

TARİHTE HİPERTANSİYON

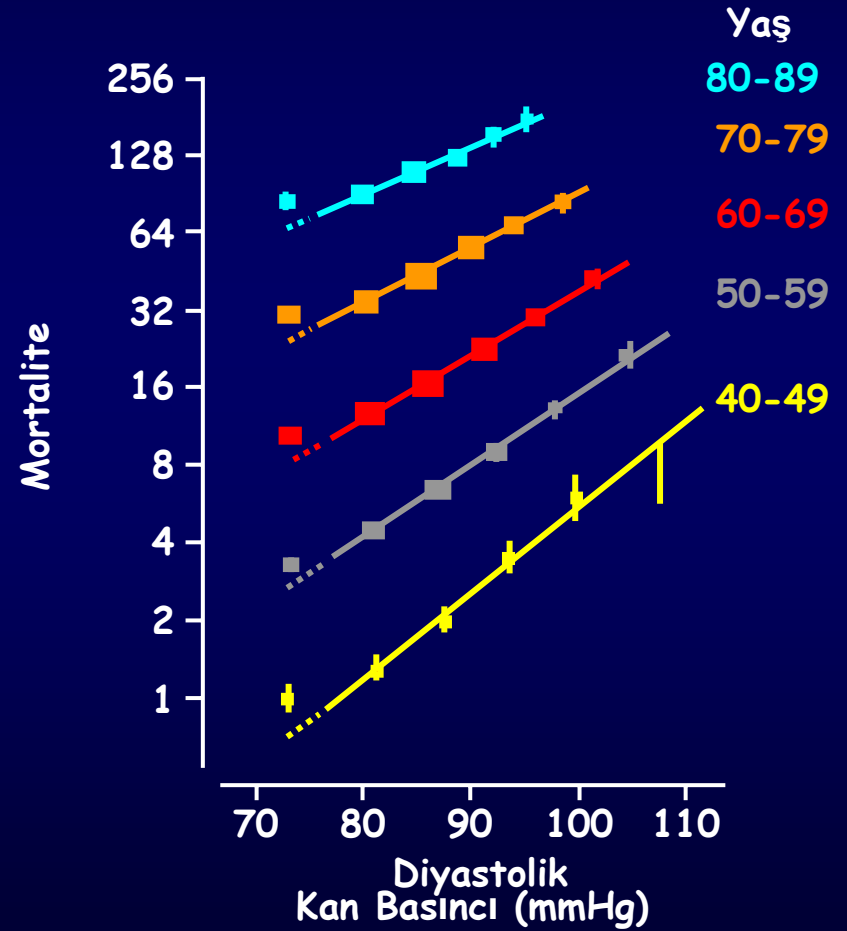
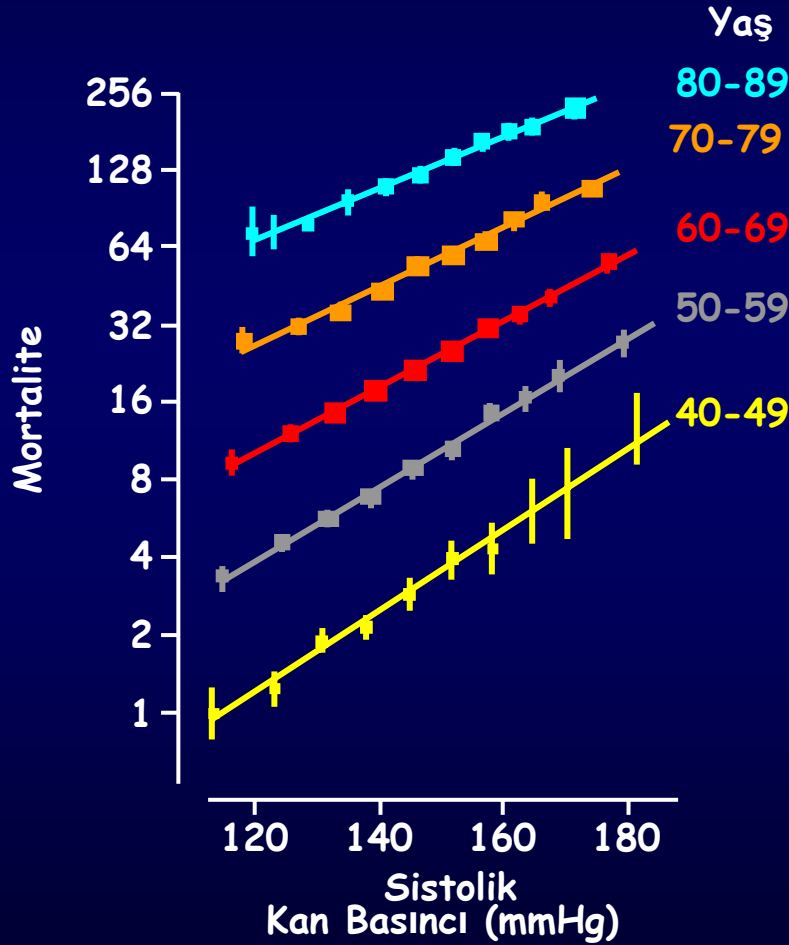


The treatment of the hypertension itself is a difficult and almost hopeless task in the present state of our knowledge

the hypertension may be an important compensatory mechanism which should not be tampered with, even were it certain that we could control it.

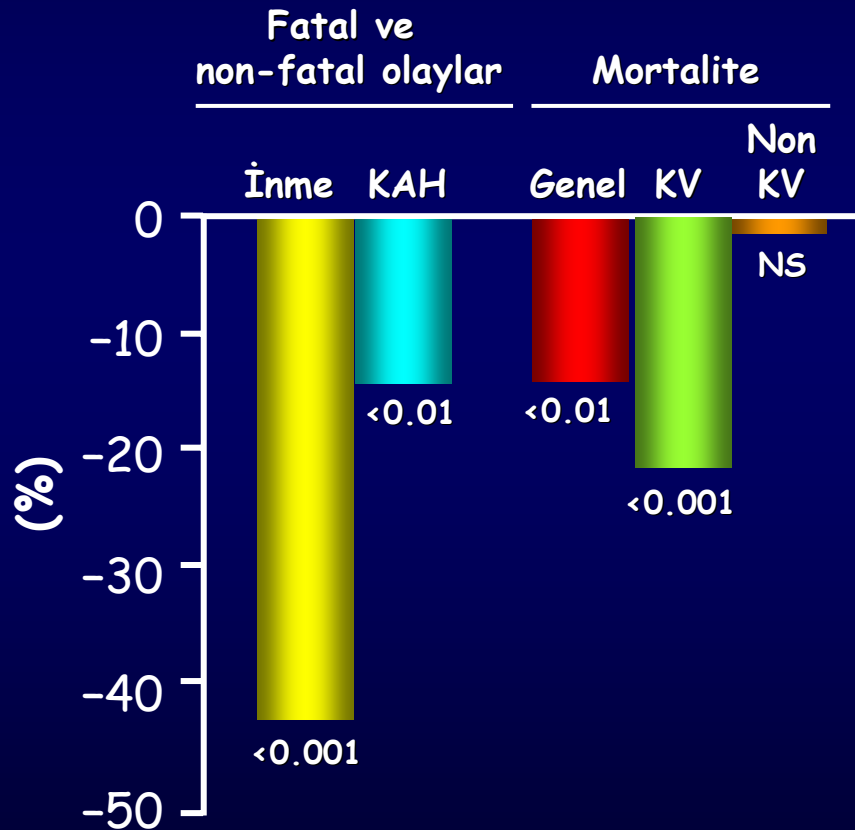
White PD. Heart disease. 2nd ed. New York: Macmillan, 1937:326.

