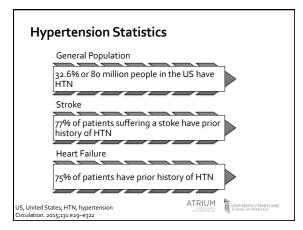


Learning Objective

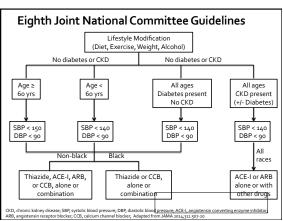
- Determine a blood pressure goal for a patient with heart failure (HF) and/or coronary disease.
- Given a patient case, develop an anti-hypertensive • regimen for a patient with heart failure (HF) and/or coronary disease.

ATRIUM



National Hypertension Guidelines
Kidney Disease: Improving Global Outcomes (2012)
 American Society of Hypertension/International Society of Hypertension (2014)
Eight Joint National Committee (2014)
 American Heart Association/American College of Cardiology/American Society of Hypertension – Cardiovascular Disease (2015)
American Diabetes Association (2015)
Kidney Int Suppl 2012;2(5:337-414; J Clin Hyperten 2014;16;14-36; JAMA 2014;311:597-20; Circulation: 2015;31:6435-70; Diabetes Care 2015;38(Suppl: 1):549-557;

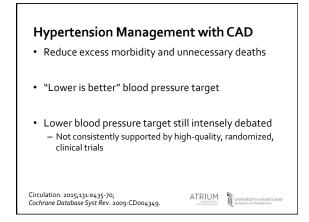
		Patient Group	Goal (mm Hg)
Kidney Disease: Improving Global Outcomes	2012	No proteinuria	≤ 140/90
		Proteinuria	≤ 130/90
Eighth Joint National	2014	Age 30-59	< 140/90
ommittee		Age > 6o	< 150/90
		Diabetes	< 140/90
		Chronic kidney disease	< 140/90
American Society of Hypertension/International Society of Hypertension	2014	Age 18-79	< 140/90
		Age ≥ 8o	< 150/90
ociety of Hypertension		Diabetes	< 140/90
		Chronic kidney disease	< 140/90
American Heart Association Prevention/American College of Cardiology/American	2015	Age > 8o	< 150/90
		CAD, ACS, or HF	< 140/90
ypertension Society (Patients ith Cardiovascular Disease)		CAD, post-MI, stroke/TIA, carotid artery disease, PAD, or AAA	< 130/80
merican Diabetes Association	2015	Diabetes	< 140/90

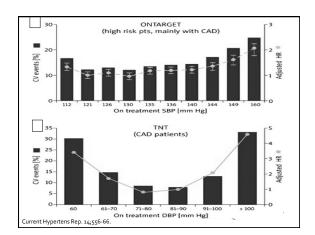




- No recommendations for patients with coronary disease or HF
- Medication selection for special populations not addressed
- Definition of older patient as age > 60 inconsistent with other guidelines

HF, heart failure JAMA 2014;311:507-20 ATRIUM COLLEGEDATE COLLEGEDATE



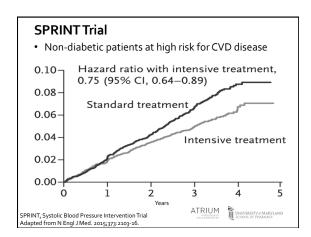


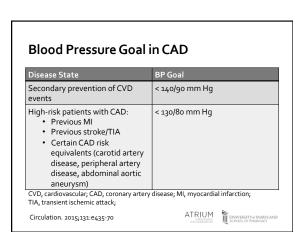
ACCORD Trial

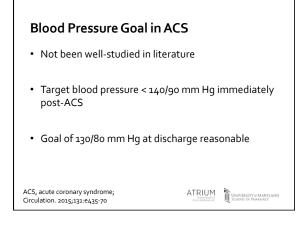
- Type 2 diabetic patients
- Intensive blood pressure control (BP < 120/80 mm Hg) vs. standard (BP < 140/90 mm Hg)
- No significant difference in CVD outcomes except:
 Stroke: 0.32% vs. 0.53% (Hazard ratio 0.59, 95% CI: 0.39-0.89, P = 0.01)
- Mean achieved DBP of 60-65 mm Hg in intensive BP control group
 - Statistically nonsignificant decrease in CVD events

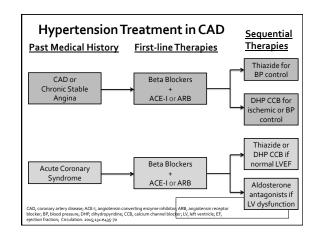
ACCORD, Action to Control Cardiovascular Risk in Diabetes; BP, blood pressure; CVD, cardiovascular; DBP, diastolic blood pressure N Engl J Med. 2010;362:1575-1585.

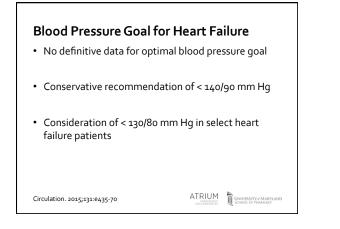
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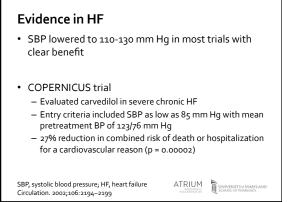


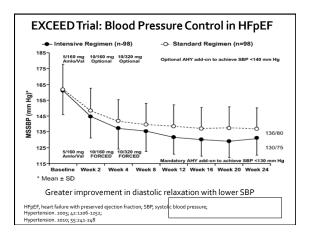


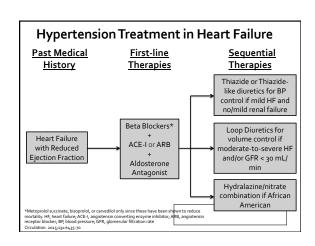












Conclusion

- Blood pressure goal should be patient-specific
- Eighth Joint National Committee guidelines for general population and patients with diabetes and/ or chronic kidney disease
- Refer to disease-specific guidelines for management of CVD conditions and heart failure

ATRIUM

Blood Pressure Goals and Treatment Plans

Disease State	BP Goal*	First-Line Therapies	Sequential Therapies
CAD or Chronic Stable Angina	< 140/90	 Beta blocker ACE-I or ARB 	DiureticDHP CCB
Acute Coronary Syndrome	< 140/90	Beta blockerACE-I or ARB	 Diuretic DHP CCB Aldosterone Antagonis
Heart Failure	< 140/90	 Beta blocker ACE-I or ARB Aldosterone Antagonists 	 Thiazide or thiazide-likk divretics if mild HF and no/mild renal impairment Loop divretics if moderate-to-severe HF and/or GFR < 30 mL/mil Hydralazine/nitrate combination if African American
* BP goal should be < 1	.50/90 if Age > 80 y	rs.	