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## Resistant hypertension: How do I treat?

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By definition, Resistant Hypertension (RH) is Blood Pressure (BP) that remains above 140/90 despite appropriate triple-drug regimen including a diuretic (JNC 7) or controlled BP requiring at least 4 medications. Prevalence of RH is 10-30% in general practice (Kaplan 2006), 12.8% in drug-treated US adults. Prevalence continues to increase. Uncontrolled BP that leads to suspect RH can be of two types: A. Pseudo-resistance which may be due improper BP measurement, “White-coat” effect, or poor medication adherence; B. True resistant hypertension. Self BP measurement has shown to minimize white-coat effect. In a study by dela Sierra (Hypertension 2011) 1/3 of clinic RH is actually white-coat by ABPM. Regarding issue of adherence, in a study by Jung (J Hypertension 2013), among 375 RH patients, analysis of urine showed only 3.5% were true RH. Confirmation of true RH is important because controlling their BP to <140/90 has reduced morbidity and mortality (Bangalore 2014). The causes of true RH are secondary hypertension, drug-induced, volume overload, high aldosterone levels, obesity, high alcohol intake, sleep apnea and clinical inertia. These factors must be well investigated to achieve success in BP control. In the management of RH, in association with lifestyle modification, three drugs to be used are Diuretics, ACE inhibitors or ARBs and calcium antagonists. Beta-blockers should be used if there is compelling indication. Among the diuretics, chlorhalidone has the best profile among the thiazide and thiazide-like classes. Potassium-sparing diuretics particularly spironolactone is also efficacious in uncontrolled RH. Finally, clinical inertia is another factor that leads to uncontrolled BP, wherein, clinicians fail to intensify therapy when indicated. The role of renal denervation (RD) is still inconclusive. Meta-analysis of 10 RCTs suggests that RD is not superior to drug treatment.

## Biography

Dr. Jorge A. Sison is had done is MD specialization in internal medicine and cardiology. He is certified Philippine College of Cardiology and Philippine College of Physicians. He currently serves at Manila medical centre as a Cardiology specialist.

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