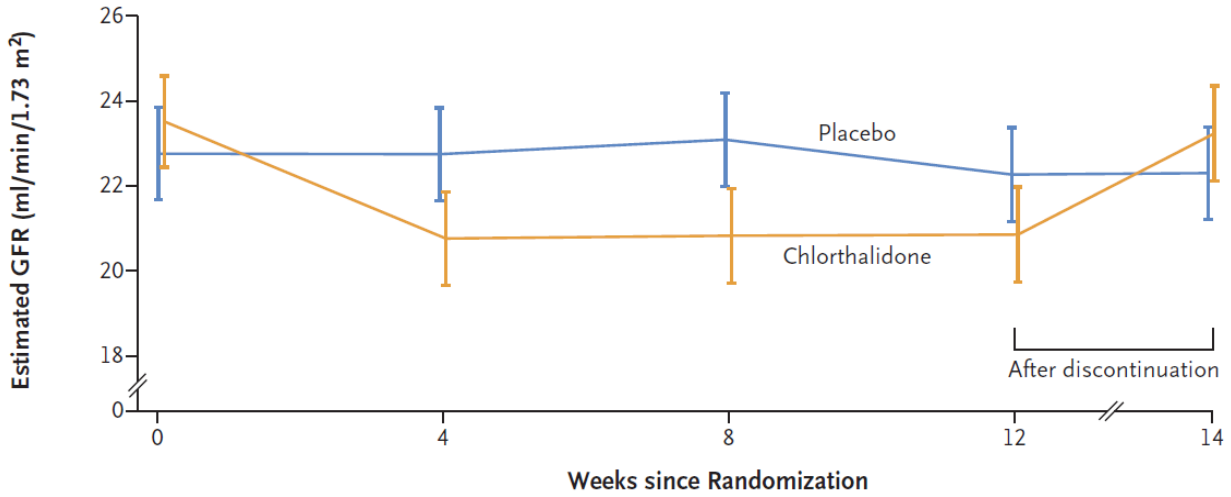
- Διπλά-τυφλή, τυχαιοποιημένη μελέτη
- 160 ασθενείς με ΧΝΝ σταδίου IV και αρρύθμιστη ΑΠ επιβεβαιωμένη με 24ωρη καταγραφή ΑΠ, υπό 3-4 φάρμακα
- Τυχαιοποίηση σε χλωροθαλιδόνη (12.5-50mg) vs εικονικού φαρμάκου
- Καταληκτικά σημεία: επίπεδα ΑΠ σε 3 μήνες, λευκωματουρία, ανεπιθύμητες ενέργειες