Kan Basıncı - Kalp Hastalığına Bağlı Mortalite İlişkisi

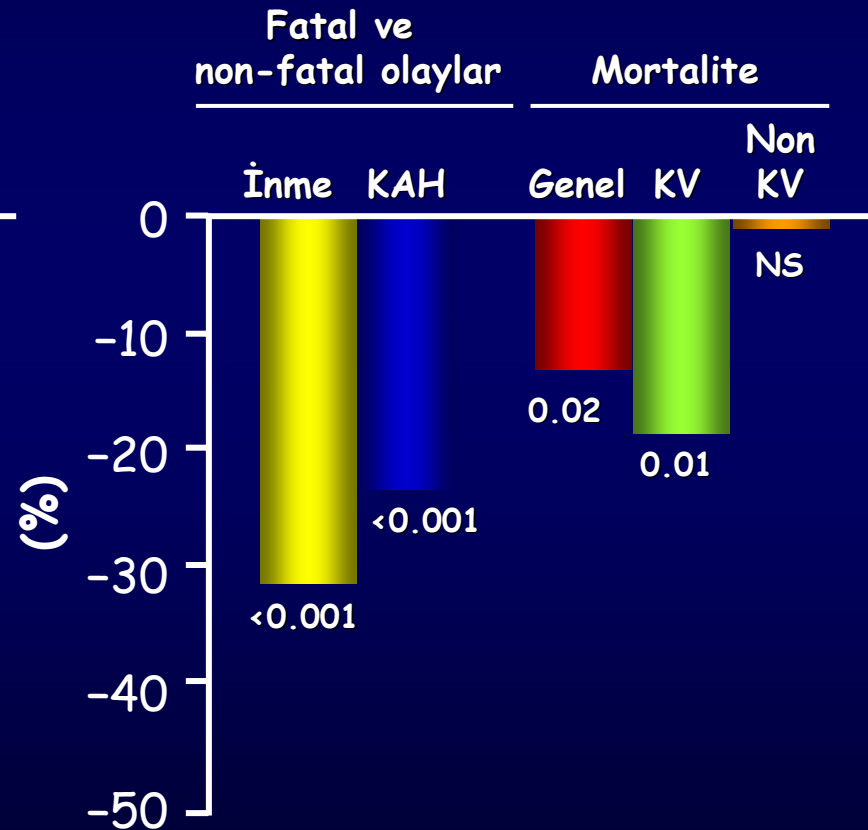


Antihipertansif Tedavi ve KV Risk

Sistolik-Diyastolik HT

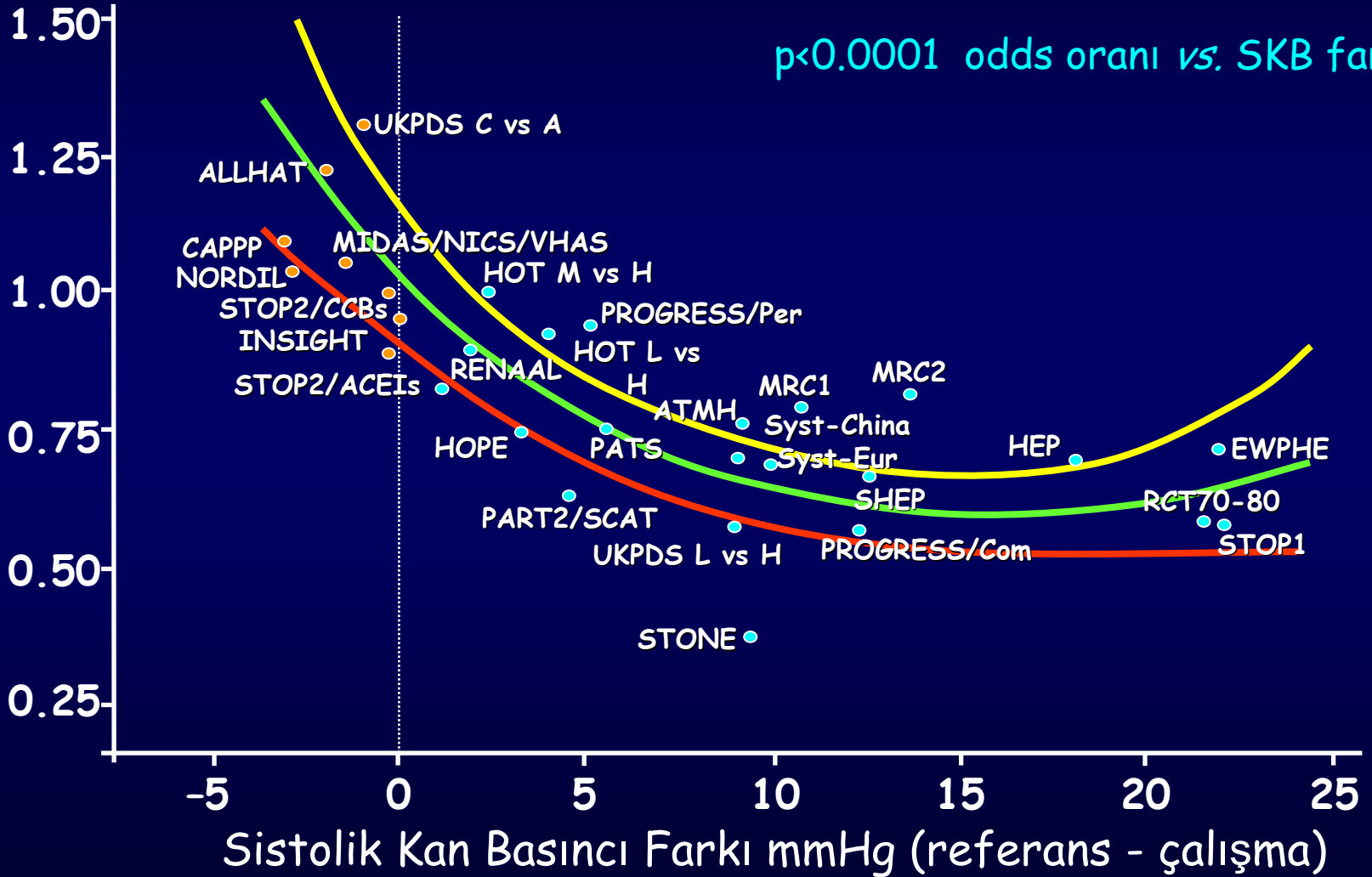


İzole Sistolik HT



Kardiyovasküler Olay ve Sistolik Kan Basıncı

