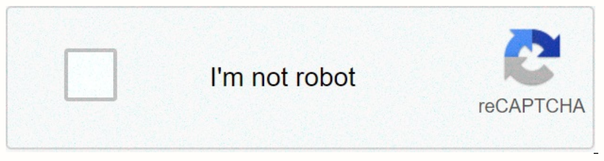

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Esc hypertension guidelines 2018 ppt

Session Of The Congress Condensed - 2018 Clinical Practice Guidelines Speaker Guy de Baker Event : ESC Congress 2018 Theme : Hypertension Subtemia : Hypertension News - June 14, 2018 The first presentation at the new 2018 European Society of Cardiology (ESC) and the European Society of Hypertension (ESH) Guidelines for the Treatment of Hypertension was given at the ESH conference in Barcelona June 9, 2018. One of the main messages was the constant classification of blood pressure (BP) and the definition of hypertension from previous European guidelines with office systolic BP (SBP) zgt;140 mmHg. art and/or diastolic BP (DBP) zgt;90 mm Hg. in contrast to the new definition in 2017, ACC/AHA Hypertension Guidelines (130/80 mm Hg). One of the reasons why the classification and definition of hypertension remained unchanged was the difficulty of interpreting the SPRINT test results in accordance with the guidelines of the ESC/ESH Task Force, as BP was measured differently in this trial compared to other trials. Hypertension of the white coat was not present in SPRINT due to unattended BP measurement and led to a decrease in BP values. The authors hypothesized that SPRINT BP values may correspond to a higher normal SBP office (130-140 for a more intensive processed group and 140-150 for a less intensive processed group). Updates to the new guidelines include a lower BP threshold and a treatment goal for older patients (one of the main authors of the new guidelines, Professor Giuseppe Mancia (Milan, Italy) said: In 2018, ESC/ESH guidelines will issue new recommendations on how to optimally treat hypertension. In addition, combination therapy is now recognized as the most effective initial treatment strategy for most patients. Full Text of the ESC/ESH Guidelines on Arterial Hypertension Management will be published on August 25, 2018 and presented at the ESC 2018 Congress in Munich (August 25-29, 2018). Source: European Society of Hypertension, 28th European Meeting on Hypertension and Cardiovascular Protection Content is designed for health professionals. to gain unlimited access to our educational resources. Share this page with your colleagues and friends: News - August 27, 2018 Session chaired by Brian Williams (London, UK) and Giuseppe Mancia (Milano, Italy). The 2018 European Society of Cardiology (ESC) Guidelines and the European Society for Hypertension (ESH) were presented at the ESC Congress. hypertension has not changed compared to what was in the 2013 Guidelines, with SBP ≥140 mmHg. art and/or DBP ≥90 mm Hg. For diagnostics, in addition to the BP office, can be used outside the BP measurement office, such as ABPM. ABPM. The new posts include recommendations for BP-reducing drug treatment in those with a high BP rate (SBP: 130-139/ DBP: 85-89 mmHg. c.), when the risk of CV is very high, and in those with Class I hypertension (SBP: 140-159/DBP: 90-99 mmHg), including elderly patients (65 not 80 years old), in addition to lifestyle advice. Treatment targets in all patients are recommended at 130/80 mmHg. Art or below, and in patients 65 years of age the goal of treatment is 130 - in addition, new guidelines recommend starting with a two-drug combination in most patients as an initial therapy to reduce BP, this is in contrast to step-by-step treatment in the previous recommendation. As nonadherence plays a major role in the poor management of BP and nonadherence increases with the number of pills, two-drugs or even a combination of three drugs in one tablet can convert blood pressure control rates. Patients with persistent hypertension are advised to add spironolole. Unlike the 2013 guidelines, hypertension therapy is no longer recommended until additional safety and efficacy data are available. The guidelines were simultaneously published in Eur Heart J Share this page with colleagues and friends: The introduction of hypertension is the leading cause of death, premature morbidity, and disability adjusted years of life worldwide and the major risk factor for coronary heart disease (CAD), cerebrovascular disease (CEVD), heart failure (HF), chronic kidney disease (CKD), and dementia.1.2 Given the importance of hypertension management for reducing cardiovascular (CV) morbidity (CV) morbidity and mortality, clinical guidelines have been created to provide a basis for clinicians' treatment. While professional medical societies have developed