

Blood Pressure Targets Recommended by Guidelines and Incidence of Cardiovascular and Renal Events

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Introduction

Essential or primary hypertension, the world's top risk factor for disease burden, is predicted to account for more than half of the estimated 17 million deaths caused by Cardiovascular Disease (CVD) each year. Hypertension, defined as a rise in Blood Pressure (BP) above 140/90 mm Hg, is significantly linked to negative outcomes such as stroke, ischemic heart disease, heart failure, and end-stage renal disease. The challenges of controlling hypertension and preventing the development of these latter effects are unlikely to abate anytime soon; by 2025, the global burden of hypertension is expected to rise by 60%, affecting nearly 1.6 billion adults. We focus on this highly widespread illness in this month's subject review in circulation: cardiovascular quality and outcomes.

Description

Overcoming the burden of hypertension still has a long way to go. First, due to the insidious nature of hypertension's development, it is commonly undetected, making early detection prior to the onset of end-organ damage difficult. Second, many individuals who have been correctly diagnosed with hypertension fail to meet the treatment goals set forth in guidelines. This underscores the significant difficulty of long-term risk factor management and adequate antihypertensive therapy adherence. Third, the optimal BP therapy target for high-risk patients is yet unknown. While a target blood pressure of 140/90 mm Hg is generally suggested, people at high risk of CVD, such as those with diabetes, should have a lower target of 130/80 mm Hg. It's unclear whether such aggressive blood pressure lowering leads to better outcomes. Fourth, even receiving appropriate therapy, a percentage of individuals remain resistant to treatment, despite taking various drugs. These patients with resistant hypertension are at a high risk of developing complications. Renal artery de-innervation could be the start of a new and effective treatment option for these patients [1-3]

The issues raised are relevant to a wide range of people. In the context of limited healthcare resources, many low- and middle-income nations, the majority of which are in the midst of the epidemiological transition, the incidence of hypertension is fast increasing. The rate of hypertension diagnosis and treatment in these nations is alarmingly low. As a result, developing novel and cost-effective technologies to enhance hypertension diagnosis and control remains a top focus. Despite good access to treatment, a plethora of information surrounding lifestyle modification, and the presence

of very efficacious anti-hypertensive medicines, less than half of patients in the United States have optimal blood pressure control. Indeed, on-going deficits have inspired national initiatives like the Healthy People 2020 campaign and the Million Hearts initiative, which aim to improve awareness, treatment, and, ultimately, outcomes of this common condition [4,5]

Conclusion

When blood pressure surpasses 140/90 mm Hg or 130/80 mm Hg in people at high risk of Cardiovascular (CV) events, guidelines prescribe therapy. However, whether this lower treatment threshold in high-risk patients results in fewer CV events is debatable, with a few trials finding little benefit or perhaps damage from excessive BP lowering. With a median follow-up of 56 months, the on-going Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET) compared telmisartan with telmisartan + ramipril for the management of hypertension.

Conflict of Interest

None

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