Odds oranı (çalışma/referans)



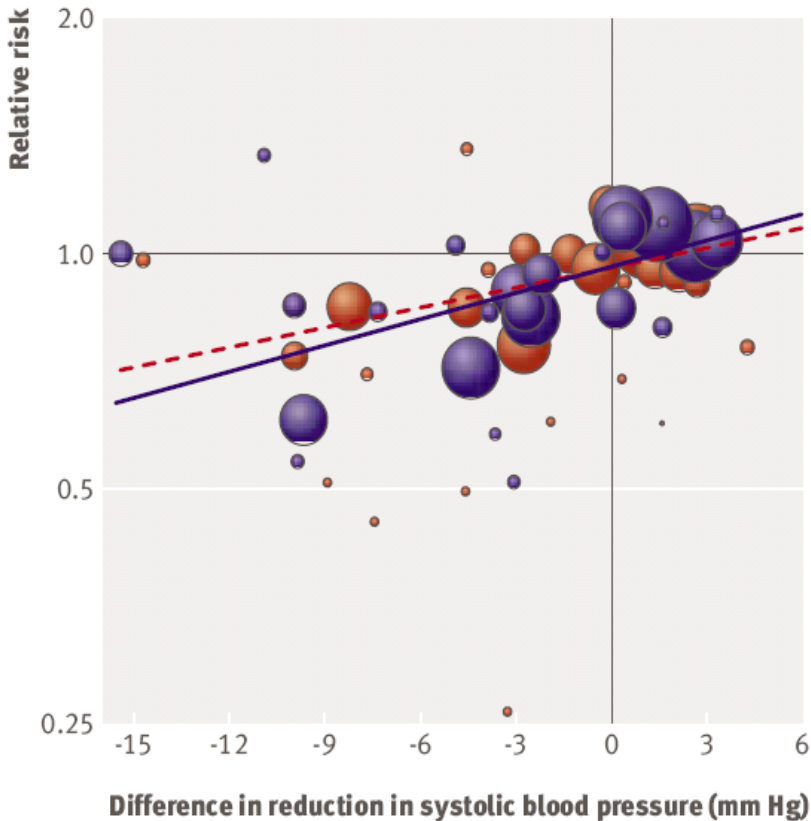
Kardiyovasküler Olay ve Sistolik Kan Basıncı

Reduction in risk for each 5 mm Hg reduction in systolic blood pressure:

—●— Age <65: 11.9% (5.3% to 18.0%)

- -●- - Age >65: 9.1% (3.6% to 14.3%)

