Arterielle Hypertonie – Diagnostik und Therapie

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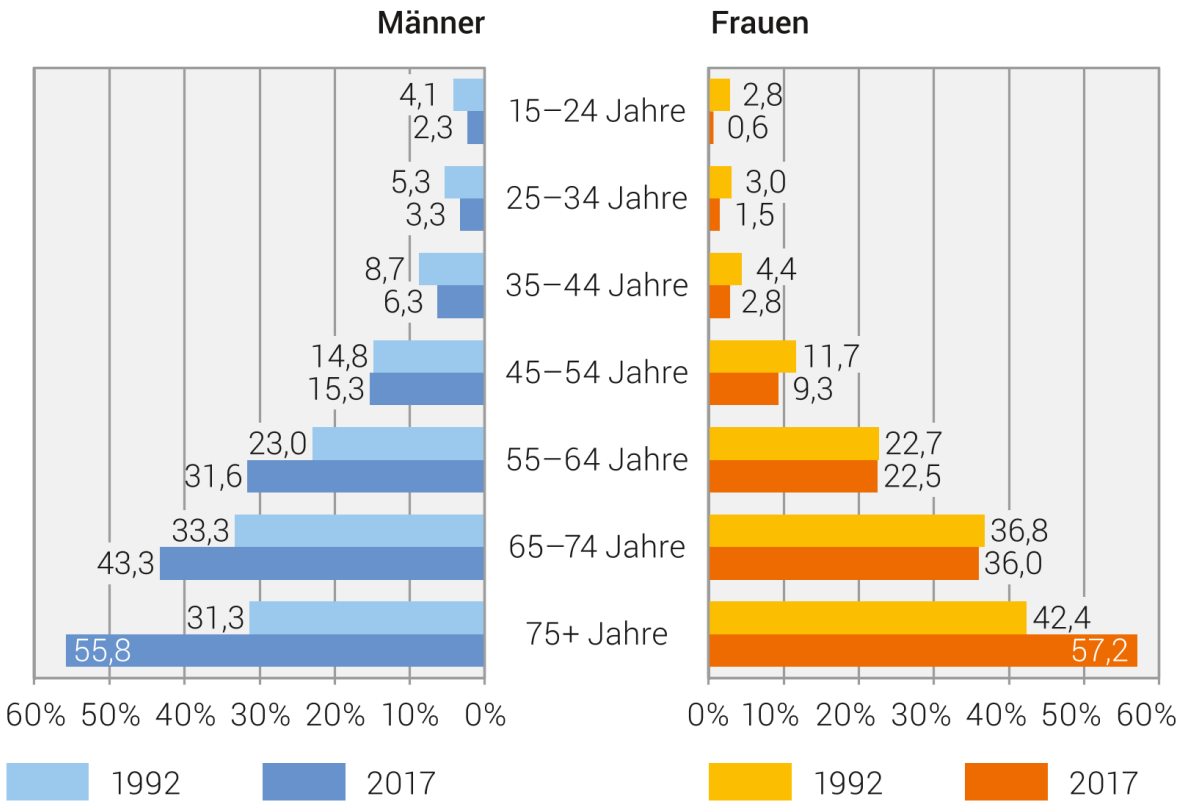
Agenda

1. Blutdruckmessung und Diagnosestellung

Hypertonie in der Schweiz

Personen mit Bluthochdruck

Bevölkerung ab 15 Jahren in Privathaushalten



Quelle: BFS – Schweizerische Gesundheitsbefragung (SGB)

