ESH GUIDELINES 2018

Karin Manhem

Några axplock av nytt eller kontroversiellt

- Diabetes
- Äldre
- Behandlingstrappa, läkemedelsval
- Individualisering
- Kommentarer och Treatment gaps

GÖTEBORGS UNIVERSITET

Classes of recommendations	Definition	Suggested wording to use
Class I	Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.	Is recommended/is indicated
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.	
Class IIa	*Weight of evidence/opinion is in favour of usefulness/efficacy.*	Should be considered
Class IIb	*Usefulness/efficacy is less well established by evidence/opinion.*	May be considered
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.	Is not recommended

GÖTEBORGS UNIVERSITET

Changes in recommendations	
2013	**2018**
Diagnosis	**Diagnosis**
Office BP is recommended for screening and diagnosis of hypertension.	It is recommended to base the diagnosis of hypertension on: • Repeated office BP measurements; or • Out-of-office BP measurement with ABPM and/or HBPM if logistically and economically feasible.
Treatment thresholds **High normal BP (130–139/85–89 mmHg):** Unless the necessary evidence is obtained, it is not recommended to initiate antihypertensive drug therapy at high–normal BP.	**Treatment thresholds** **High normal BP (130–139/85–89 mmHg):** Drug treatment may be considered when CV risk is very high due to established CVD, especially CAD.
Treatment thresholds **Treatment of low-risk grade 1 hypertension:** Initiation of antihypertensive drug treatment should also be considered in grade 1 hypertensive patients at low–moderate-risk, when BP is within this range at several repeated visits or elevated by ambulatory BP criteria, and remains within this range despite a reasonable period of time with lifestyle measures.	**Treatment thresholds** **Treatment of low-risk grade 1 hypertension:** In patients with grade 1 hypertension at low–moderate-risk and without evidence of HMOD, BP-lowering drug treatment is recommended if the patient remains hypertensive after a period of lifestyle intervention.
Treatment thresholds **Older patients** Antihypertensive drug treatment may be considered in the elderly (at least when younger than 80 years) when SBP is in the 140–159 mmHg range, provided that antihypertensive treatment is well tolerated.	**Treatment thresholds** **Older patients** BP-lowering drug treatment and lifestyle intervention is recommended in fit older patients (>65 years but not >80 years) when SBP is in the grade 1 range (140–159 mmHg), provided that treatment is well tolerated.
BP treatment targets	**BP treatment targets**
An SBP goal of <140 mmHg is recommended.	• It is recommended that the first objective of treatment should be to lower BP to <140/90 mmHg *in all patients* and, provided that the treatment is well tolerated, treated BP values should be targeted to 130/80 mmHg or lower in most patients. • In patients <65 years it is recommended that SBP should be lowered to a BP range of 120–129 mmHg in most patients.

GÖTEBORGS UNIVERSITET

Förändringar 2013-2018

Treatment thresholds **High normal BP (130–139/85–89 mmHg):** Unless the necessary evidence is obtained, it is not recommended to initiate antihypertensive drug therapy at high–normal BP.	**Treatment thresholds** **High normal BP (130–139/85–89 mmHg):** Drug treatment may be considered when CV risk is very high due to established CVD, especially CAD.
Treatment thresholds **Treatment of low-risk grade 1 hypertension:** Initiation of antihypertensive drug treatment should also be considered in grade 1 hypertensive patients at low–moderate-risk, when BP is within this range at several repeated visits or elevated by ambulatory BP criteria, and remains within this range despite a reasonable period of time with lifestyle measures.	**Treatment thresholds** **Treatment of low-risk grade 1 hypertension:** In patients with grade 1 hypertension at low–moderate-risk and without evidence of HMOD, BP-lowering drug treatment is recommended if the patient remains hypertensive after a period of lifestyle intervention.
Treatment thresholds **Older patients** Antihypertensive drug treatment may be considered in the elderly (at least when younger than 80 years) when SBP is in the 140–159 mmHg range, provided that antihypertensive treatment is well tolerated.	**Treatment thresholds** **Older patients** BP-lowering drug treatment and lifestyle intervention is recommended in fit older patients (>65 years but not >80 years) when SBP is in the grade 1 range (140–159 mmHg), provided that treatment is well tolerated.