P for heterogeneity of slopes = 0.38



Sistolik KB'da

Her 5mm Hg'lik düşme

KV Riskte Azalma

<65y % 11.9

>65y % 9.1

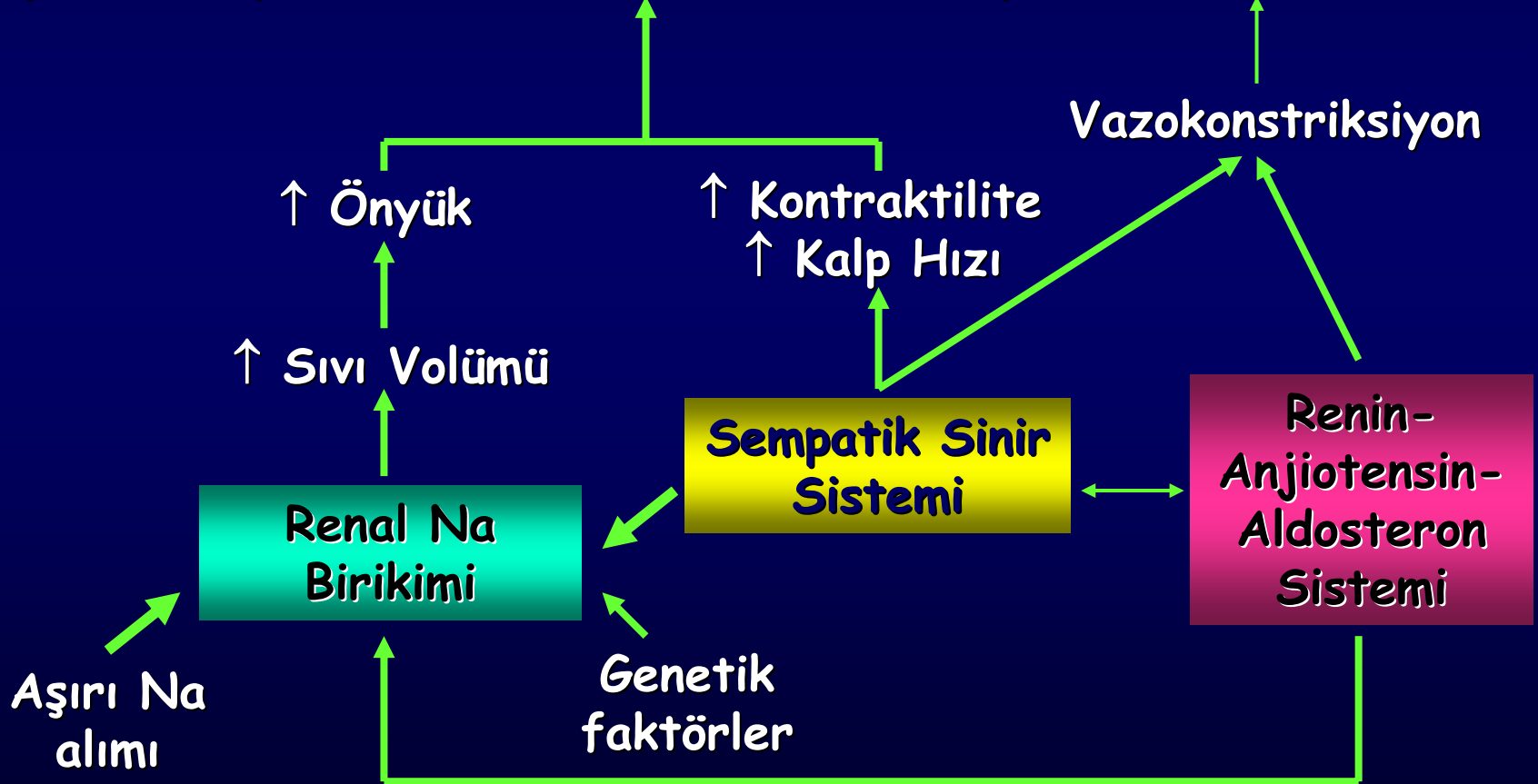
Renin Anjiotensin Sistemi



KAN BASINCI KONTROLÜ

Kan Basıncı = Kalp debisi x Perifer vasküler direnç

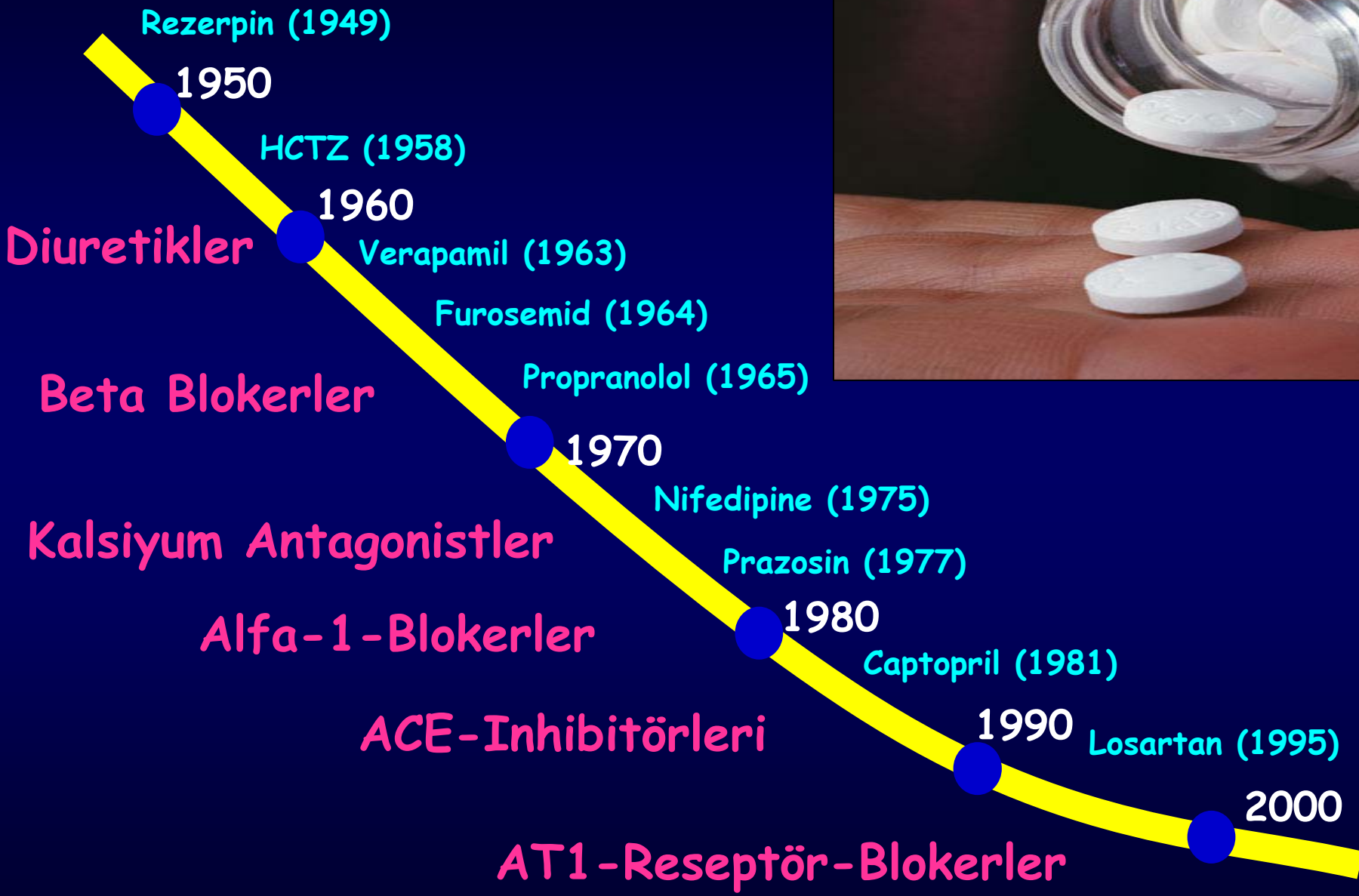
Hipertansiyon = Artmış KD ve/veya Artmış PVD