many hypertension guidelines, two well-established documents from North America and Europe are the 2017 American College of Cardiology (ACC)/American Heart Association (AHA) and 2018 European Society of Cardiology (ESC)/European Society of Hypertension (ESH) guidelines.3,4 Although there are key differences between these guidelines, it is important to recognize that there are also many overlaps. In this review, we will discuss commonalities and look at some of the main differences between the guidelines. The main areas of agreement between U.S. and European guidelines Focus on BP accuracy measurements: Both guidelines recommend office blood pressure (BP) measurements for repeated visits and outpatient blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM) to confirm a diagnosis of hypertension (Class I). ABPM uses a device put on the patient's hand to record BP with 15 or 30 minutes for 24-48 hours during routine daily activities and sleep. HBPM is a self-monitoring tool where patients use commercially available tools to There is a consensus that ABPM and HBPM provide more BP measurements than regular office BPs, and reflect conditions that are more representative of everyday life. In addition, both are useful tools for diagnosing white coats and disguised hypertension. For adults who are present with elevated office BPs, but normal readings at home, ABPM or HBPM should be used to confirm a diagnosis of white coat hypertension. Masking hypertension refers to untreated patients with normal office BPs, but signs of damage to the finite organs. This is associated with an increased risk of morbidity and mortality cv and should be diagnosed with ABPM or HBPM. Cardiovascular Risk Calculator to determine THE treatment thresholds for BP: ESC guidelines use a systematic coronary risk assessment system (SCORE) to assess cv risk for patients with hypertension during initial diagnosis prior to pharmacotherapy or whenever, when changes in BP.4 readings occur since 2003, the European CV Prevention Guidelines recommended a SCORE risk assessment because it is based on large, representative European cohorts and assesses the 10-year risk of the first deadly atherosclerotic cardiovascular disease in relation to age, sex, smoking habits, full cholesterol and systolic BP (SIFP). It also allows risk calibration in specific countries in European countries based on CV disease risk levels and has been externally tested. Acc/AHA guidelines recommend using the Cardiovascular Disease Risk Calculator (ASCVD) using the Pool Cohort Equation (PEC) to determine BP's goals. Both guidelines recognize that treatment decisions based on agreeing thresholds with a risk summary offer a more rational and evidence-based approach. If the risk of CV is low, both recommend an initial focus on lifestyle changes prior to the onset of pharmacotherapy. While Europeans define hyperuricemia and increased heart rate as risk factors for CV diseases, U.S. guidelines do not recognize them because of limited evidence that treatment improves clinical outcomes. BP Treatment Goals: When comparing guidelines, the definition of normal (as is used in the ACC/AHA guidelines) or optimal BP (as is used in the ESC/ESH guidelines) is the same for systolic BP (120 mmHg) and diastolic BP (DBP) (80 mmHg) (table 1). The ACC/AHA guidelines replace prehypertension with high blood pressure for BP levels of 120-129/80-89 mmHg. art, while ESC/ESH this category is normal blood pressure. The U.S. reduction for hypertension has been reduced to ≥130/80 mmHg. BP 130-139/80-89 mm Hg. Art. Is currently classified as stage 1 hypertension.3 Although lowering THE thresholds of BP for the diagnosis and treatment of hypertension has created controversy in the American public and among other major medical societies, there is a strong strong strong для повышения риска CV для систолических уровней BP между 130-139 мм рт. ст. и диастолических уровней BP между 80-89 мм рт. ст. Кроме того, как данные клинических испытаний продемонстрировали дополнительные преимущества агрессивного снижения BP <130 mm= hg,= the= bp= target= recommended= in= the= 2017= acc/aha= guidelines= has= been= revised= to=></130> <130 0= mm= hg=></130> <130 mm= hg= systolic= bp= only= in= ambulatory,= community= living= older= adults= ≥65= years).= in= contrast,= the= 2018= esc/esh= guidelines= do= not= lower= the= hypertension= threshold= definition= (=>до 140/90 мм рт. ст.), но они признают, что 130-139/80-89 мм рт. ст. является высокой нормальной BP. Более глубокое погружение в европейские рекомендации показывает аналогичные цели лечения BP<130 0= mm= hg)= for= hypertensive= patients= with= co-existing= cad,= ckd,= diabetes,= and= cevd= (table= 2).