

Treatment of Hypertension in CKD Patients: recommendations from 2010 Taiwan Hypertension Guideline

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Chronic kidney disease (CKD) has long become an emerging burden of health care system in Taiwan. Cardiovascular disease (CVD) is the leading cause of mortality and morbidity in CKD population. And vice versa, CKD status predisposes these patients high-risk of CVD. As shown in academic publications from Taiwan, clinicians and epidemiologists have revealed that CKD patients come mostly from diabetes, hypertension, dyslipidemia, and vasculopathy. Among end-stage-renal disease (ESRD) patients, diabetes mellitus (DM) accounts for around 38% of incident patients annually. For diabetic CKD patients, it's mandatory to control the blood pressure (BP). However, the achievement of target BP through adequate combination therapy of anti-hypertensive agents is still low. The reasons are multi-factorial, which will be discussed in this talk. For diabetic patients, another main issue is on the blood sugar control. Besides, the insulin resistance, inadequate dialysis, and oxidative stress complicating the status of CKD all contribute to high CVD and metabolic risk in CKD patients.

For patient safety, we may have better to recognize earlier who are high risk candidates for CKD, and to what extent the CKD predispose to their high CV risk. As the renin-angiotensin-aldosterone (RAA) system play a major role in accelerating endothelial dysfunction and renal progression, it's valuable to attenuate the RAA axis systemically or locally. However, a wise combination of antihypertensive agents functioning in renal protection as well as prevention of CVD and cerebrovascular events are key factors of final outcome. What is the recommendation from 2010 Taiwan Hypertension Guideline about hypertension management in CKD? The roles of other anti-hypertensive agents, such as the calcium-channel blocker, α -sympathetic blocker, and diuretics in management of CKD will also be discussed in this talk.