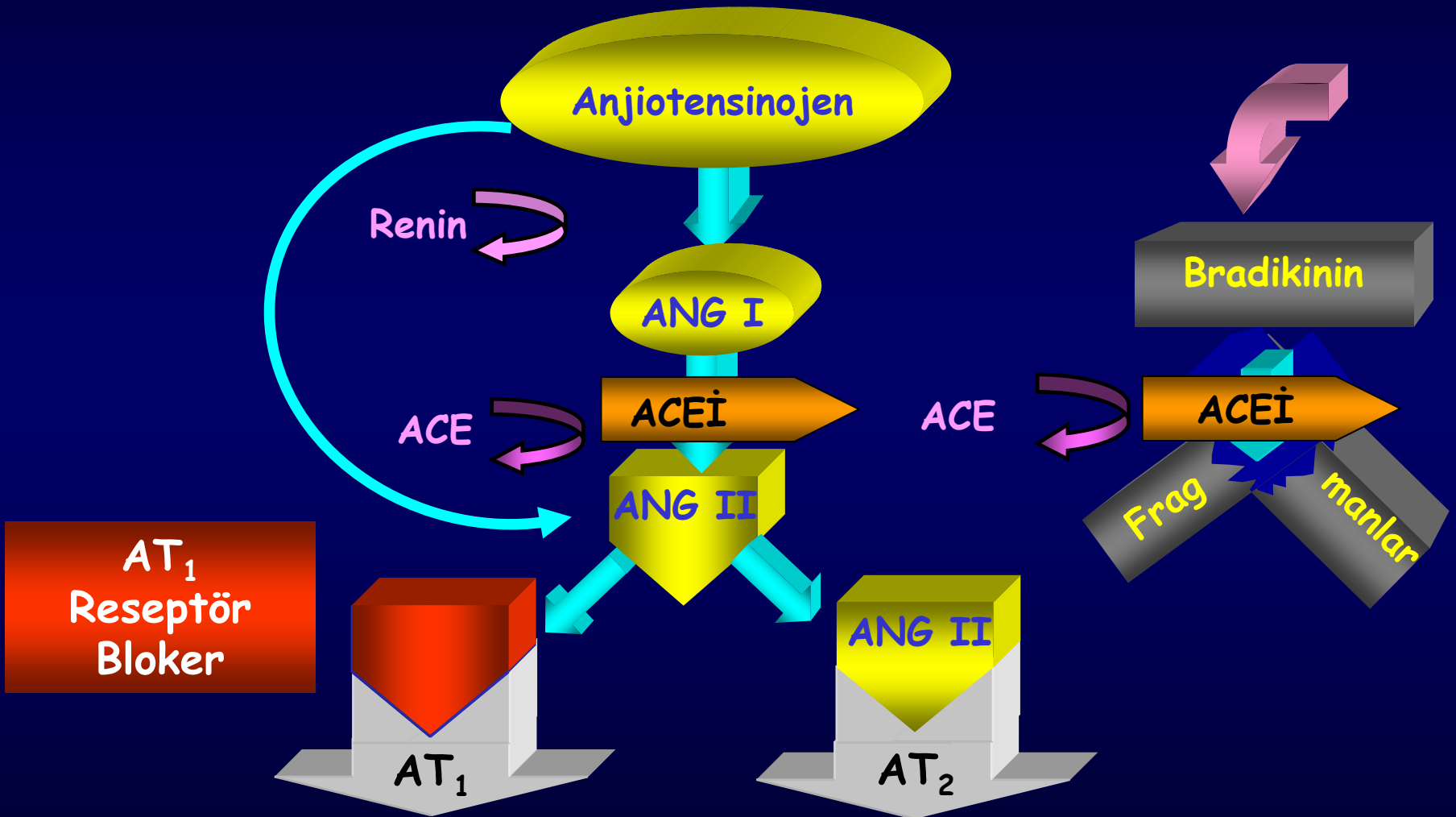
SONUNDA
BİTTİ PROJEMİZ..

EVET AMA
PİYASAYA ÖNCE
ŞUNU SÜRERİZ. HERKES
ALINCA DA BUNU
ORTAYA ÇIKARTIRIZ.
SONRA.....





