

Ipertensione arteriosa

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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/paraganglioma

Pheochromocytoma/paraganglioma

hypothyroidism

aortic coarctation (undiagnosed or repaired)

congenital adrenal hyperplasia

mineralocorticoid excess syndromes other than primary aldosteronism

acromegaly

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

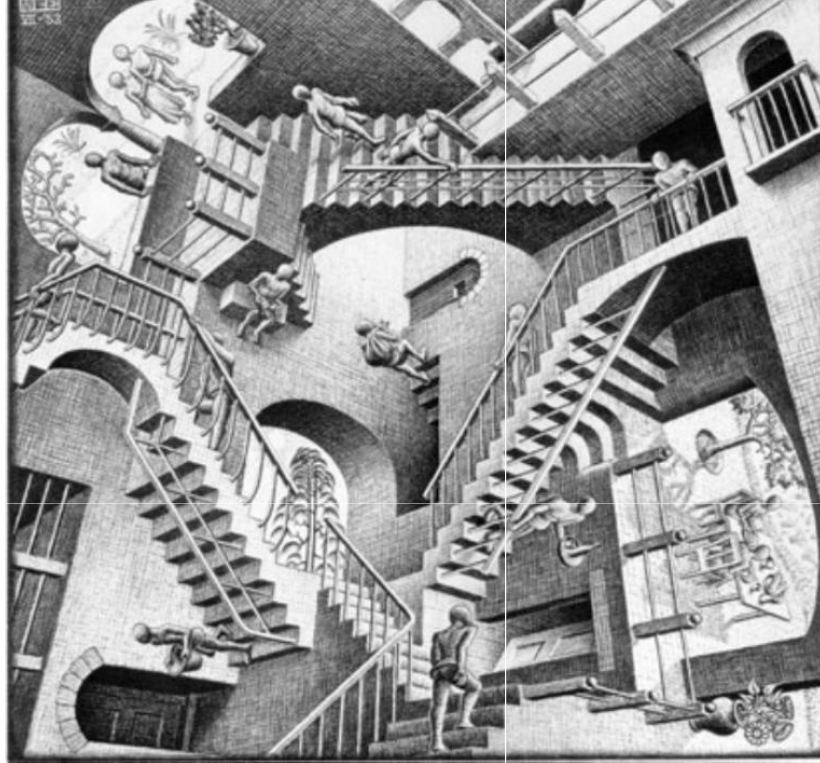
Basic testing	Fasting blood glucose*
	Complete blood count
	Lipid profile
	Serum creatinine with eGFR*
	Serum sodium, potassium, calcium*
	Thyroid-stimulating hormone
	Urinalysis
	Electrocardiogram
Optional testing	Echocardiogram
	Uric acid
	Urinary albumin to creatinine ratio

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