# Αρτηριακή πίεση ιατρείου και 24ώρου



# Επίδραση στη λευκωματουρία και στο eGFR

B



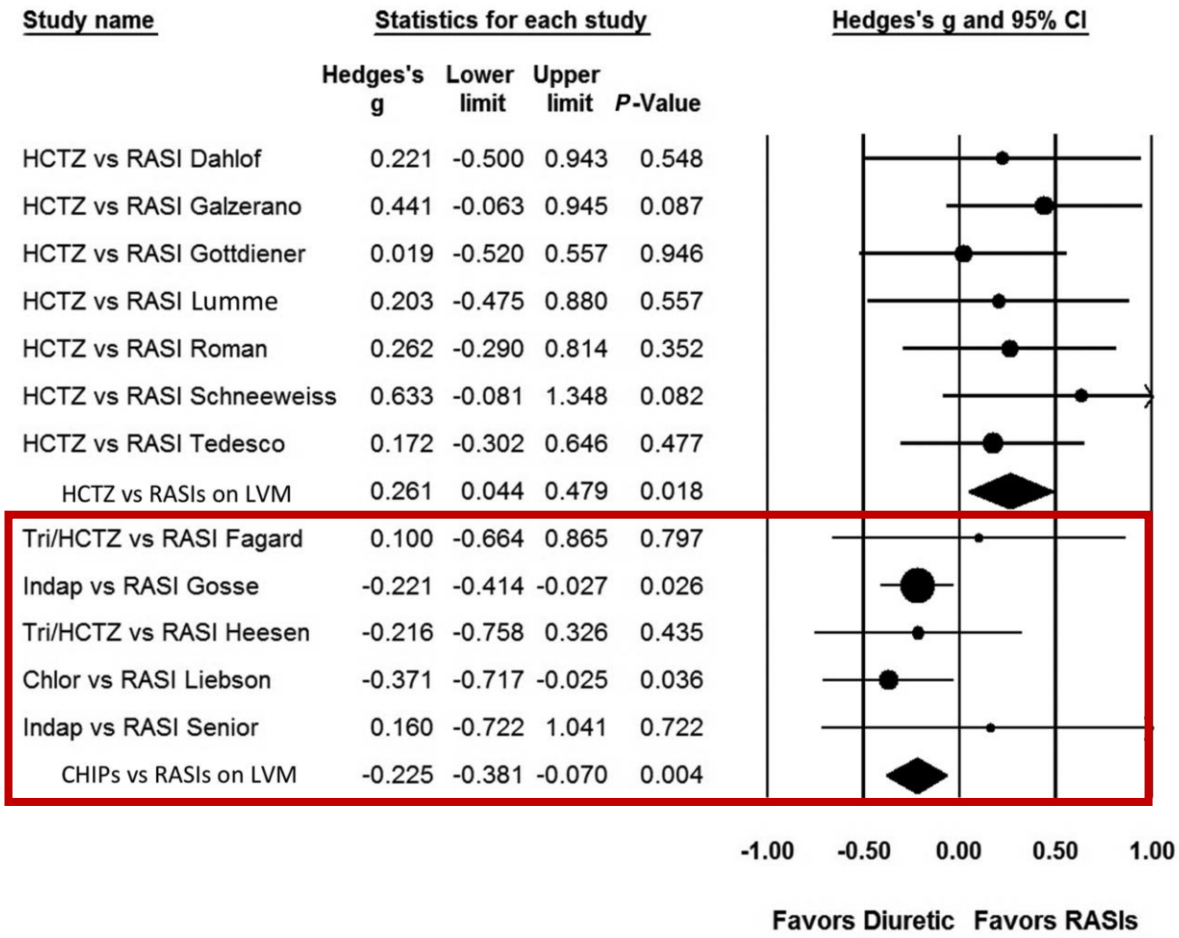

| Change from Baseline (95% CI) — ml/min/1.73 m² | | | | |
|---|---|---|---|---|
| Placebo | 0 (–0.8 to 0.8) | 0.3 (–0.5 to 1.1) | –0.5 (–1.3 to 0.3) | –0.5 (–1.3 to 0.4) |
| Chlorthalidone | –2.7 (–3.6 to –1.9) | –2.7 (–3.5 to –1.9) | –2.7 (–3.5 to –1.8) | –0.3 (–1.1 to 0.6) |
| Difference | –2.7 (–3.9 to –1.6) | –3.0 (–4.2 to –1.9) | –2.2 (–3.3 to –1.0) | 0.2 (–1.0 to 1.4) |