RAAS Blokajı: ACE inhibitörleri / AT₁-R Blokerler



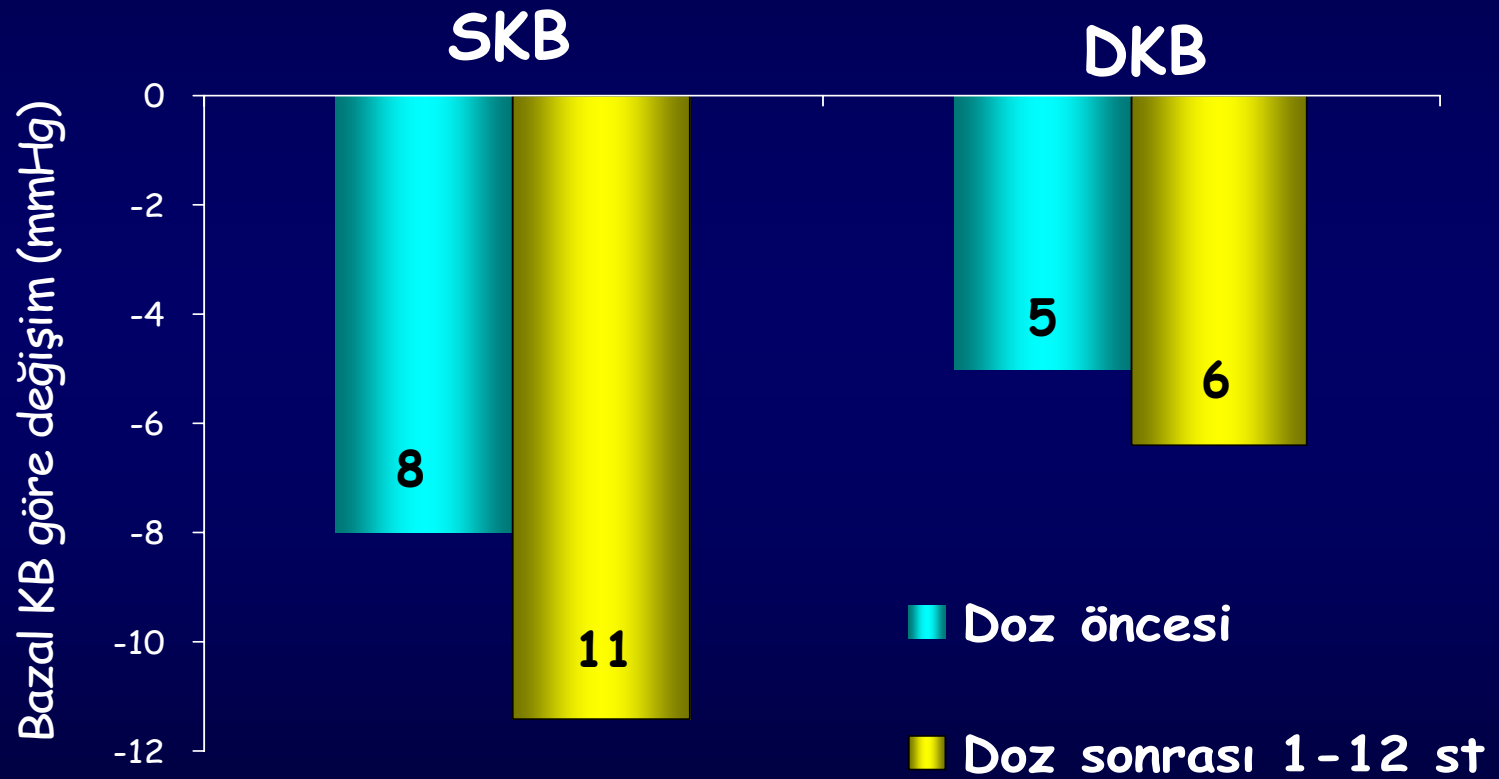


ACE inhibit.
ARB

Hipertansiyon

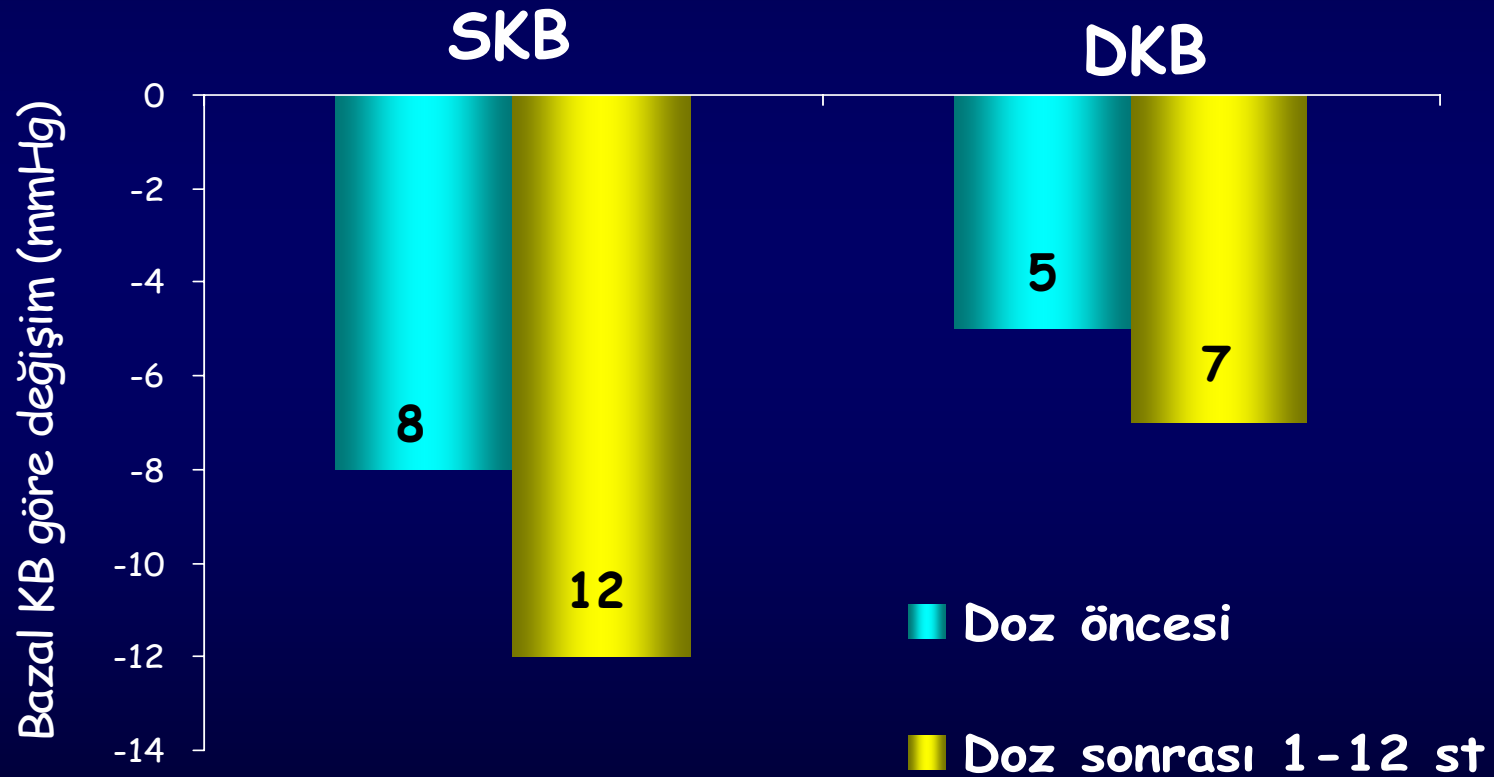
ACE İnhibitörleri: Antihipertansif Etkinlik n:12954