GÖTEBORGS UNIVERSITET

Är diabetes en patientgrupp med hög risk?

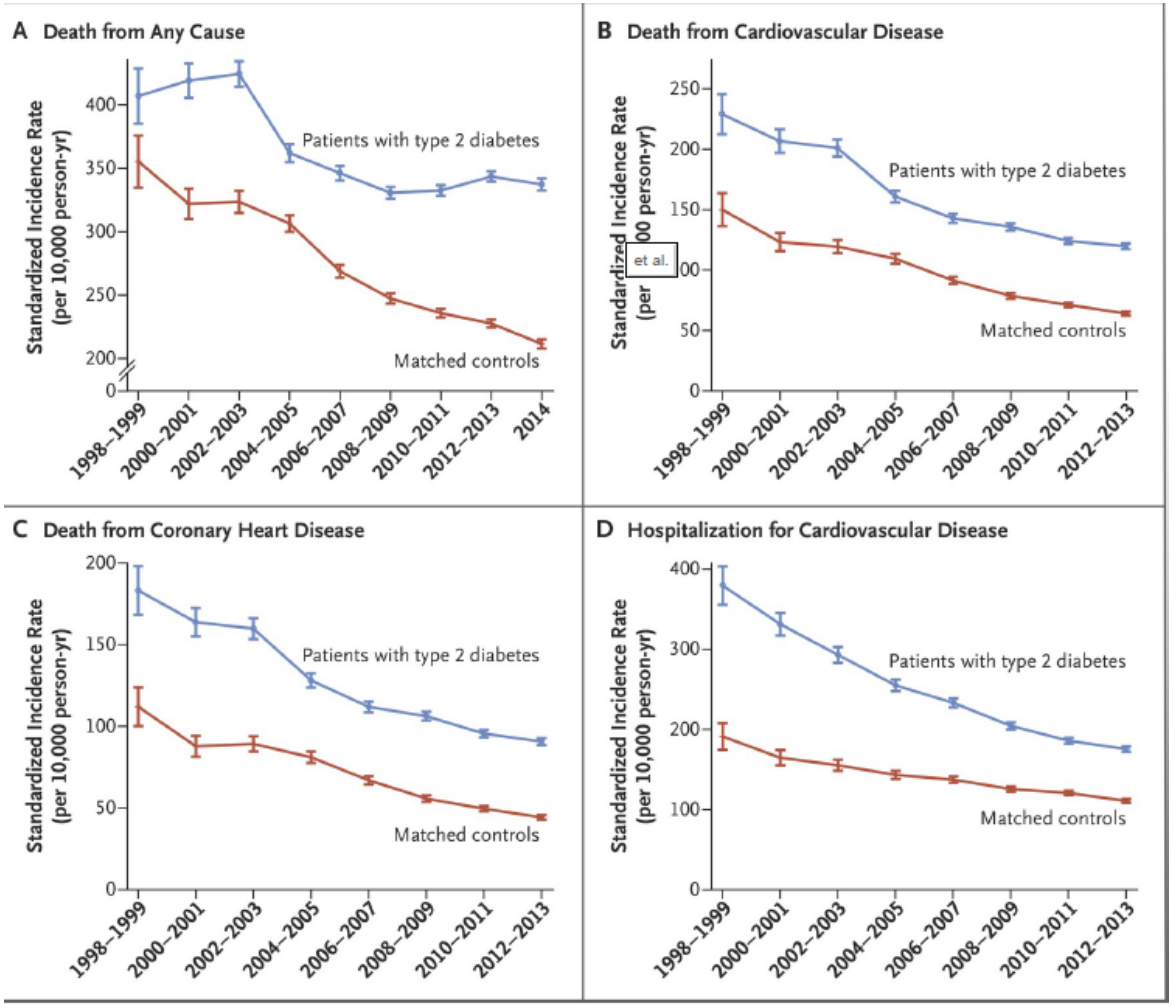
GÖTEBORGS UNIVERSITET

Why focus on a lower taget blood pressure in patients with Diabetes Mellitus Type 2 when 50 % of patients with hypertension in general do not reach target < 140/90 mm Hg?