# Ανεπιθύμητες ενέργειες

**Adverse Events during the Treatment Period**

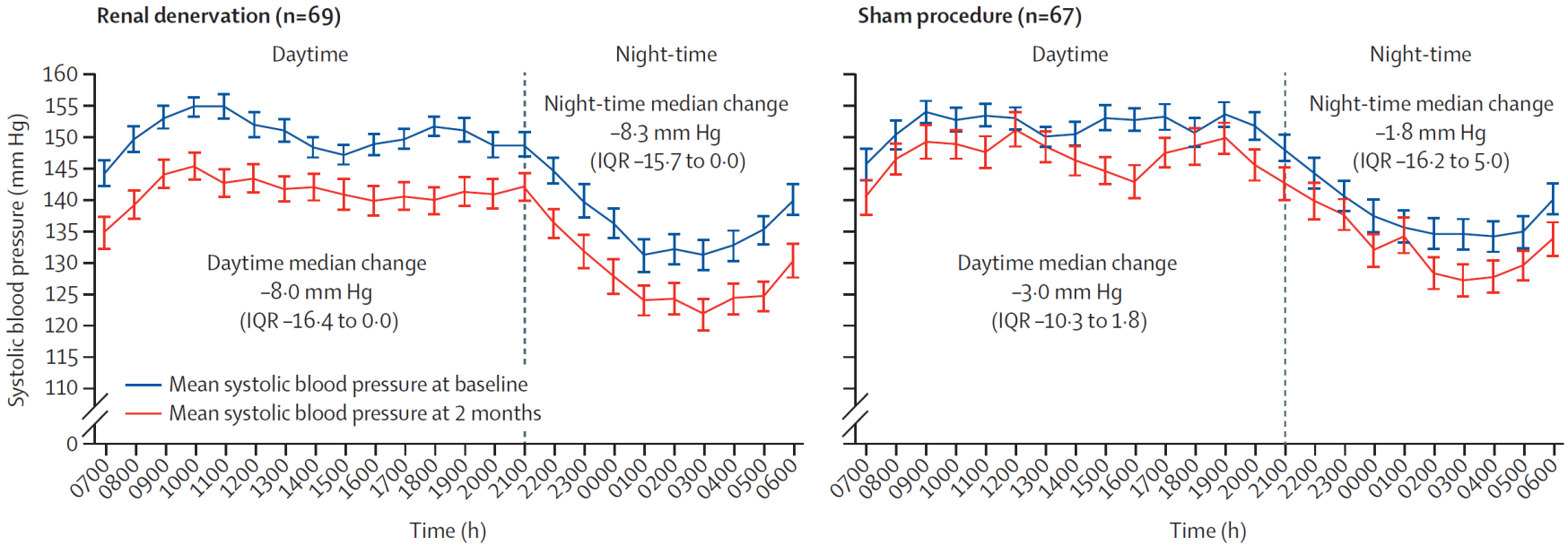
| no. with event/total no. (%) | Chlorthalidone | Placebo |
|---|---|---|
| Increase in serum creatinine level (>25% from baseline) | 33/74 (45) | 10/77 (13) |
| Hypokalemia | 8/81 (10) | 0 |
| Hypomagnesemia | 19/81 (23) | 13/79 (16) |
| Hyponatremia | 9/81 (11) | 6/79 (8) |
| Hyperglycemia | 13/81 (16) | 4/79 (5) |
| Hyperuricemia | 16/81 (20) | 7/79 (9) |
| Dizziness | 20/81 (25) | 13/79 (16) |

# Hydrochlorothiazide and alternative diuretics versus renin–angiotensin system inhibitors for the regression of left ventricular hypertrophy: a head-to-head meta-analysis



# Ultrasound renal denervation for hypertension resistant to a triple medication pill (RADIANCE-HTN TRIO): a randomised, multicentre, single-blind, sham-controlled trial

*Michel Azizi*, Kintur Sanghvi, Manish Saxena, Philippe Gosse, John P Reilly, Terry Levy, Lars C Rump, Alexandre Persu, Jan Basile, Michael J Bloch, Joost Daemen, Melvin D Lobo, Felix Mahfoud, Roland E Schmieder, Andrew S P Sharp, Michael A Weber, Marc Sapoval, Pete Fong, Atul Pathak, Pierre Lantelme, David Hsi, Sripal Bangalore, Adam Witkowski, Joachim Weil, Benjamin Kably, Neil C Barman, Helen Reeve-Stoffer, Leslie Coleman, Candace K McClure, Ajay J Kirtane*, on behalf of the RADIANCE-HTN investigators†*




**Interpretation** Compared with a sham procedure, ultrasound renal denervation reduced blood pressure at 2 months in patients with hypertension resistant to a standardised triple combination pill. If the blood pressure lowering effect and safety of renal denervation are maintained in the long term, renal denervation might be an alternative to the addition of further antihypertensive medications in patients with resistant hypertension.

