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Targeting hypertension in patients with cardio renal metabolic syndrome

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Diabetes mellitus coexisting with hypertension is greater than chance alone would predict. Hypertensive patients have been shown to have altered composition of skeletal muscle tissue, decreased blood flow to skeletal muscle and post-receptor signaling alterations in the IRS insulin pathway, all inducing insulin resistance states, which partially explains why blood pressure goals in DM patients are lower than in normoglycemic patients. Although optimal first-step antihypertensive drug therapy in type 2 DM or impaired fasting glucose levels (IFG) should be individualized for each patient, converting enzyme inhibitors (ACEI's) or angiotensin receptor blockers (ARB's) have been demonstrated in some but not all studies to decrease the rate of development of proteinuria and diabetic renal disease. According to the ACCF/AHA 2011 Expert Consensus, elderly persons with diabetes, hypertension, and nephropathy should be initially treated with ACEIs or ARBs, although the choice of a specific antihypertensive may also depend on other associated comorbidities.

Biography

Edward Rojas has completed his Medical Degree at the age of 23 years from Zulia University and is currently enrolled in an advanced Endocrinology Masters degree from the University of Alcala de Henares. As such short age he was a co-founder of the Latin-American Society of Cardiometabolic Syndrome, Vice-President of the Zulian Chapter of the Interamerican Society of Diabetes and participated in as secretary in the organization of several congresses. 17 published manuscripts and researcher at the Endocrine and Metabolic Diseases Research Center.

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