Depends on how we evaluate the risk in patients with DM 2.

Do patients with DM2 have an increased risk?

Mortality and Cardiovascular Disease in Type 2 Diabetes The Swedish National Diabetes Register



Rawshani A NEJM 2017

GÖTEBORGS UNIVERSITET

Men vad är blodtrycksmålet vid DM typ 2 ?

There has been considerable debate about the target BP that should be achieved in people with diabetes (see section 7). We recommend that in people with diabetes, the first objective should be to lower BP to <140/80 mmHg, aiming at an SBP of 130 mmHg. Provided that the treatment is well tolerated, treated SBP values of <130 mmHg should be considered because of the benefits on stroke prevention. Achieved SBP values of <120 mmHg should always be avoided. BP targets for renoprotection

Diabetes Mellitus typ 1 och 2

Blodtrycksmål <130/80 mm Hg

SBP 140-159 mm Hg

Behandling *skall* initieras efter en period med livsstilsintervention

GÖTEBORGS UNIVERSITET

Äldre och blodtrycksnivåer

BP treatment targets in patients aged over 80 years	BP treatment targets in patients aged over 80 years
An SBP target between 140–150 mmHg should be considered in people older than 80 years, with an initial SBP ≥160 mmHg, provided that they are in good physical and mental condition.	An SBP target range of 130–139 mmHg is recommended for people older than 80 years, if tolerated.
DBP targets	**DBP targets**
A DBP target of <90 mmHg is always recommended, except in patients with diabetes, in whom values <85 mmHg are recommended.	A DBP target of <80 mmHg should be considered for all hypertensive patients, independent of the level of risk and comorbidities.

