

10<sup>th</sup> International Conference on **HYPERTENSION AND HEALTHCARE**

March 24, 2022 | Webinar

**How Much Blood Pressure Lowering Does It Take to Reduce CV Risk?****Rohit Mody***Max Superspeciality Hospital, Mansa Road, Bathinda 151001, Punjab, India.*

Hypertension is a 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 adequately controlled BP has decreased over time. According to JNC 8 guideline recommendations, General Population of age equal to or more than 60 years are treated to goal Systolic Blood Pressure (SBP) < 150 mm Hg and goal Diastolic Blood Pressure (DBP) < 90 mm Hg. The 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, an Intensive treatment that lowered target BP to less than 120 mm Hg was compared with standard treatment in which BP was lowered to less than 140 mm Hg. 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% relative risk reduction for cardiovascular death. Relative risk reductions were proportional to intensity of lowering the blood Pressure. Baseline Blood Pressure and CV status did not significantly affect the outcome. None of the classes 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) and by ~9 mm Hg in the trials of resistant HTN are associated with a 14% decrease in stroke & 7% reduction in mortality. Evidence from Sham-Controlled Clinical Trials represents ~5-10 mm Hg 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 randomized evidence for "The More, The Better". Relative risk reduction is proportional to net achieved SBP. Effects of 5 mm Hg Reduction in BP is consistent across a wide range of baseline BP Categories. It emphasises BP lowering treatment as a tool to prevent CVD irrespective of an Individuals Baseline BP. Considering these facts and lessons from the sprint study, should we initiate a low dose antihypertensive drug therapy in a patient without CVD but at a risk of CV events and SBP of 120 mm Hg. This is a controversial line of thinking, but findings support that pharmacological BP-lowering treatment works on CV outcomes for people at risk of CVD, irrespective of CVD status or baseline BP. Findings suggests that physicians may need to assess risk and treat patients differently, and take a more prophylactic approach to prevent CVD. The bottom-line goal is to prevent CVD.

**Biography**

Rohit Mody is well known in Max Superspeciality Hospital, Mansa Road, Bathinda 151001, Punjab, India. And he developed his research work in Blood Pressure

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