20% der Schweizer Erwachsenen haben eine Hypertonie

Blutdruckmessung

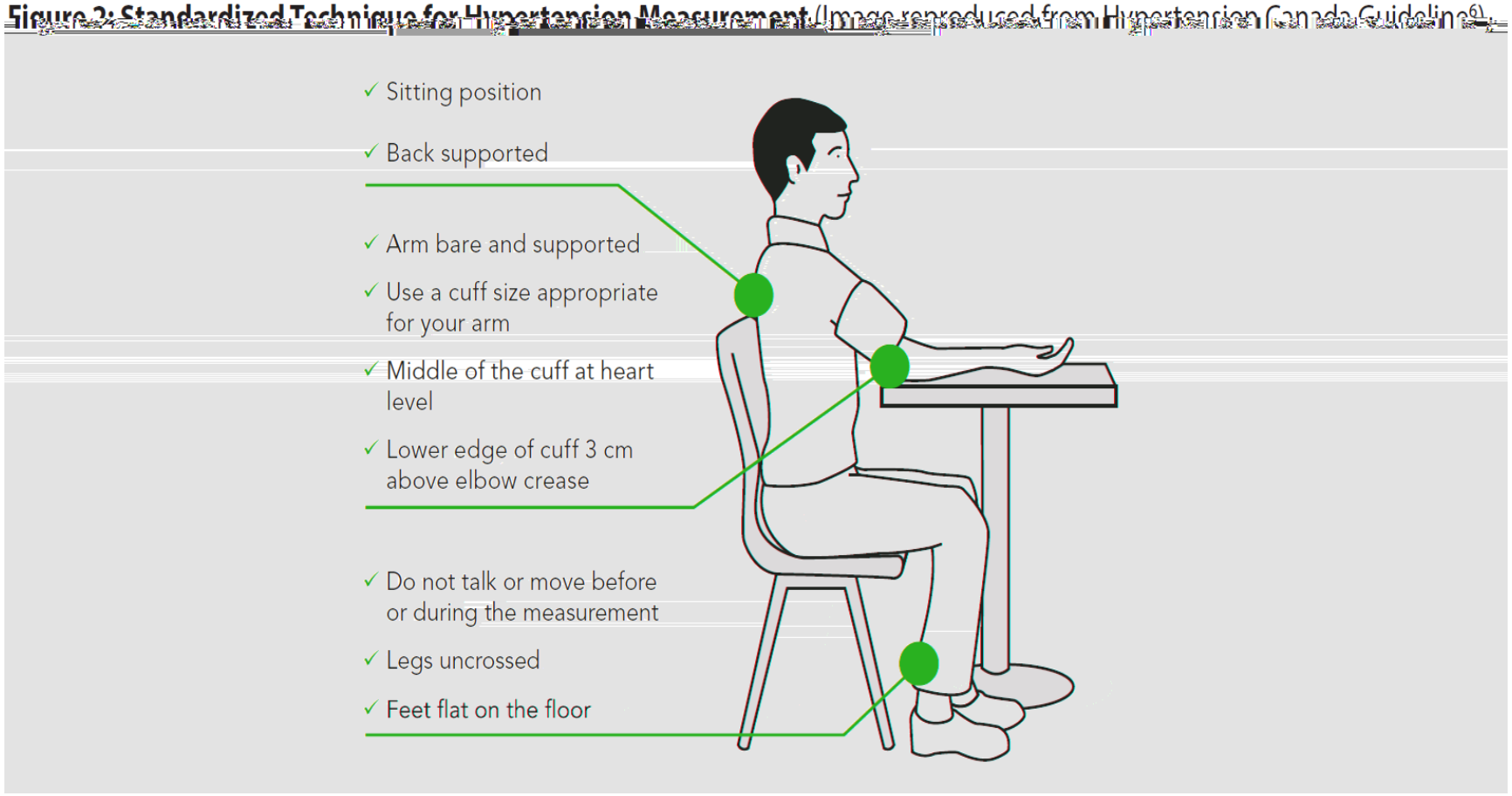
Messung in der Praxis

Messung zu Hause