ORIGINAL ARTICLE

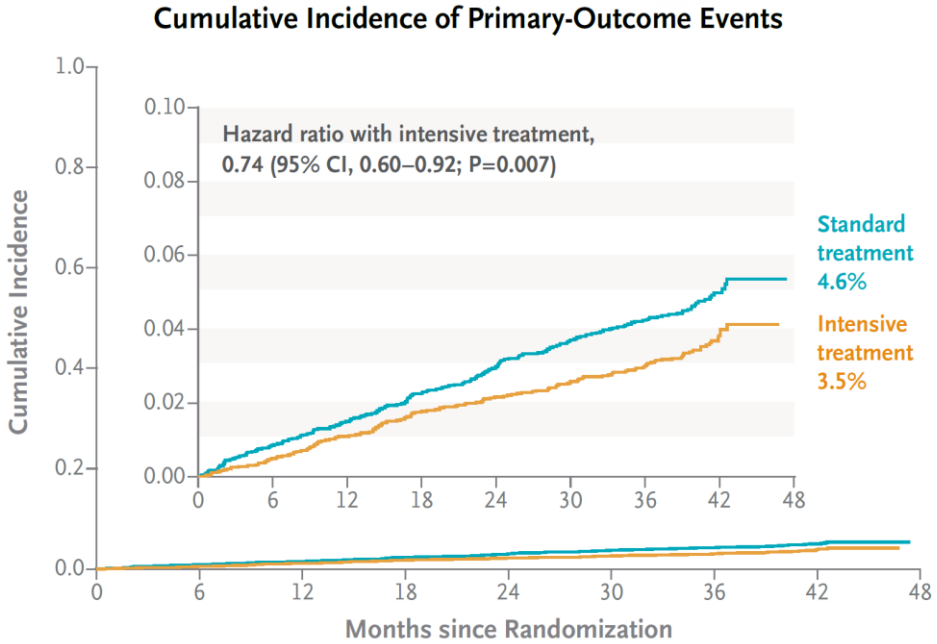
# Trial of Intensive Blood-Pressure Control in Older Patients with Hypertension


## BACKGROUND

The appropriate target for systolic blood pressure to reduce cardiovascular risk in older patients with hypertension remains unclear.

## METHODS

In this multicenter, randomized, controlled trial, we assigned Chinese patients 60 to 80 years of age with hypertension to a systolic blood-pressure target of 110 to less than 130 mm Hg (intensive treatment) or a target of 130 to less than 150 mm Hg (standard treatment). The primary outcome was a composite of stroke, acute coronary syndrome (acute myocardial infarction and hospitalization for unstable angina), acute decompensated heart failure, coronary revascularization, atrial fibrillation, or death from cardiovascular causes.




| Safety Outcomes | Intensive Treatment (N=4243) | Standard Treatment (N=4268) | Relative Risk (95% CI) | P Value |
|---|---|---|---|---|
| | *no. of patients (%)* | | | |
| Adverse events | | | | |
| Hypotension | 146 (3.4) | 113 (2.6) | 1.31 (1.02–1.68) | 0.03 |
| Dizziness | 45 (1.1) | 49 (1.1) | 0.92 (0.61–1.39) | 0.70 |
| Serious adverse events | | | | |
| Syncope | 6 (0.1) | 2 (<0.1) | 3.02 (0.61–14.97) | 0.18 |
| Fracture | 15 (0.4) | 19 (0.4) | 0.79 (0.40–1.56) | 0.50 |

## CONCLUSIONS

**Intensive antihypertensive treatment targeting a systolic blood pressure of less than 130 mm Hg resulted in a lower incidence of cardiovascular events than standard treatment in older patients with hypertension in China.**

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# European Stroke Organisation (ESO) guidelines on blood pressure management in acute ischaemic stroke and intracerebral haemorrhage