Äldre individer skall bedömmas individuellt, alla ”gamla ”är inte sköra

GÖTEBORGS UNIVERSITET

Icke fatal hjärtinfarkt och stroke >75 åå

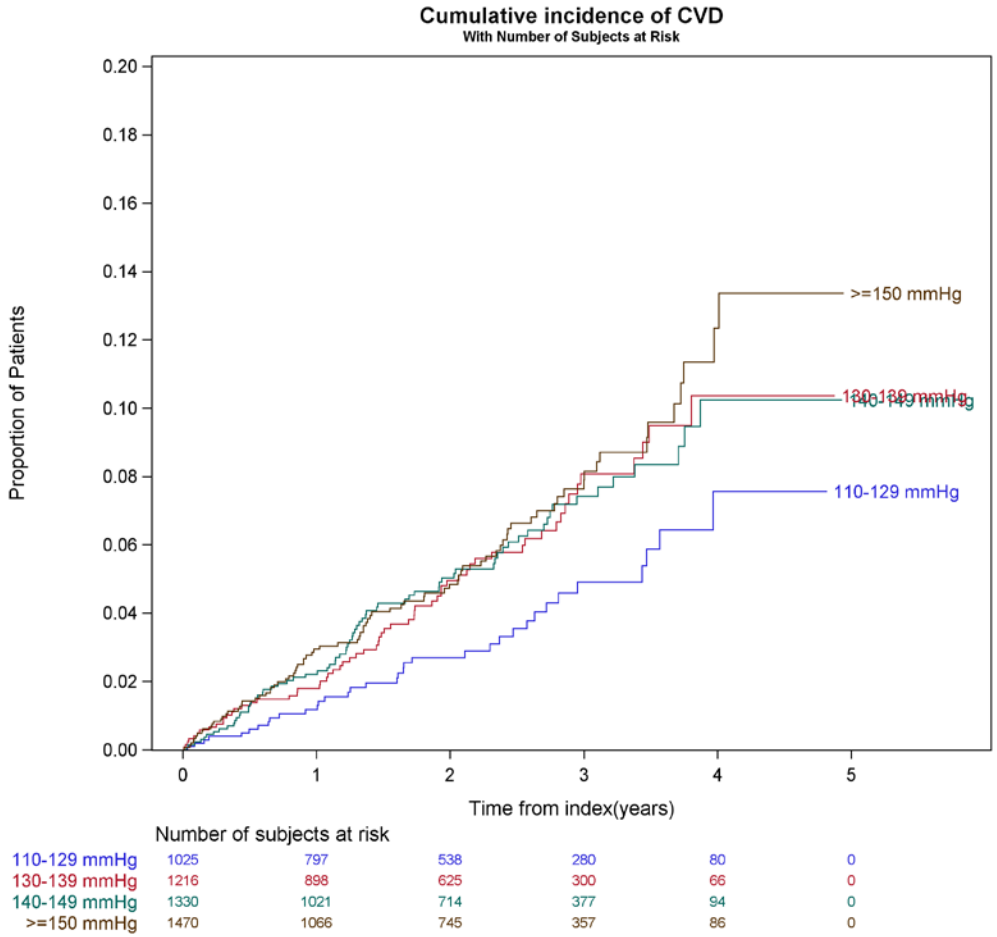


Figure 4. Kaplan-Meier estimate displaying the rate of cardiovascular disease (CVD) in different systolic blood pressure groups for patients aged 76-90 years.

Bager JE et al, in manuscript

Ickefatal hjärtinfarkt och stroke >75 åå

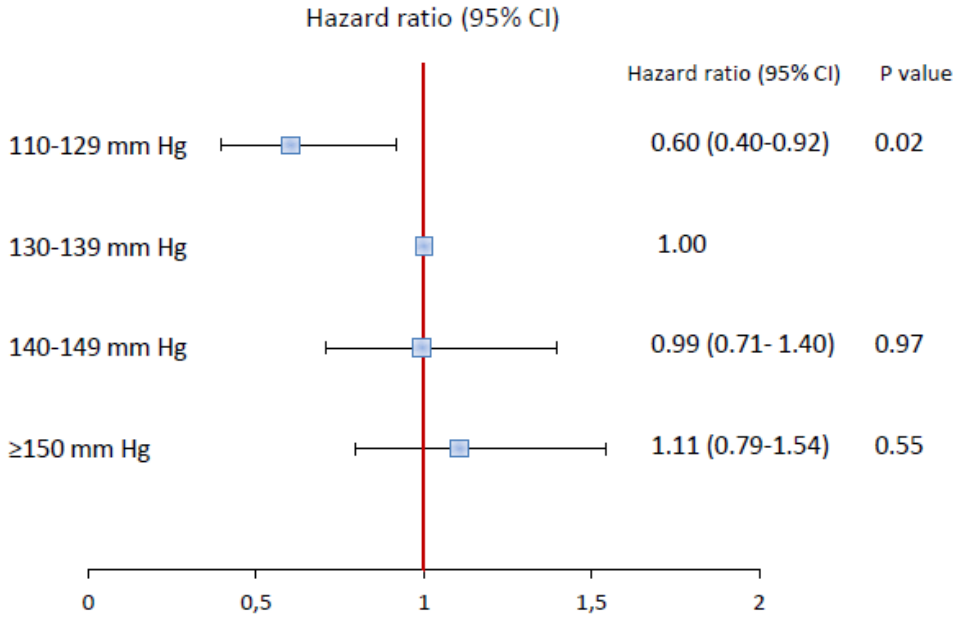
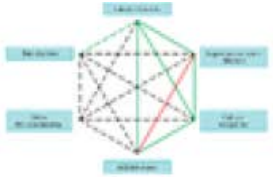


Figure 5. Hazard ratios for cardiovascular disease in different systolic blood pressure groups in patients aged 76-90 years. CI, confidence interval.

