Νέες κατευθυντήριες οδηγίες της Ευρωπαϊκής Εταιρείας Υπέρτασης

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The voltage of R wave in lead aVL improves risk stratification in hypertensive patients without ECG left ventricular hypertrophy

P Verdecchia, F Angeli, C Cavallini, G Mazzotta, S Repaci, S Pede, C Borgioni, G Gentile and G Reboldi

*J Hypertens* 2009, 27:1697-1704

2042 initially untreated hypertensives without left ventricular hypertrophy. Follow up: 7.7 (1-22) years
Prediction of cardiovascular outcome by estimated glomerular filtration rate and estimated creatinine clearance in the high-risk hypertension population of the VALUE trial

LM Ruilope, A Zanchetti, S Julius, GT McInnes, J Segura, P Stolt, TA Hua, MA Weber and K Jamerson, for the VALUE Investigators

15 245 high-risk hypertensive participants in the Valsartan Antihypertensive Long-term Use Evaluation (VALUE) trial.

ClCr (ml/min) = [(140 – age) x weight]/(72Scr)

Women: x 0.85

Comparisons between normal and reduced estimated creatinine clearance (Cockcroft–Gault) and estimated GFR (Modification of Diet in Renal Disease; MDRD, 1994)

GFR (ml/min per 1.73 m²) = 186 x (Scr)^1.154 x (age)^0.203 x (0.742 if female) x (1.210 if African-American)

Hazard ratios and 95% CI, adjusted for coronary heart disease (CHD), left ventricular hypertrophy, sex and age, for the primary and secondary end-points and for all-cause death.

MI, Myocardial infarction CHF, congestive heart failure.

Limitations: ‘Normotension’ defined as a SBP <160mmHg, small trial size (n=480), Ccr (primary end point) not significantly different between treatments, significant reduction of CV in the more intensively treated group limited to the incidence of stroke.
Both the patients with and those without organ damage had lower all-cause mortality and stroke incidence when randomized to stepped care than to usual care, but the 5-year mortality achieved by more active treatment (stepped care) remained at least three times higher in patients with organ damage.

Hypertension Detection and Follow-up Program (JAMA 1979). Low rates of major cardiovascular events (below 3–6% in 5 years) were only achieved in trials enrolling low-risk patients.

Outcome incidence in patients of the Hypertension Detection and Follow-up Program with (Yes) and without (No) organ damage. (a) Outcome: total mortality. (b) Outcome: stroke. S, stepped care group; U, usual care group.
Guidelines recommendation to lower BP less than 130/80mmHg in patients with diabetes or a history of CV disease is not supported by incontrovertible trial evidence.

- HOT and Syst-Eur showed a greater absolute reduction of cardiovascular outcomes for a small BP difference in diabetic patients than in nondiabetic hypertensive patients.
- Only in one small trial (ABCD) were SBP<130mmHg actually achieved, and they were associated with a doubtful reduction in CV outcomes.
- In some trials in which SBP was lowered to less than 130mmHg, no benefit was observed compared with the group with higher on-treatment values.

Progressive reduction of cardiovascular events with progressive lowering of SBP down to about 120 mmHg and DBP down to about 75 mmHg, although the use of a logarithmic implies smaller absolute differences at lower BP values.
Limitations

A large proportion of patients were on treatment with antiplatelet drugs, β-blockers and statins. In addition, a high proportion of patients were also receiving other drugs (other to telmisartan or ramipril) to lower BP. So the current population differs in many ways from the individuals included in the epidemiologic studies of apparently healthy people.
Atenolol as initial antihypertensive therapy: an observational study comparing first-line agents

DF Blackburn, DA Lamb, DT Eurich, JA Johnson, TW Wilson, RT Dobson and DL Blackburn

*J Hypertens 2007, 25:1499-1505*

A Canadian retrospective cohort study: 19 249 first-ever users of antihypertensive medications between 1994 and 2003, followed for a mean 2.3 years

- **Atenolol**
- **Thiazide**
- **Ca Antag**
- **ACEI**

**Risk of myocardial infarction, unstable angina, stroke, or death**

- * HR 1.03, 95% CI 0.71-1.46
- ** HR 1.17, 95% CI 0.84-1.62
- *** HR 1.24, 95% CI 0.91-1.68
Renin inhibition with aliskiren provides additive antihypertensive efficacy when used in combination with hydrochlorothiazide

A Villamil, SG Chrysant, D Calchoun, B Schober, H Hsu, L Matrisciano-Dimichino and J Zhang


8-week, double-blind, placebo-controlled trial in 2776 patients with MDBP 95-109mmHg
Combination Therapy Versus Monotherapy in Reducing Blood Pressure: Meta-analysis on 11,000 Participants from 42 Trials

David S. Wald, MD, Malcolm Law, FRCP, Joan K. Morris, PhD, Jonathan P. Bestwick, MSc, Nicholas J. Wald, FRS

Wolfson Institute of Preventive Medicine at Barts and The London Queen Mary’s School of Medicine and Dentistry, Charterhouse Square, London, United Kingdom.

The extra blood pressure reduction from combining drugs from 2 different classes is approximately 5 times greater than doubling the dose of 1 drug.
Therapeutic approach in special conditions
Elderly

1. Since the publication of the last guidelines, evidence from large meta-analyses of published trials confirms that the proportional benefit in patients aged more than 65 years is no less than that in younger patients.

2. Data from meta-analyses do not support the claim that antihypertensive drug classes significantly differ in their ability to lower BP and to exert cardiovascular protection, both in younger and in elderly patients.

3. At variance from previous guidelines, evidence is now available from an Outcome trial (HYVET) that antihypertensive treatment has benefits also in patients aged 80 years or more. BP-lowering drugs should thus be continued or initiated when patients turn 80, starting with monotherapy and adding a second drug if needed.
Treatment of Hypertension in Patients 80 Years of Age or Older

NS Beckett, R Peters, E Fletcher, JA Staessen, L Liu, D Dumitrascu, V Stoyanovsky, RL Antikainen, Y Nikitin, C Anderson, A Belhani, F Forette, C Rajkumar, L Thijs, W Banya, and CJ Bulpitt for the HYVET Study Group


3845 patients from Europe, China, Australasia, and Tunisia, 80 years of age or older with a sustained systolic blood pressure of 160 mm Hg or more were randomly assigned to receive either the bendapamide or matching placebo.