

Submission No.: KSJS-9033

Session Title: KSN-KSH Joint Symposium (Korean Society of Hypertension)

Date & Time, Place: April 29 (Sat), 15:30 - 17:30, Room 5

Relationship between resistant hypertension and renal outcomes

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Resistant hypertension is defined as BP above the target BP despite the concurrent use of ≥ 3 antihypertensive drugs, commonly including a calcium channel blocker, renin-angiotensin system (RAS) inhibitor, and diuretic, and the definition also includes patients who achieve their target BP with ≥ 4 antihypertensive medications. The prevalence of resistant hypertension is reported to range from 12% to 18% of the hypertensive population and it is associated with an increased risk of cardiovascular events, end-stage renal disease (ESRD), and mortality. The prevalence of resistant hypertension increases with increasing age, DM and CKD. CKD is associated with accelerated arteriosclerosis, volume excess and impaired baroreflex sensitivity, predisposing them to have difficult to treat hypertension. The higher risk of uncontrolled BP predisposes CKD patients to have increased risk of cardiovascular and renal outcomes. In this talk we will discuss the definition, epidemiology and pathophysiology of resistant hypertension and discuss how resistant hypertension is associated with renal outcomes.