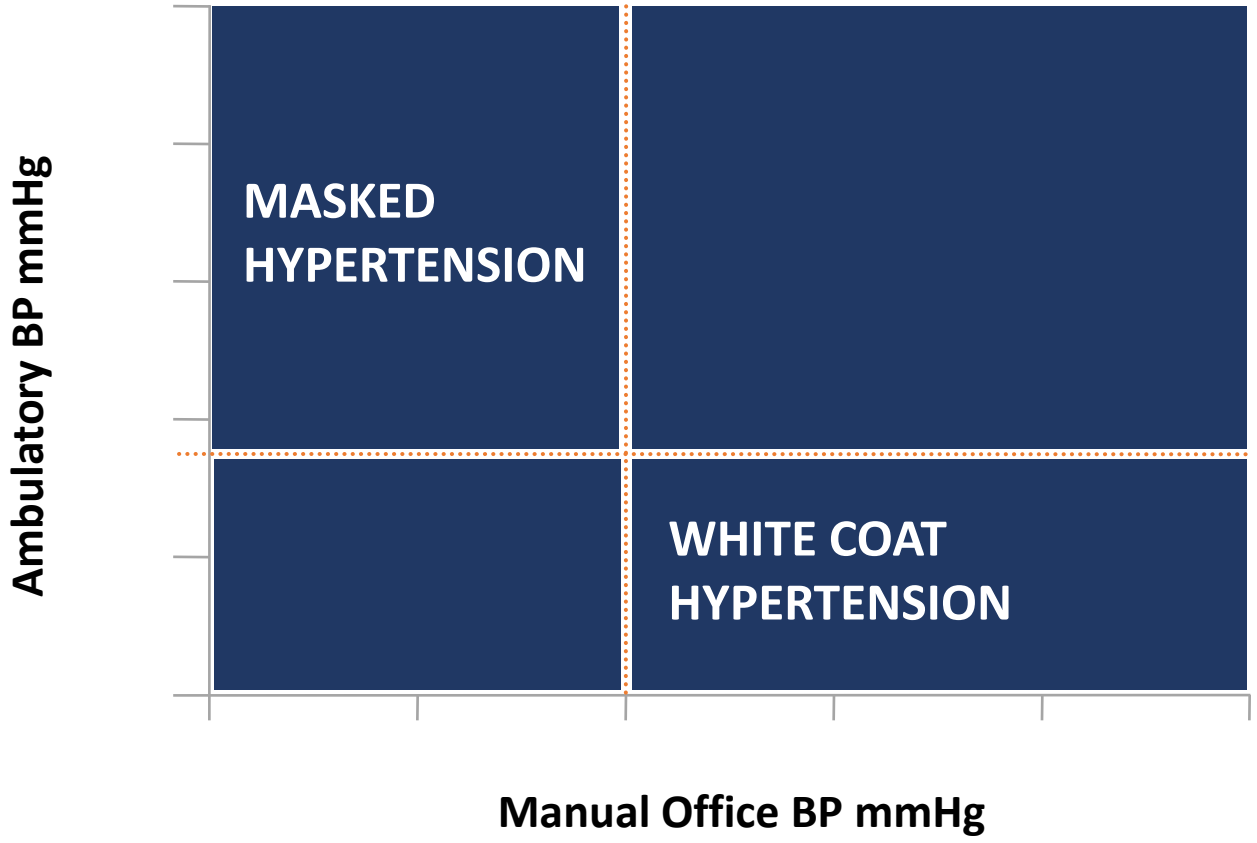
Standardisierte BD Messung

- nach 5 min Ruhephase
- in der Praxis
- zu Hause morgens und abends über 7 Tage

