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How much blood pressure lowering does it take to reduce CV risk?

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Hypertension is the major issue affecting 26% of the global population and the number of affected people is predicted to be increased to 1.6 billion people by 2025. It increases the risk of Myocardial Infarction (MI), Stroke, Heart Failure (HF), Atrial Fibrillation (AF) and Renal Failure (RF). The Prevalence of Controlled BP has decreased over the time. According to JNC 8 guideline recommendations General Population equal or more than age of 60 years are treated to goal Systolic Blood Pressure (SBP) < 150 mm Hg and goal Diastolic Blood Pressure (DBP) < 90 mm Hg. Risk of Ischemic Heart Disease (IHD) and Stroke increase with increasing DBP. The Age-Specific Risk of IHD Increases continuously with Increasing BP. According to Sprint study Intensive treatment lowering target BP less than 120 were compared with standard treatment in which BP was lowered to less than 140. The Intensive treatment group had lesser cumulative hazard as compared to standard treatment. In a Meta-analysis 344,716 PARTICIPANTS From 48 Randomized Clinical Trials were taken and composite of fatal and non-fatal stroke, fatal or non-fatal MI or IHD or HF causing death or requiring admission to hospital were studied. A 5mm Hg reduction in SBP equated to ~10% relative risk reduction in MACE, ~13% Relative risk reduction for Heart failure and stroke, 5% for cardiovascular death. Relative risk reductions were proportional to the Intensity of Blood Pressure-Lowering. Baseline Blood Pressure and CV status did not significantly affect the outcome. None of the class of antihypertensive drugs played a role. On an average, SBP falls by ~6 mm Hg in the placebo arms in the trials of non resistant Hypertension (HTN). ~9 mm Hg in the trials of non resistant HTN are associated with a 14% decrease in stroke & 7% reduction in mortality. Evidence from Sham-Controlled Clinical Trials represents ~5-10 mmHg reduction in BP by Renal Denervation Therapy. Effects of 5-mm Hg Reduction in BP is consistent in people with or without Cardio Vascular Disease (CVD) and across a wide range of baseline BP categories. There is the randomized evidence for "The More, The Better". Relative risk reduction is proportional to net achieved SBP. Effects of 5mmHg Reduction in BP consistent across a wide range of baseline BP Categories. It emphasizes BP lowering treatment as a tool to prevent CVD irrespective of an Individual's Baseline BP. Considering these facts and lessons from the sprint study, should we initiate low dose antihypertensive drug therapy in a patient without CVD but at a risk of CV events and SBP of 120 mm Hg. Controversial line of thinking, but findings support that for people at risk of CVD, pharmacological BP-lowering treatment works on CV outcomes, irrespective of CVD status or baseline BP. Findings suggest that physicians may need to assess risk and treat patients differently, and take a more prophylactic approach to prevent CVD. Bottom-line goal is to prevent CVD.

Biography

Rohit Mody has more than 25 years of experience in interventional cardiology. He worked in Buenos Aires, Argentina on stem cell therapy in myocardial infarction. He worked in Tokyo, Japan on chronic total occlusions. He has done more than 10000 Angioplasties. He is presently working as director cardiology, Max Hospital, Bathinda. He is invited faculty to various leading conferences at national and international levels. He conducts workshops on various complex PCI procedures like atherectomies, physiology, IVL, CTO and LM disease and bifurcation. He is the author of many books and articles in journals. He is faculty to various conferences at international level and member of editorial board of many journals.