= lifestyle= modification= recommendations:= both= guidelines= recommend= lifestyle= modifications= as= primary= interventions= to= prevent= and= treat= hypertension.= the= acc/aha= and= esc/esh= hypertension= guidelines= stress= the= importance= of= weight= optimization,= heart= healthy= diet= (e.g.= dash),= sodium= restriction,= physical= activity= with= a= structured= exercise= program,= abstinence= from= or= moderation= of= alcohol= consumption= and= smoking= cessation= as= strategies= to= optimize= bp= (class= 1,= evidence= level= a).3,4= both= stress= that= effective= lifestyle= changes= may= be= sufficient= to= delay= or= prevent= the= need= for= drug= therapy= in= patients= with= stage= 1= hypertension= (acc/aha= guidelines)= or= high= normal= bp= (esc/esh= guidelines).= for= patients= with= stage= 2/grade= 1= hypertension ,= pharmacotherapy= should= be= initiated= without= delay,= but= lifestyle= and= behavioral= interventions= should= be= concurrently= emphasized.= weight= reduction= is= recommended= to= target= a= healthy= bmi= (19-25= kg/m2)= and= to= avoid= obesity= (bmi=>(30 кг/м2). Гипертоничным пациентам рекомендуется питаться сбалансированной диетой, содержащей овощи, бобовые, свежие фрукты, нежирные молочные продукты, цельное зерно, рыбу и птицу, а также ненасыщенные жирные кислоты (особенно оливковое масло) при минимизации потребления красного мяса и насыщенных жиров. Поощряется умеренная интенсивность упражнений, особенно динамических аэробных упражнений, таких как ходьба, бег трусцой, езда на велосипеде, или плавание в течение 30 минут ежедневно по крайней мере 5 раз в неделю. Фармакотерапия для управления BP: Американские и европейские руководящие принципы гипертонии рекомендуют первоначальное лечение BP на основе четырех основных классов фармакотерапии , включая ингибиторы АПФ (ACEi), блокаторы рецепторов ангиотензина (ARBs), блокаторы кальциевых каналов (CCB) и тиазид/тиазидные мочегонные средства. Бета-адреноблокаторы in individual patients, for example, in patients with heart failure with a reduced emission fraction (HF-rEF) or myocardial infarction. Combination therapy is recommended by both guidelines for stage 2 hypertension, the average SBP/DBP is 20/10 mmHg. above the BP target. For hypertensive blacks, the ESC/ESH guidelines also provide a Class I recommendation for the use of combination drug therapy, with diuretic or CCB with renin-angiotensin (RAS) blocker. The main differences between the American and European guidelines are the BP Status Classification and the definition of hypertension: Despite their similarities, the two guidelines take a different stance in several key areas. The most obvious is the classification of hypertension. In European guidelines, hypertension is defined as BP ≥140/90 mm Hg. (table 1), while Americans choose the lower threshold of BP ≥130/80 mm Hg. U.S. guidelines classify Stage 1 hypertension as SBP ≥130-139 mmHg. DBP ≥80-89 mm Hg. While Europeans define this as a high RATE of BP (130-139/85-89 mmHg). ACC/AHA defines Stage 2 hypertension as BP ≥140/90 mmHg. while europeans continue to classify this as Stage 1 (140-159/90-99 mmHg) (table 1). BP goals for older persons (age ≥65): As opposed to the ACC/AHA 2017 recommendation for similar BP targets in all age groups (except age ≥65, where the ACC/AHA guidelines recommend the SBP target of zlt;130 mmhg), the esc/esh' guidelines have taken a more restrained stance on bp's thresholds for older adults. ≥ The committee is recognized and the importance of more and more aggressive bp' control for all populations, including older and cohorts, and including older and older cohorts, and and support the damage of the threshold. (150)gt; 140 0 mm q hg' for this group.' ,such as frailty and tolerability of treatment, to the guide of bp's management in this population.' the esc/esh guideline' authors' point and that's while the sprint' trial q included a high q proportion of patients over-75 years, who had a different degree of weakness, they are still independently living.5 The HYVET Trial targets individuals of 80 years and similarly included active, elderly people.6 The cautious approach taken by Europeans may reflect some of the concerns raised by those who believe that aggressive ACC/AHA targets have not been sufficiently supported by meta-analysis of randomized controlled trials.7 