## Recommendation

In patients with acute (<24 hours) intracerebral haemorrhage there is continued uncertainty over the benefits and risks (advantages/disadvantages) of intensive blood pressure lowering on functional outcome.
Quality of evidence: **Moderate**⊕⊕⊕
Strength of recommendation: -

In patients with hyperacute (<6 hours) intracerebral haemorrhage, we suggest lowering blood pressure to below 140 mm Hg (and to keep it above 110 mm Hg) to reduce haematoma expansion.
Quality of evidence: **Moderate**⊕⊕⊕
Strength of recommendation: Weak ↑

ESC European Society of Cardiology European Heart Journal (2018) 00, 1–98 doi:10.1093/eurheartj/ehy339



## 2018 ESC/ESH Guidelines for the management of arterial hypertension

| Recommendations | Class[a] | Level[b] |
|---|---|---|
| In patients with acute intracerebral haemorrhage:<br>• Immediate BP lowering is not recommended for patients with SBP <220 mmHg.[509–513] | III | A |
| • In patients with SBP ≥220 mmHg, careful acute BP lowering with i.v. therapy to <180 mmHg should be considered.[509–513] | IIa | B |

Whelton PK, et al.
2017 High Blood Pressure Clinical Practice Guideline

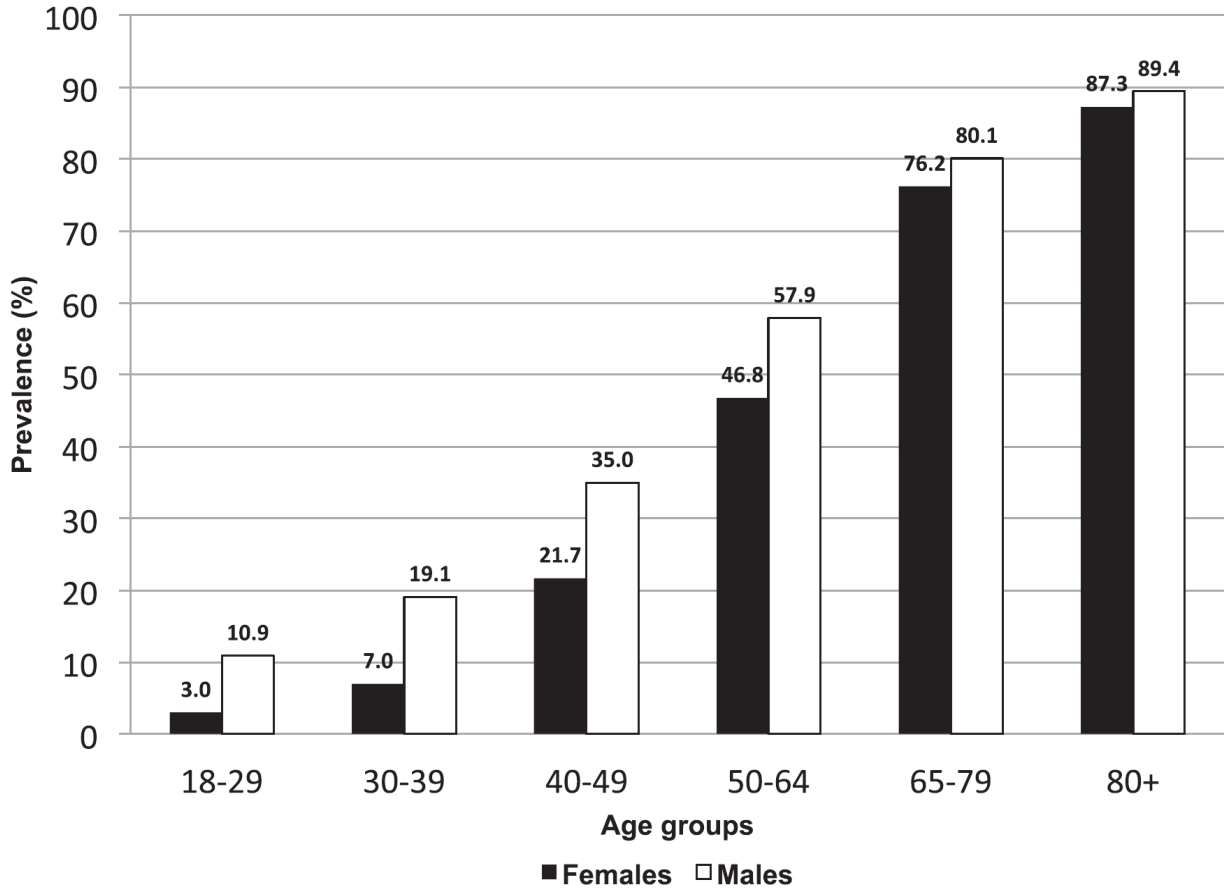
## 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

