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Abnormal blood pressure circadian pattern and multi-morbidity: What does come first?

Fabbian Fabio

University of Ferrara, Italy

Ambulatory Blood Pressure (BP) measurements predict target organ damage and Cardiovascular Events (CVEs) better than daytime office BP. Moreover asleep BP is a significant predictor of CVEs. Worldwide population is getting older due to better quality of therapies offered by physicians; however increasing survival exposes patients to risk of incurring in several diseases. Therefore an increasing number of aging patients with several comorbidities have to be managed by physicians, conditioning development of different complications. Comorbidity (also defined multi-morbidity) is related to mortality (both in-hospital and out-of-hospital death). Relationship between multi-morbidity and circadian blood pressure pattern needs to be elucidated. It has been recently conducted a PubMed search using the words BP circadian pattern, comorbidity and multi-morbidity and only a few papers could be found. It has been established that in patients diagnosed with secondary hypertension, nocturnal blood pressure fall is blunted as well as in patients with complicated diabetes, chronic kidney disease and obstructive sleep apnea. On the other hand physicians do not always prescribe treatment following chrono-therapy advice, i.e. prescription of anti-hypertensive drugs before going to bed. Prescribing in such a way could help in restoring nocturnal blood pressure fall obtaining a reduction in cardiovascular risk. It can be concluded that the aging of the population and the increasing prevalence of non-communicable diseases as defined by World Health Organization, suggest that more efforts are needed in order to better stratify cardiovascular risk. More studies should be carried out in order to study relationship between BP circadian pattern and multi-morbidity in order to understand the true BP load. Moreover such type of studies could help physicians in management of individualized chrono-therapy.

Biography

Fabio Fabbian, MD, is Assistant Professor at the Department of Medical Sciences at the University of Ferrara, Italy and Clinical Physician at Clinica Medica Unit, General Hospital of Ferrara, Italy. He has expertise in renal diseases, hypertension, comorbidity and chronobiology. He contributed in the identification of different risk factors for in-hospital mortality and onset of acute cardiovascular diseases, considering time, eg, hour of the day, day of the week and month/season of the year. He has built his knowledge after years of experience in research and teaching both in hospital and education institutions.

f.fabbian@ospfe.it

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