

SUMMARY

Summary and Conclusions

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BP control rates are suboptimal in many countries. However, in clinical trials, more than 70 % of hypertensive patients are able to achieve BP control. In addition, data from France and North America (CHEP and NHANES) show more than 50 % of the general hypertensive population can achieve BP control. The French and Italian Societies of Hypertension both have independent initiatives to improve BP control in treated patients.

The patient cases presented previously demonstrate the need to undertake full clinical assessment of patients with HTN in general practice and highlight the utility of out-of-office assessments, such as ABPM and home BP monitoring. They also clearly show that single-pill FDCs have an important role in managing hypertensive patients and improving treatment compliance.

A platform tool allows selection of the appropriate single-pill combination therapy for a variety of patient types. High rates of BP control can be achieved across a range of patients by combining OLM with AML and

HCTZ. Increasing the dose of a single drug has proven ineffective; adding a second drug is much more useful.

The frequency of true TRH is much lower than generally believed (as low as 2–3 % of all HTN patients) and the majority of patients can be effectively managed with pharmacotherapy.

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Disclaimer Please refer to the approved SmPC for the correct use of the drugs mentioned in this article.

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