**Recommendations for Management of Hypertension in Patients With Acute Intracerebral Hemorrhage (ICH)**

References that support recommendations are summarized in Online Data Supplement 41.

| COR | LOE | Recommendations |
|---|---|---|
| IIa | C-EO | 1. In adults with ICH who present with SBP greater than 220 mm Hg, it is reasonable to use continuous intravenous drug infusion (Table 19) and close BP monitoring to lower SBP. |
| III: Harm | A | 2. Immediate lowering of SBP (Table 19) to less than 140 mm Hg in adults with spontaneous ICH who present within 6 hours of the acute event and have an SBP between 150 mm Hg and 220 mm Hg is not of benefit to reduce death or severe disability and can be potentially harmful (1, 2). |

# Prevalence, awareness, treatment and control of hypertension in Greece: EMENO national epidemiological study



# Prevalence, awareness, treatment and control of hypertension in Greece: EMENO national epidemiological study

| Age (years) | *N* (%) | Hypertension prevalence | Untreated unaware | Untreated aware | Treated uncontrolled | Treated controlled |
|---|---|---|---|---|---|---|
| 18–29 | 449 (17.7) | 30 (7.1) | 27 (88.9) | 0 (0.0) | 1 (4.2) | 2 (6.9) |
| 30–39 | 640 (18.3) | 74 (13.1) | 60 (85.1) | 5 (5.5) | 4 (4.3) | 5 (5.1) |
| 40–49 | 834 (17.7) | 223 (28.3) | 123 (57.2) | 12 (6.3) | 32 (14.7) | 56 (21.8) |
| 50–64 | 1,378 (22.3) | 728 (52.2) | 237 (35.1) | 21 (3.0) | 228 (29.8) | 242 (32.1) |
| 65–79 | 1,096 (18.4) | 860 (77.9) | 126 (14.3) | 8 (0.8) | 417 (47.4) | 309 (37.5) |
| ≥80 | 302 (5.6) | 269 (88.2) | 24 (8.4) | 10 (3.1) | 145 (55.0) | 90 (33.5) |
| *P*[a] | | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 |
| Sex | | | | | | |
| Men | 2006 (48.6) | 1033 (42.7) | 337 (39.2) | 30 (2.9) | 377 (32.1) | 289 (25.8) |
| Women | 2693 (51.4) | 1151 (36.5) | 260 (23.6) | 26 (2.5) | 450 (38.3) | 415 (35.6) |
| *P*[a] | | <0.001 | <0.001 | NS | <0.01 | <0.001 |
| Total | 4699 (100%) | 2184 (39.6) | 597 (31.8) | 56 (2.7) | 827 (35.1) | 704 (30.5) |

# Home blood pressure monitoring: methodology, clinical relevance and practical application: a 2021 position paper by the Working Group on Blood Pressure Monitoring and Cardiovascular Variability of the European Society of Hypertension

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*Parati G et al. J Hypertens 2021*

# Routine assessment of cognitive function in older patients with hypertension seen by primary care physicians: why and how—a decision-making support from the working group on 'hypertension and the brain' of the European Society of Hypertension and from the European Geriatric Medicine Society

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*Scuteri A et al. J Hypertens 2021*