

## **TREATMENT OF HYPERTENSION IN HIGH-RISK PATIENTS.**

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Hypertension appears to play a particularly deleterious role in certain clinical contexts such as in subjects with diabetes and/or renal disease. This has led to international guidelines suggesting more aggressive blood pressure reduction and in particular different targets for blood pressure control in such individuals. In particular, in subjects with proteinuria, many of whom have concomitant diabetes, blood pressure targets of 125/75 are recommended. In diabetes, first demonstrated experimentally but subsequently in major clinical studies, agents which interrupt the renin-angiotensin system have been shown to not only be useful in reducing blood pressure but also to confer additional cardiac and renoprotective effects. In these high risk individuals, BP reduction per se cannot be considered the sole aim of treatment. Indeed, effects on renal function, proteinuria, left ventricular hypertrophy and cardiac failure need to be considered when choosing antihypertensive drugs. Hypertension is commonly associated with other clinical conditions as part of the metabolic syndrome including diabetes, obesity and dyslipidemia. With evidence that some antihypertensive drugs may exacerbate these concomitant clinical conditions, for example high dose thiazides may promote glucose intolerance and dyslipidemia and other agents may retard the onset of these conditions, for example agents which interrupt the renin-angiotensin system may delay the onset of overt type 2 diabetes, it is clear that when choosing a BP lowering agent one needs to consider potential side effects. Thus, in high risk subjects where combination antihypertensive drugs often need to be used, a range of issues need to be considered including antihypertensive efficacy, effects on end-organ protection and potential metabolic effects, both deleterious and beneficial.