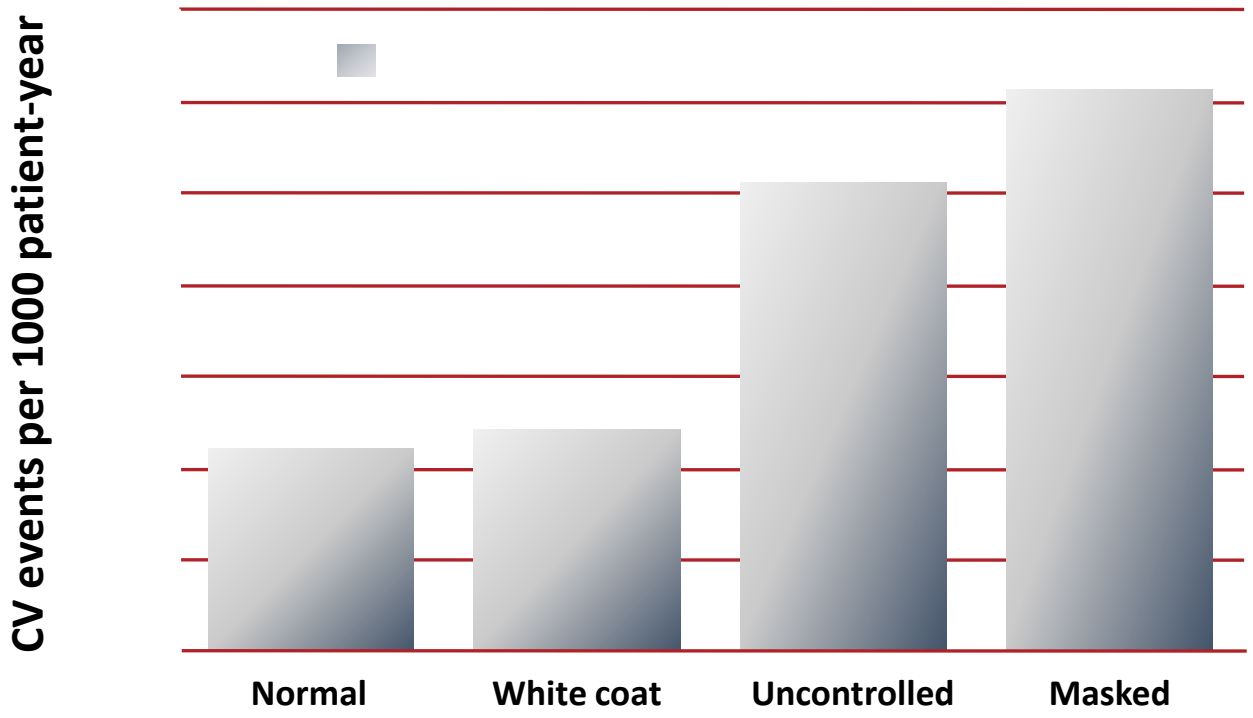
Figure 2: Standardized Technique for Hypertension Measurement (Image reproduced from Hypertension Canada Guideline[6])



