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## Hypertension treatment in patients with metabolic syndrome and type 2 diabetes analysis of the therapy and the therapeutic inertia in outpatient's study

Štefan Farský, Andrea Strišková and Marián Borčín  
Slovak League against Hypertension, Slovakia

The subject of this thesis is to study the effectivity of hypertension treatment as for as drug choice, decrease of sBP and dBP associated with certain drug, drug combination and therapeutic inertia in patients with metabolic syndrome and/or diabetes mellitus. We have analyzed the database of 1595 consecutive patients visiting our department of cardiology and internal medicine clinic in years 2005-2014. The study included 13990 visit records, average number of visits per patient was 8,5+-7,0. Final number of patients who fulfilled inclusion criteria for interpenetration of both diagnoses was 570. By hypertension monotherapy were treated 15% patients, by 2-4 drug combination therapy 70% and by 5-6 drug combination 15% patients. The most frequent used drugs were perindopril, nitrendipine, amlodipine, telmisartan, hydrochlorothiazide, rilmenidine and nebivolol (used >100 patients). The most significant decrease of sBP was associated with treatment by nitrendipine, hydrochlorothiazide, telmi and urapidil (>19mmHg). The most significant decrease of dBP was associated with treatment by nitrendipine, hydrochlorothiazide, telmisartan and verapamil (>10mmHg). The most significant decrease of both sBP and dBP was associated with 3 drug combination treatment of telmisartan-hydrochlorothiazide-spironolacton (41 resp. 16mmHg), telmisartan-hydrochlorothiazide-nitrendipine (34 resp. 15 mmHg) and telmisartan-hydrochlorothiazide-urapidil (34 resp. 15 mmHg). At the last visit 281 from 413 patients at the first visit have had sBP >140 mmHg (68%) i.e. sBP control was 32%. At the last visit 76 patients from 217 at the first visit have had dBP >90 mmHg (35%) i.e. dBP control was 65%. The score of therapeutic inertia was counted at first 200 consecutive patients with the average value 57,30+-147,20.

farsky@za.psg.sk

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