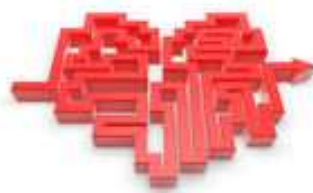


Ipertensione arteriosa

Mauro Zennaro



BP Category	SBP		DBP
Normal	<120 mm Hg	and	<80 mm Hg
Elevated	120–129 mm Hg	and	<80 mm Hg
Hypertension			
Stage 1	130–139 mm Hg	or	80–89 mm Hg
Stage 2	≥140 mm Hg	or	≥90 mm Hg

2017 High Blood Pressure Clinical Practice Guideline

Causes of Secondary Hypertension

	Prevalence	Clinical Indications	Physical Examination	Screening Tests	Additional/Confirmatory Tests
Common causes					
Renal parenchymal disease (1, 2)	1%–2%	Urinary tract infections; obstruction, hematuria; urinary frequency and nocturia; analgesic abuse; family history of	Abdominal mass (polycystic kidney)	Renal ultrasound	Tests to evaluate cause of renal disease

Renovascular disease

Primary aldosteronism

Obstructive sleep apnea

Drug or alcohol induced

Uncommon causes

chromocytoma a/paraganglioma

ushing's syndrome

pothyroidism

tic coarctation (undiagnosed or repaired)

genital adrenal hyperplasia

eralocorticoid excess syndromes other than primary aldosteronism

romegaly

Frequently Used Medications and Other Substances That May Cause Elevated BP

Alcohol. Limit alcohol to ≤ 1 drink daily for women and ≤ 2 drinks for men (1)

Amphetamines (e.g., amphetamine, methylphenidate, dexmethylphenidate, dextroamphetamine)

Antidepressants (e.g., MAOIs, SNRIs, TCAs)

Atypical antipsychotics (e.g., clozapine, olanzapine)

Caffeine

Decongestants (e.g., phenylephrine, pseudoephedrine)

Immunosuppressants (e.g., cyclosporine)

Oral contraceptives

NSAIDs Consider alternative analgesics (e.g., acetaminophen, tramadol, topical NSAIDs),

Recreational drugs

Systemic corticosteroids (e.g., dexamethasone, fludrocortisone, methylprednisolone, predni

Angiogenesis inhibitor (e.g., bevacizumab)

Best Proven Nonpharmacological Interventions for Prevention and Treatment of Hypertension

Weight loss

Healthy diet

Reduced intake of dietary sodium

Enhanced intake of dietary potassium

Physical activity

Moderation in alcohol intake

Basic and Optional Laboratory Tests for Primary Hypertension

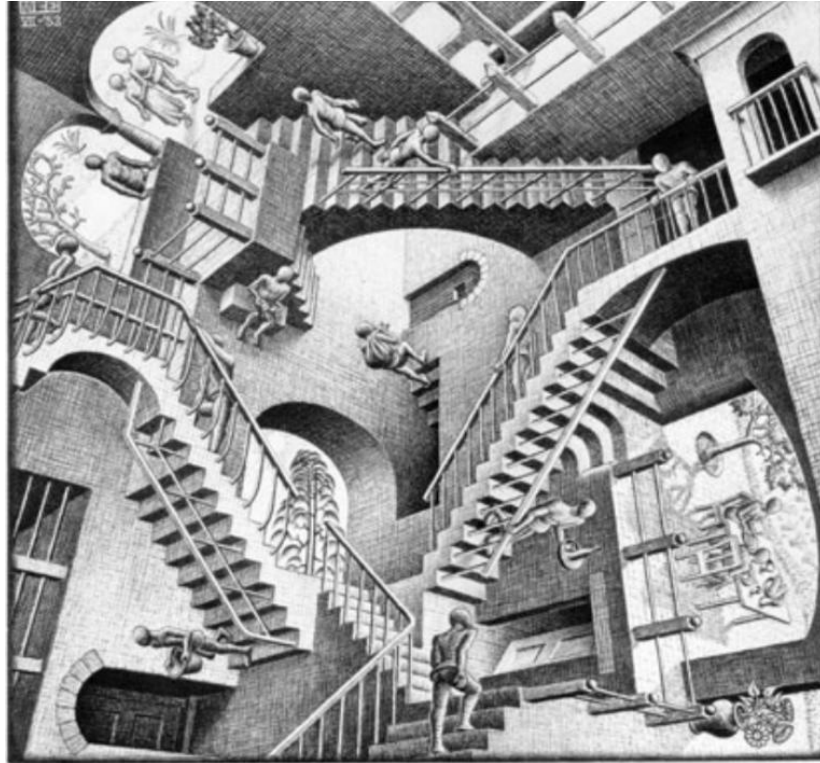
Basic testing	Fasting blood glucose*
	Complete blood count
	Lipid profile
	Serum creatinine with eGFR*
	Serum sodium, potassium, calcium*
	Thyroid-stimulating hormone
	Urinalysis
	Electrocardiogram
Optional testing	Echocardiogram
	Uric acid
	Urinary albumin to creatinine ratio

General Principles of Drug Therapy

• Recommendation for Choice of Initial Medication

COR	LOE	Recommendation
I	A ^{SR}	1. For initiation of antihypertensive drug therapy, first-line agents include thiazide diuretics, CCBs, and ACE inhibitors or ARBs. (1, 2)

COR	LOE	Recommendation
II: Harm	A	6. Simultaneous use of an ACE inhibitor, ARB, and/or renin inhibitor is potentially harmful and is not recommended to treat adults with hypertension (1-3).



Grazie per l'attenzione