White Coat and Masked Hypertension



The Prognosis of White Coat and Masked Hypertension



2. Kardiovaskuläre Risikodefinierung

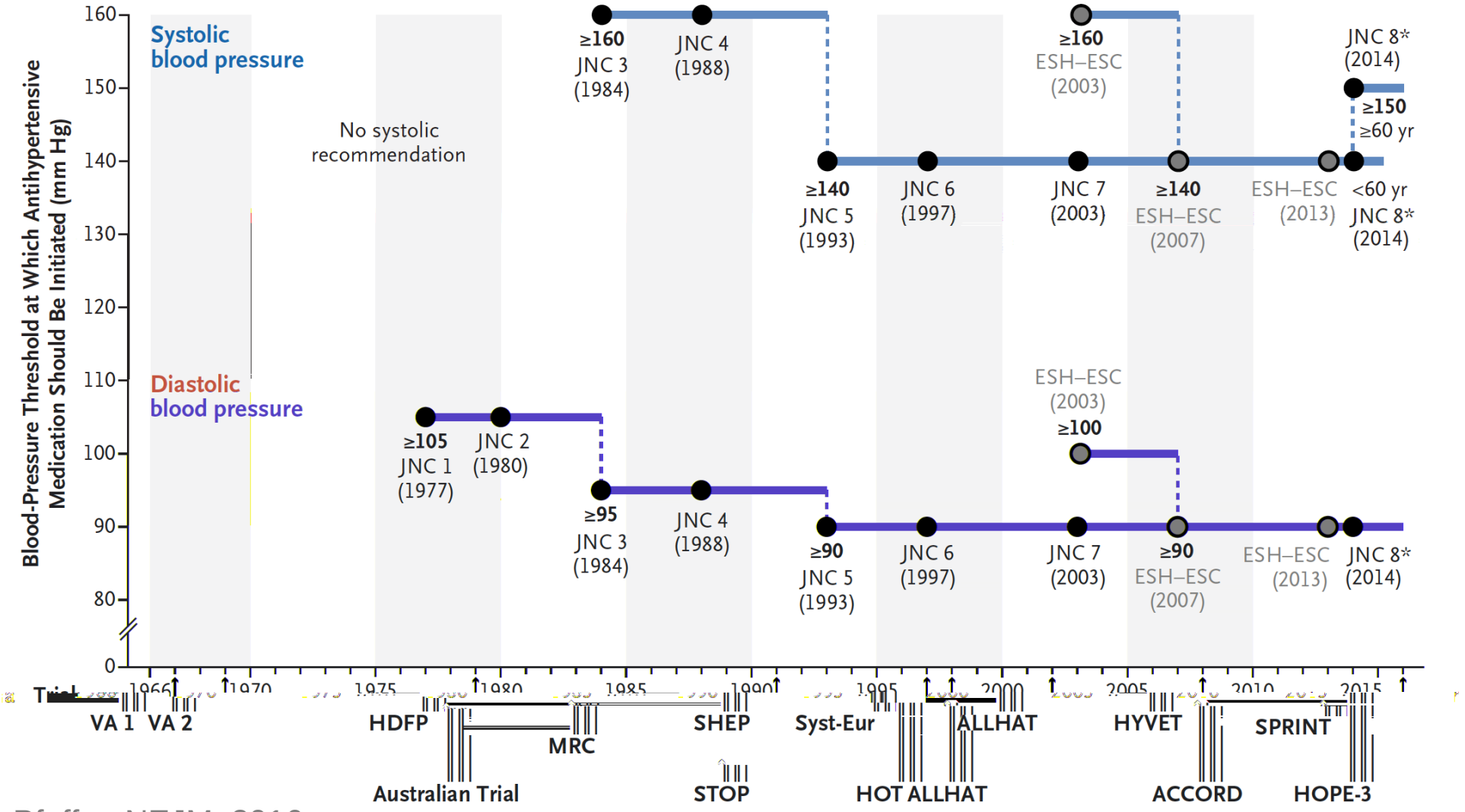
Bestimmung von kardiovaskulären Risikofaktoren

Nicht modifizierbar

Modifizierbar

3. Therapieziele

Hypertonie Guidelines in den letzten 50 Jahren



Pfeffer. NEJM. 2016

Therapieziele

Table 23 Office blood pressure treatment target range

Age group	Office SBP treatment target ranges (mmHg) OBP 115-120/70 ≈ 115-120/70 24 h-mean ABPM OBP 130 mmHg ≈ 125 mmHg 24 h-mean ABPM					Office DBP treatment target range (mmHg)
	Hypertension	+ Diabetes	+ CKD	+ CAD	+ Stroke[a]/TIA	
[illegible]	[illegible] Not <120	[illegible] Not <120	[illegible]	[illegible] Not <120	[illegible] Not <120	[illegible]
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Praxis Zielblutdruck

< 65 Jahre	**≤ 130/80**
> 65 Jahre	**≤ 140/80**

2018 ESC/ESH Guidelines for the management of arterial hypertension
European Heart Journal (2018) 39, 3021 3104

Systolische Blutdruckziele bei Patienten mit nicht diabetischer CKD

Nondiabetic CKD	Systolic BP Target

4. Nicht pharmakologische und pharmakologische Therapie

Nicht-pharmakologische Massnahmen

	Nonpharmacologic Intervention	Dose	Approximate Impact on SBP	
			Hypertension	Normotension
Weight loss	Weight/body fat	Ideal body weight is best goal but at least 1 kg reduction in body weight for most adults who are overweight. Expect about 1 mm Hg for every 1 kg reduction in body weight.	-5 mm Hg	-2/3 mm Hg
Healthy diet	DASH dietary pattern	Diet rich in fruits, vegetables, whole grains, and low-fat dairy products with reduced content of saturated and trans l fat	-11 mm Hg	-3 mm Hg
Reduced intake of dietary sodium	Dietary sodium	<1,500 mg/d is optimal goal but at least 1,000 mg/d reduction in most adults	-5/6 mm Hg	-2/3 mm Hg
Enhanced intake of dietary potassium	Dietary potassium	3,500–5,000 mg/d, preferably by consumption of a diet rich in potassium	-4/5 mm Hg	-2 mm Hg

