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EDITORIAL

Introduction

Josep Redon[1,2]

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This European Society of Hypertension (ESH) satellite symposium addressed a number of different objectives, each of which was dealt with by a different speaker. The topics included how current trends of suboptimal blood pressure (BP) control can be reversed, the role of single-pill combinations in improving patient management, and how therapy can be tailored according to patients' needs. Furthermore, management of patients for whom treatment appears to be ineffective will be considered and opportunities for improving patient management will be highlighted using case studies.

Hypertension (HTN) is an important risk factor for death, disease and injury worldwide, and evidence for its role in cardiovascular (CV) disease continues to grow [1]. The Canadian Hypertension Education Program (CHEP) started in 1999 with the aim of improving management of HTN and presenting annually-updated recommendations for lifestyle modification combined with pharmacotherapy [2]. Dramatic increases in diagnosis and treatment were seen, especially during the first few years after its introduction, and Canada now has one of the highest rates of HTN awareness, treatment and control [3]. This improvement in HTN management was associated with greater use of medications, especially fixed-dose combinations (FDCs), and with significant decreases in deaths due to acute myocardial infarction (−16 %) and stroke (−6 %).

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

✉ Josep Redon
josep.redon@uv.es

[1] INCLIVA Research Institute, University of Valencia, Valencia, Spain

[2] CIBERObn, Instituto de Salud Carlos III, Madrid, Spain

The 2014 CHEP includes seven key recommendations [4]:

1. All Canadian adults should have their BP assessed at all appropriate clinical visits
2. Optimum management of BP requires assessment of overall CV risk
3. Home BP monitoring is an important tool in self-monitoring and self-management
4. Treat BP to target
5. Lifestyle modifications are effective in preventing HTN, treating HTN and reducing CV risk
6. Combinations of both lifestyle changes and drugs are generally necessary to achieve target BP
7. Focus on adherence and use of single-pill drug combinations

Adherence is a crucial issue and can be improved by taking a multi-level approach [4]. Firstly, adherence should be assessed and encouraged, particularly over the first three months of therapy. Secondly, simplifying treatment regimens by using single-pill drug combinations, long-acting agents and blister packaging may make it easier for patients. Educating patients and their families and encouraging greater responsibility for BP monitoring is also essential and may be more successful if mandated by a multidisciplinary team, including nurses and pharmacists.

Control of BP is suboptimal in many European countries, but this is being addressed by a number of initiatives. For example, France has set a target of 70 % of patients achieving optimal BP control by 2015, to be facilitated using a step-by-step strategy [5]:

1. Screening to detect lack of adherence
2. Confirming uncontrolled BP using ambulatory BP monitoring (ABPM)

3. Progressively titrating up to three-drug therapy, including a renin-angiotensin-aldosterone-system (RAAS) inhibitor, a thiazide diuretic and a calcium channel blocker (CCB)
4. Seeking specialist advice.

The possibility of organising a healthcare course for patients with HTN and facilitating access to specialists are also under consideration. The Italian Society of Hypertension also has the goal of achieving BP control in 70 % of treated patients with HTN by 2015, and recommends more extensive use of combination therapy based on two or three classes of antihypertensives, such as a RAAS blocker with a CCB and/or diuretic. It has been shown that the use of single-pill combinations improves adherence and can facilitate the achievement and maintenance of optimal BP control [6].

Overall, clinical trial data show that the majority of patients can achieve BP goal when managed effectively. Greater use of combination therapy, especially single-pill combinations, is likely to play a major role in improving HTN management.

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