Strategies for addiction treatment: There is a consensus on pharmacological hypertension management between American and European guidelines. Recommendations for antihypertensive therapy for specific conditions of the disease, including CAD, CKD and HF-rEF, are almost identical. Europeans still include beta-blockers among the first line options to manage hypertension, while U.S. guidelines determine their primary use only for patients with coronary heart disease or HF-rEF. While ACC/AHA recommends a single combination of tablets (SPC) for stage 2 hypertension, ESC/ESH encourages SPC for all hypertension classes, given the greater ease of use and the potential to improve patient commitment. BP's goals in specific За некоторыми исключениями, ACC / AHA руководящие принципы имеют единую цель лечения BP <130 0= mm= hg.= the= european= guidelines= provide= some= rationalization= for= their= bp= threshold= recommendations= for= specific= populations,= including= different= ethnicities,= diabetics,= pregnant= women,= and= ckd= patients.= given= the= heterogeneity= of= ethnic= groups= in= europe,= blacks= in= particular,= and= the= lack= of= a= sufficient= registry= to= accurately= assess= cv= outcomes= in= some= minority= groups,= the= european= guidelines= calculate= cv= risk= in= blacks= utilizing= american= cohorts.= they= do= acknowledge= this= as= a= major= deficiency= in= their= guidelines= and= an= opportunity= for= research.= a= unique= aspect= of= the= european= score= risk= estimate= is= the= use= of= correction= factors= to= reflect= cv= risk= differences= among= 1st= generation= immigrants= to= europe.= american= guidelines= do= recognize= differences= in= cv= risk= among= asian= and= hispanic= sub-groups ,= but= no= multiplier= exists= to= refine= the= risk= calculator= in= these= populations.= of= note,= the= european= guidelines= have= identified= hypertensive= patients= of= south= asian= origin= as= the= highest= risk= group.= this= group= was= also= recently= recognized= as= a= risk= enhancer= in= the= updated= 2018= acc/aha= blood= cholesterol= guidelines= though= was= not= part= of= the= 2017= acc/aha= hypertension= guidelines.8= for= diabetic= patients,= the= europeans= recommend= a= bp= threshold= of=>140/90 мм рт. ст. для начала анти-гипертензивной терапии в то время как <130 0= mm= hg.= while= the= europeans= recommend= combination= antihypertensive= therapy= with= a= ras= blocker= += ccb= or= thiazide= diuretic,= no= specific= drug= combinations= are= proposed= in= the= american= guidelines.= for= patients= with= ckd,= the= european= guidelines= contend= that= there= is= insufficient= evidence= to= support= treatment= targets= lower= than= 130/80= mm= hg.= for= hypertension= and= pregnancy,= the= europeans= provide= clear= definitions= and= classifications= as= well= as= comprehensive= recommendations= for= laboratory= testing,= risk= stratification,= and= pharmacotherapy.= for= example,= in= the= esc/esh= guidelines,= hypertension= in= pregnancy= is= defined= as= mild= (140-159/90-109= mm= hg)= or= severe= (≥160/110= mm= hg).= conclusion= after= careful= review= of= the= two= guidelines,= we= find= more= agreement= with= the= europeans= than= major= differences.= both= strongly= recommend= lower= bp= targets= for= high-risk= patients= and= place= a= similar= emphasis= on= proper= bp= measurement= and= technique ,= laboratory= and= diagnostic= testing,= lifestyle= and= behavioral= changes,= and= pharmacological= management.= even= though= the= europeans= have= not= changed= the= hypertension= definition= thresholds,= they= that= lower= bp= (e.g.=></130> <130/80 mm Hg) reduces CV morbidity and mortality. While the aggressive American BP goals may be difficult to achieve, the medical community must make a concerted effort to embrace these recommendations.10,11 References Lim SS, 0= mm= hg)= reduces= cv= morbidity= and= mortality.= while= the= aggressive= american= bp= goals= may= be= difficult= to= achieve,= the= medical= community= must= make= a= concerted= effort= to= embrace= these= recommendations.10,11= references= lim= ss,=></130/80 mm Hg) reduces CV morbidity and mortality. While the aggressive American BP goals may be difficult to achieve, the medical community must make a concerted effort to embrace these recommendations.10,11 References Lim SS, > лечение рекомендуется для BP ≥130/80 мм рт. ст. в американском guideline.9 Однако, как одобрить целевой BP</130> BP</130> T, Flaxman AD, et al. 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