

Mild hypertension – current controversies and new approaches

Clonidine workshop
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Mild hypertension

Current controversies and new approaches

Edited by M. A. Weber and C. J. Mathias

With an introduction
by W. S. Peart

Contributions from

F. Alhenc-Gelas, L. Ceremużyński,
J. G. Collier, J. I. M. Drayer, S. S. Franklin,
G. P. Guthrie, Jr., K. Hayduk, K. Heilmann,
G. Mancia, C. J. Mathias, F. G. McMahon,
W. S. Peart, R. J. Polinsky, M. Rowland,
M. P. Sambhi, J. E. Shaw, M. Tuck,
M. A. Weber



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Prof. M. A. Weber
Hypertension Center
Veterans Administration Center
5901 East 7th Street
Long Beach, California 90822
U.S.A.

Dr. C. J. Mathias M. B., B. S., D. Phil., M. R. C. P.
Senior Wellcome Fellow in Clinical Science,
Honorary Consultant Physician and
Senior Lecturer in Medicine, Medical Unit
St. Mary's Hospital Medical School
Norfolk Place, London W2 1PG
Great Britain

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Foreword

There is clear evidence that in severe hypertension lowering blood pressure, by drug therapy decreases the incidence of major cardiovascular events. Recent studies suggest that such benefit may also extend to patients with mild to moderate hypertension. The putative benefits of drugs may be offset, however, by their adverse effects and a prime example is the increased incidence of impotence and metabolic disorders in patients on thiazide diuretics. There is, therefore, a real need to look further into the therapy of patients with mild to moderate hypertension. The ideal drug in such patients would oppose the basic mechanisms responsible for the elevation in blood pressure, would prevent counter-regulatory responses and would have minimal side-effects in both the short-term and the long-term, the latter being of particular importance to younger patients.

These aspects were considered at the symposium "Mild hypertension. Current controversies and new approaches" held at Titisee in West Germany, October 13–15 in 1983.

The foundation for discussion was set with an exposition of the neural and hormonal regulation of blood pressure in normal man followed by a consideration of the possible pathophysiological mechanisms involved in patients with hypertension. Particular attention was focused on the central nervous system and on effects governed by activity of the peripheral nervous system as these may well provide further opportunities for logical therapeutic intervention in clinical hypertension. The current management of mild to moderate hypertension was then reviewed. Diuretics, β -adrenergic blockers, centrally acting anti-hypertensives, converting enzyme inhibitors and calcium antagonists were considered in relation to their use as either monotherapy or combination therapy. Attention was paid to the management of hypertension in patients with obesity, diabetes mellitus, ischaemic heart disease and the elderly, as in these groups, selective or modified therapeutic approaches may be necessary.

The final sessions of the symposium concentrated on novel strategies in therapy, as it was clear that in spite of the availability of potentially effective agents, there were undoubtedly limitations to their use. One approach is to use depot preparations of available drugs, the effects of which have already been well defined. Current research indicates that the transdermal route may offer some advantages in terms of ease of application, duration of action and maintenance of suitable plasma drug concentrations, particularly for agents whose actions are clearly related to drug concentrations. The first antihypertensive agent available in this form is clonidine, and recent trials with the transdermal form were presented and discussed. Early studies in patients with mild to moderate essential hypertension appear encouraging, but further work is needed both in relation to its effects on the skin and to the definition of its clinical niche in the management of hypertension.

The proceedings of this symposium represent a comprehensive view of the physiological and biochemical basis of blood pressure control, the possible mechanisms contributing to essential hypertension, the advantages and disadvantages of currently available drug therapy and a consideration of newer therapeutic approaches. The symposium, we feel, helped weld together basic concepts with newer therapeutic ideas and we would like to thank Dr. R. K. Rondel for meticulously organizing it and facilitating the editorial work. We hope that these proceedings will be of as much interest and guidance to you as the symposium was to us.

Christopher J. Mathias

Medical Unit
St. Mary's Hospital Medical School,
Norfolk Place
London W2 1PG
Great Britain

Michael A. Weber

Hypertension Center
Veterans Administration Center
Long Beach, Calif. 90822 U.S.A.

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