Bazal KB 157/101mmHg



ARB'ler: Antihipertansif Etkinlik n:13451

Bazal KB 156/101mmHg



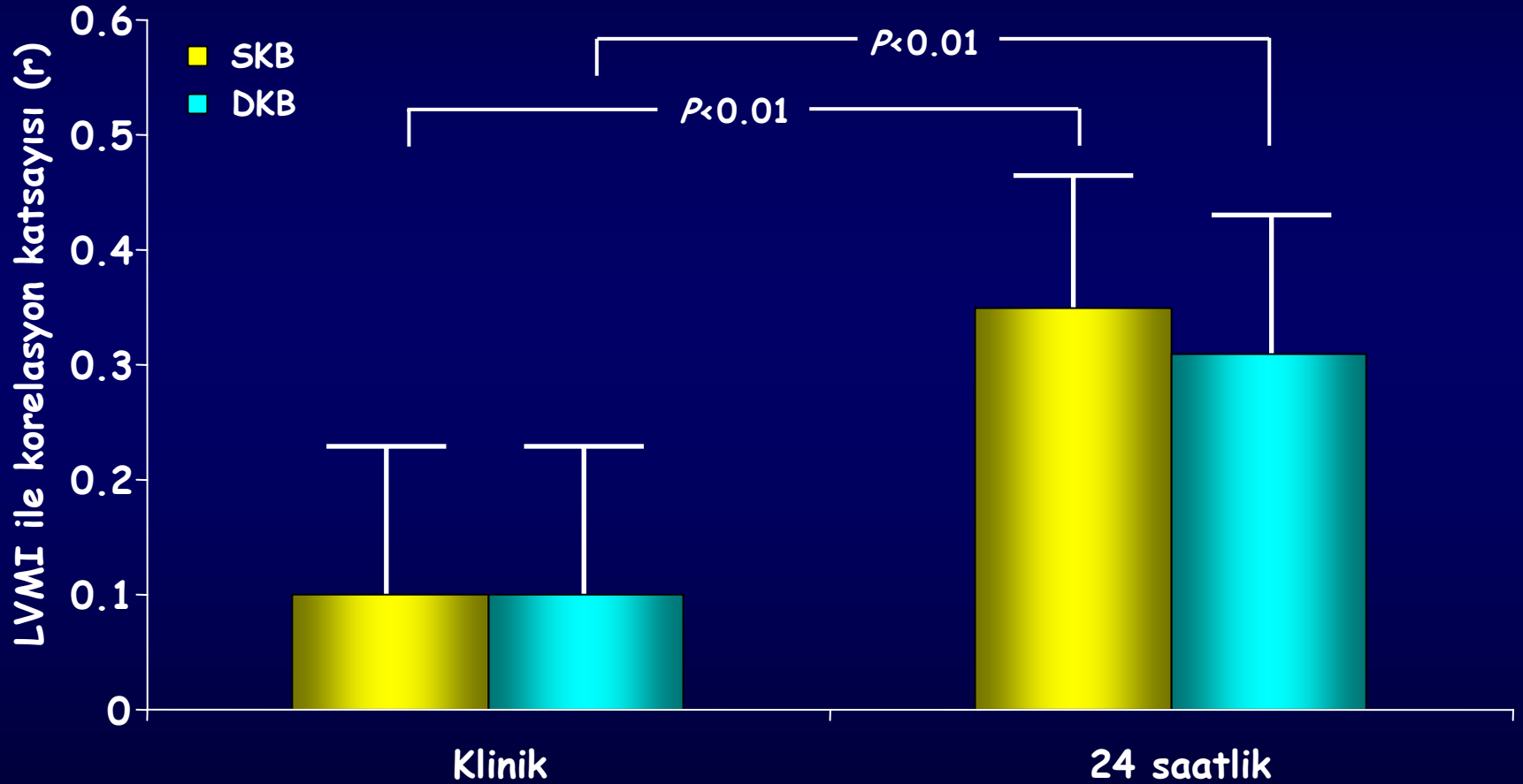
Tedaviye Cevap



İlaç seçimi

- Etkin kan basıncı kontrolü
 - 24 saatlik KB kontrolü sağlanması
 - KB'da ani yükselmelerin engellenmesi

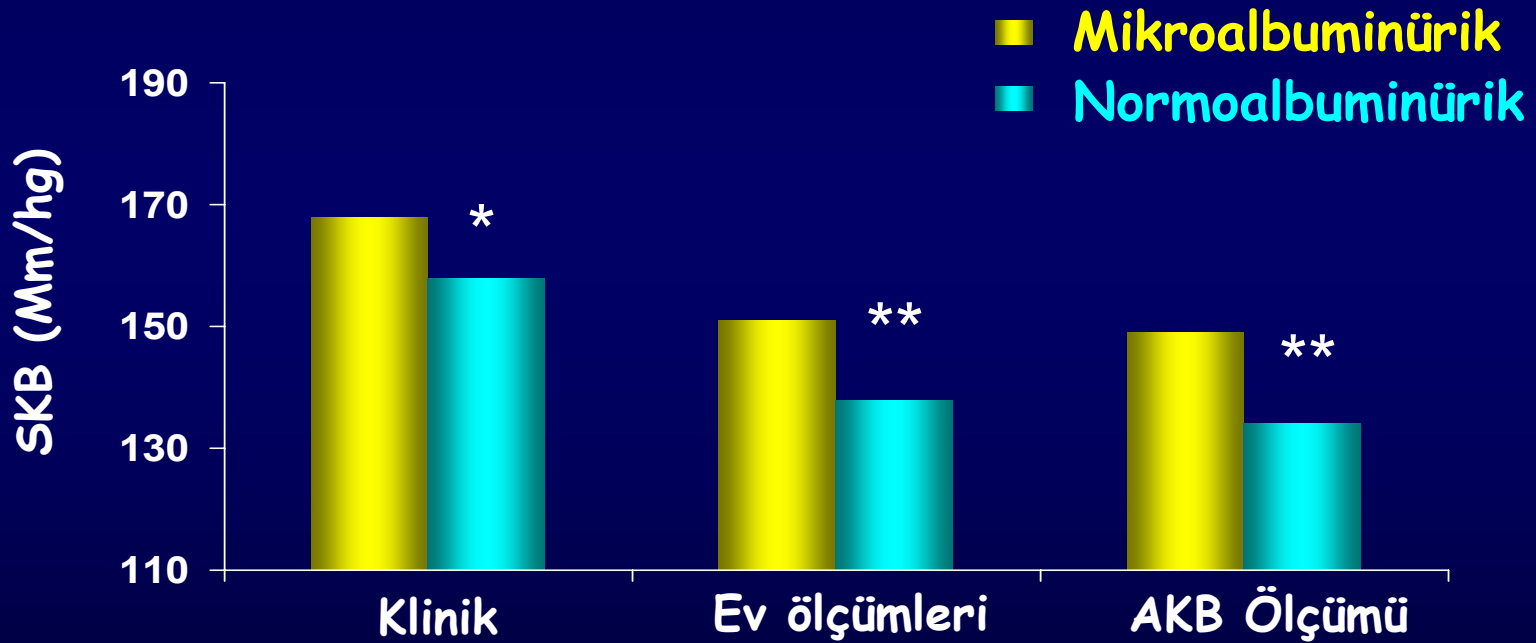
Kan Basıncı Değerlendirme Yolu Hedef Organ Hasarı