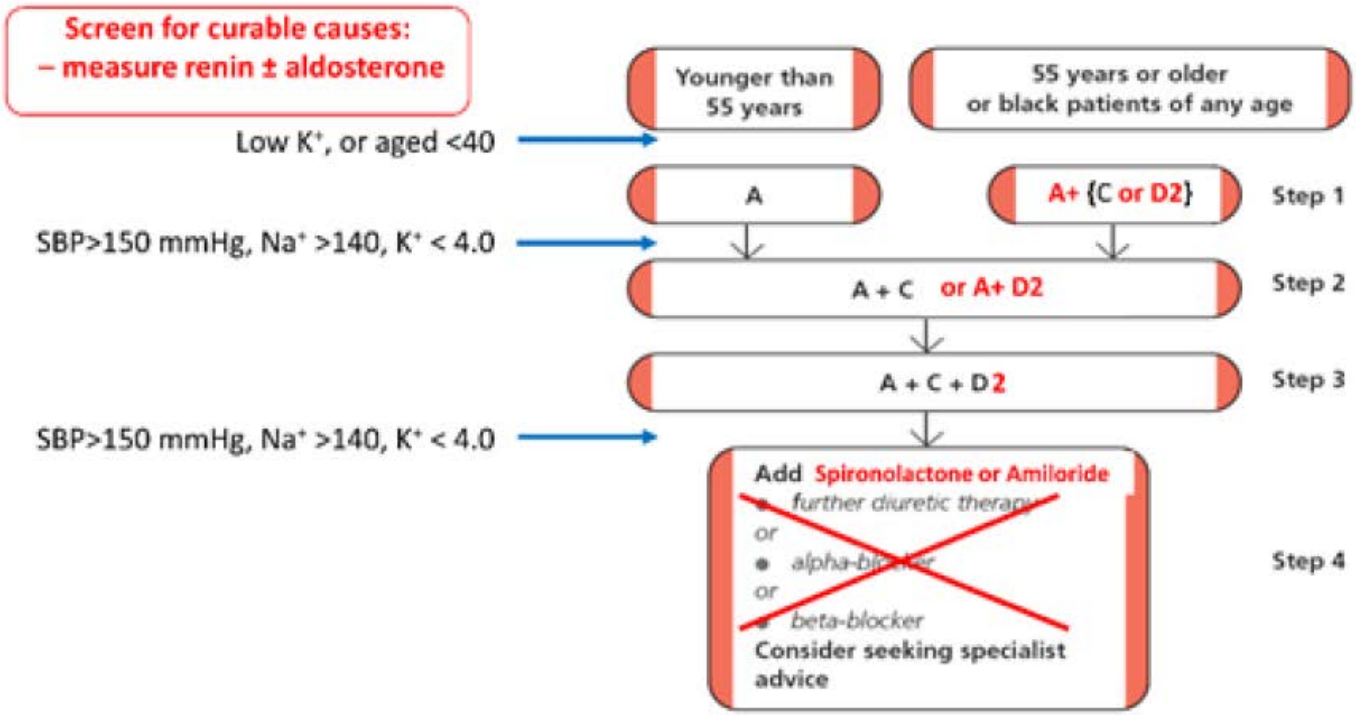
Bager JE et al, in manuscript

GÖTEBORGS UNIVERSITET

Behandlingsstrategi



From diamond to crystal-ball – evolution of a guideline



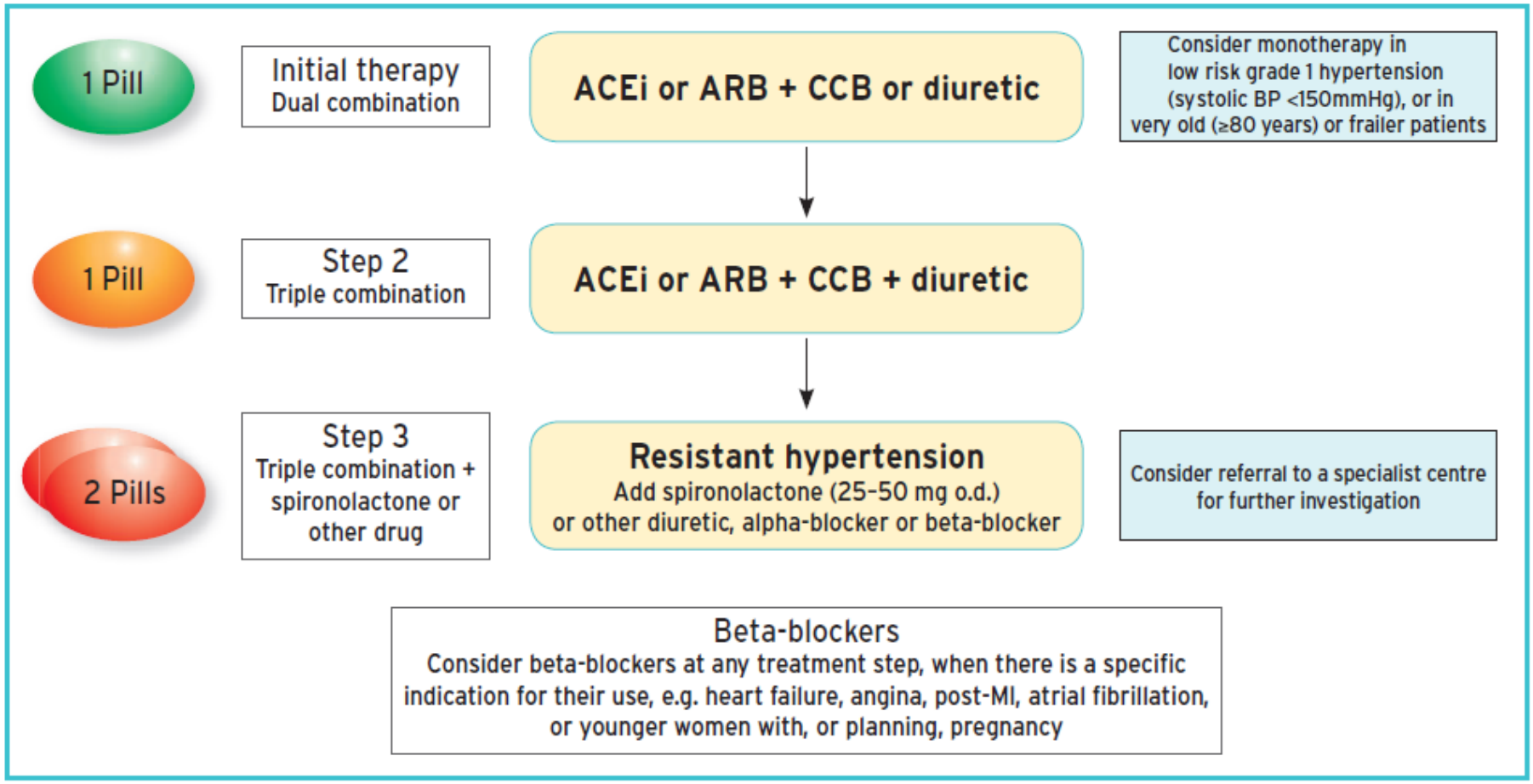


Figure 4 Core drug treatment strategy for uncomplicated hypertension. The core algorithm is also appropriate for most patients with HMOD, cerebrovascular disease, diabetes, or PAD. ACEi = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; CCB = calcium channel blocker; HMOD = hypertension-mediated organ damage; MI = myocardial infarction; o.d. = omni die (every day); PAD = peripheral artery disease.

Läkemedelsbehandling

- Börja alltid med ACEi/ARB, fortsätt med CCB och därefter Diuretika
- Används kaliumsparande diuretika när K ligger lågt
- Spironolakton (aldosteronhämmare) är första behandlingstillägget efter ACEi+CCB+D

- Screena för hyperaldosteronism hos individer < 40 år med lågt K (Aldosteron/Fritt renin)

GÖTEBORGS UNIVERSITET

Comments on the 2018 ESC/ESH Guidelines for the management of arterial hypertension

Morris J. Brown

London, UK

Quick history

The treatment of hypertension is one of Medicine's success stories. Partly because Hypertension is the commonest non-communicable, treatable cause of serious morbidity, partly reflecting clever science and

Hypertoni är vanligt
Behandlingen är billig (och ganska biverkningsfri)
Konsekvenserna av hypertoni kan vara förödande
BEHANDLA

GÖTEBORGS UNIVERSITET

Nyheter ESH Guidelines 2018

What's new

Bryan and Giuseppe highlighted six recommendations:

- **wider use of home BP monitoring to confirm diagnosis**
- **single pill combination treatment, started as initial therapy in most patients**
- **simplified treatment algorithms, comprising A+{C or D}**
- **new target BP ranges (aim for 140/90, then proceed to 130/80, but no lower than 120/70)**
- **detection of poor adherence**