Whelton PK et al. Hypertension. November 2017

Nicht-pharmakologische Massnahmen

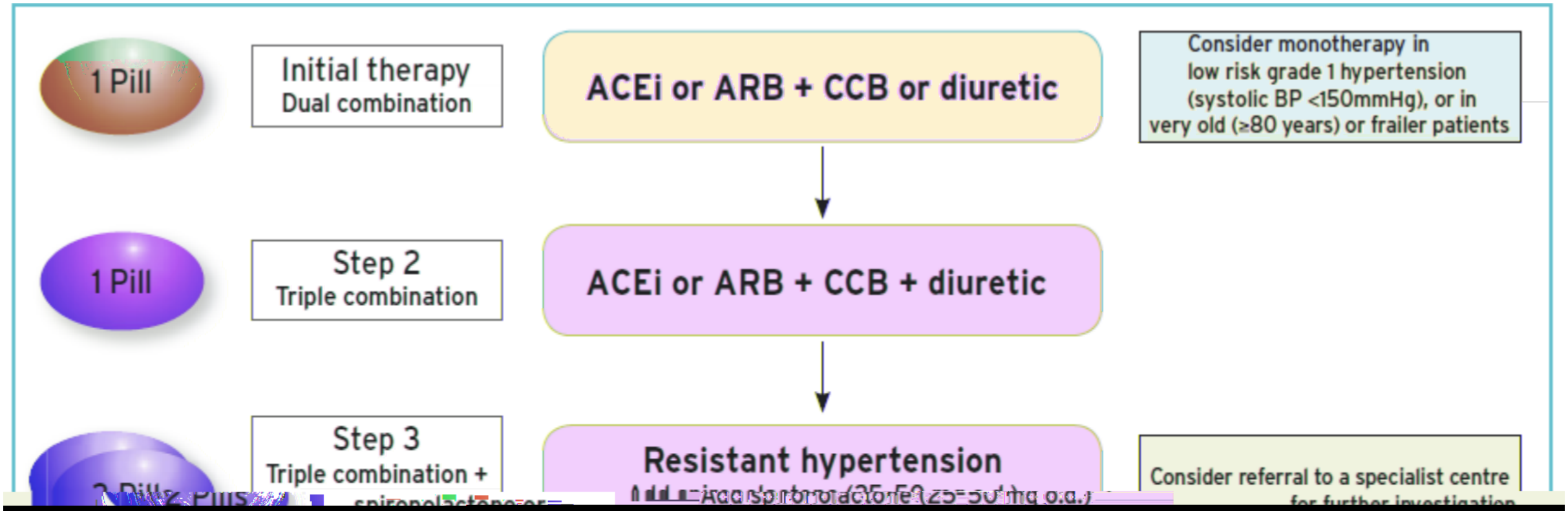
	Nonpharmacologic Intervention	Dose	Approximate Impact on SBP	
			Hypertension	Normotension
Physical activity	Aerobic	• 120–150 min/wk • 65%–75% heart rate reserve	-5/8 mm Hg	-2/4 mm Hg
	Dynamic Resistance	• 90–150 min/wk • 50%–80% 1 rep maximum • 6 exercises, 3 sets/exercise, 10 repetitions/set	-4 mm Hg	-2 mm Hg
	Isometric Resistance	• 4 x 2 min (hand grip), 1 min rest between exercises, 30%–40% maximum voluntary contraction, 3 sessions/wk • 8–10 wk	-5 mm Hg	-4 mm Hg
n in alcohol	Alcohol consumption	In individuals who drink alcohol, reduce alcohol† to: • Men: ≤2 drinks daily • Women: ≤1 drink daily	-4 mm Hg	-3 mm Hg

Moderatio intake

Whelton PK et al. Hypertension. November 2017

Pharmakotherapie

Pharmakotherapie



Vielen Dank