HOH: Hedef Organ Hasarı

Albüminüri ve Kan Basıncı Takibinde Kullanılan Ölçüm Metodu

Hedef Organ Hasarı İle Sadece Ev ve AKB Ölçümleri Arasında Korelasyon



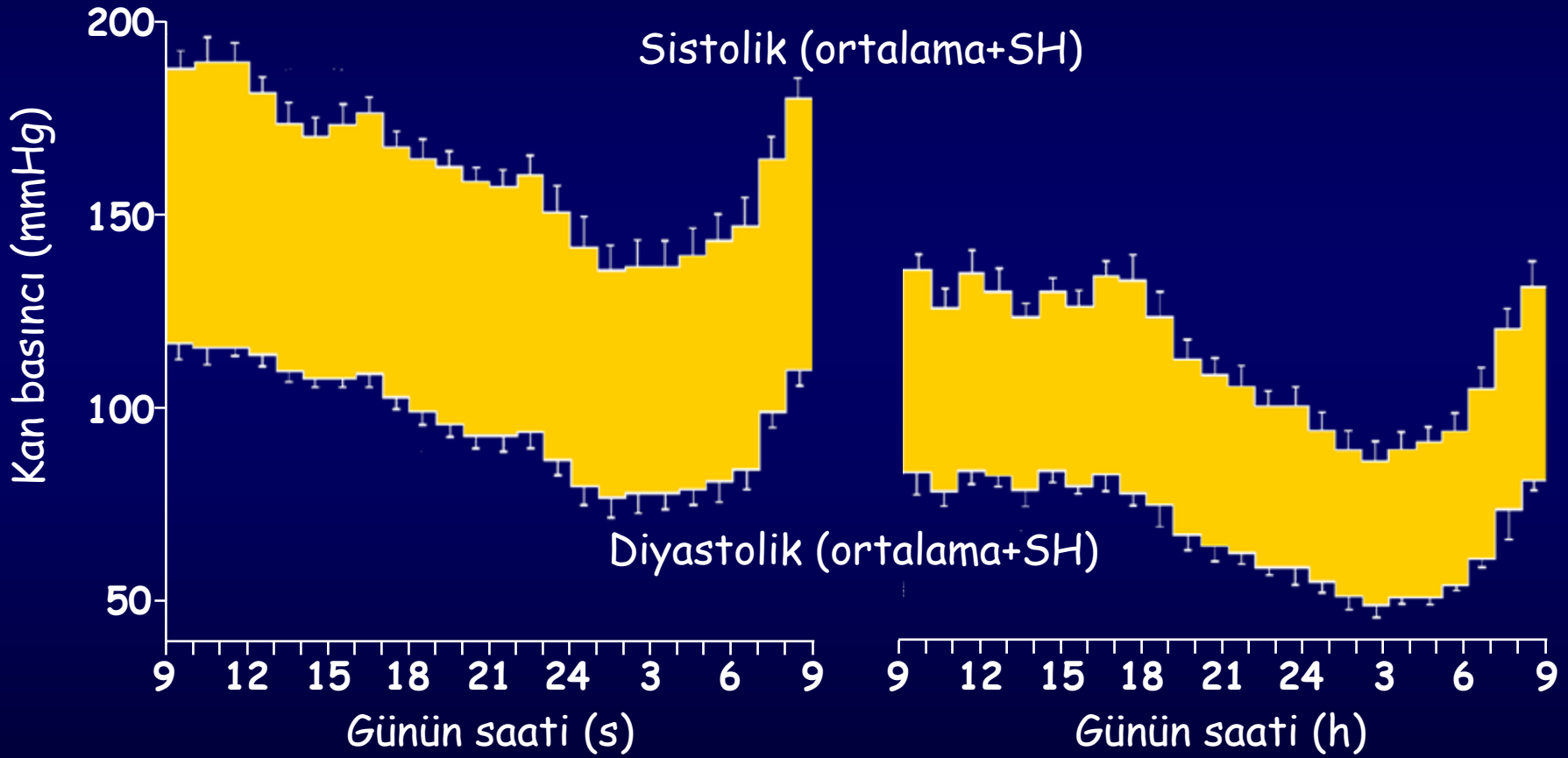
* $P < 0,05$

** $P = 0,001$

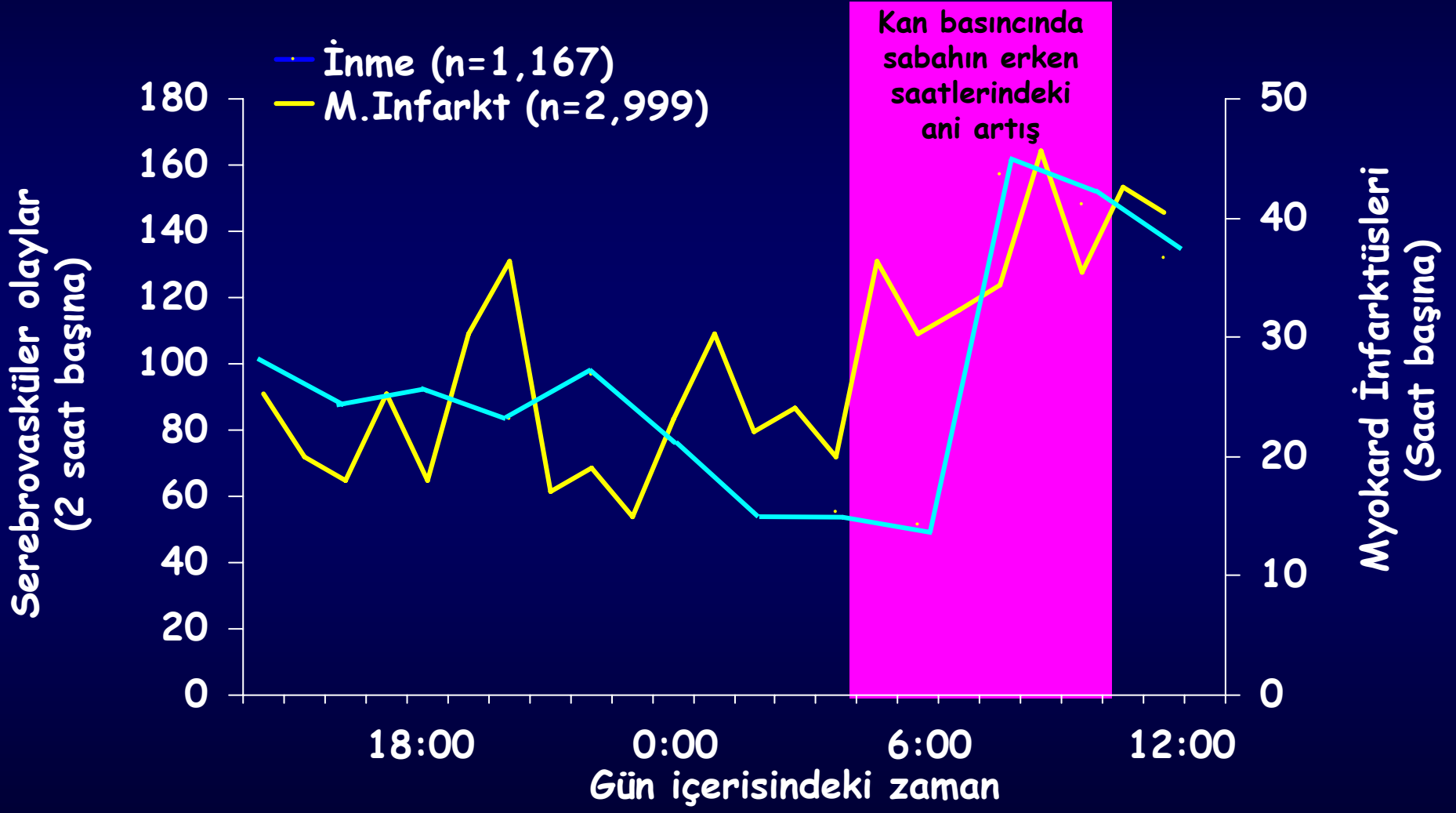
Kan Basıncında Sabah Gözlenen Ani Artış

Tedavi edilmeyen hipertansifler

Normotansifler

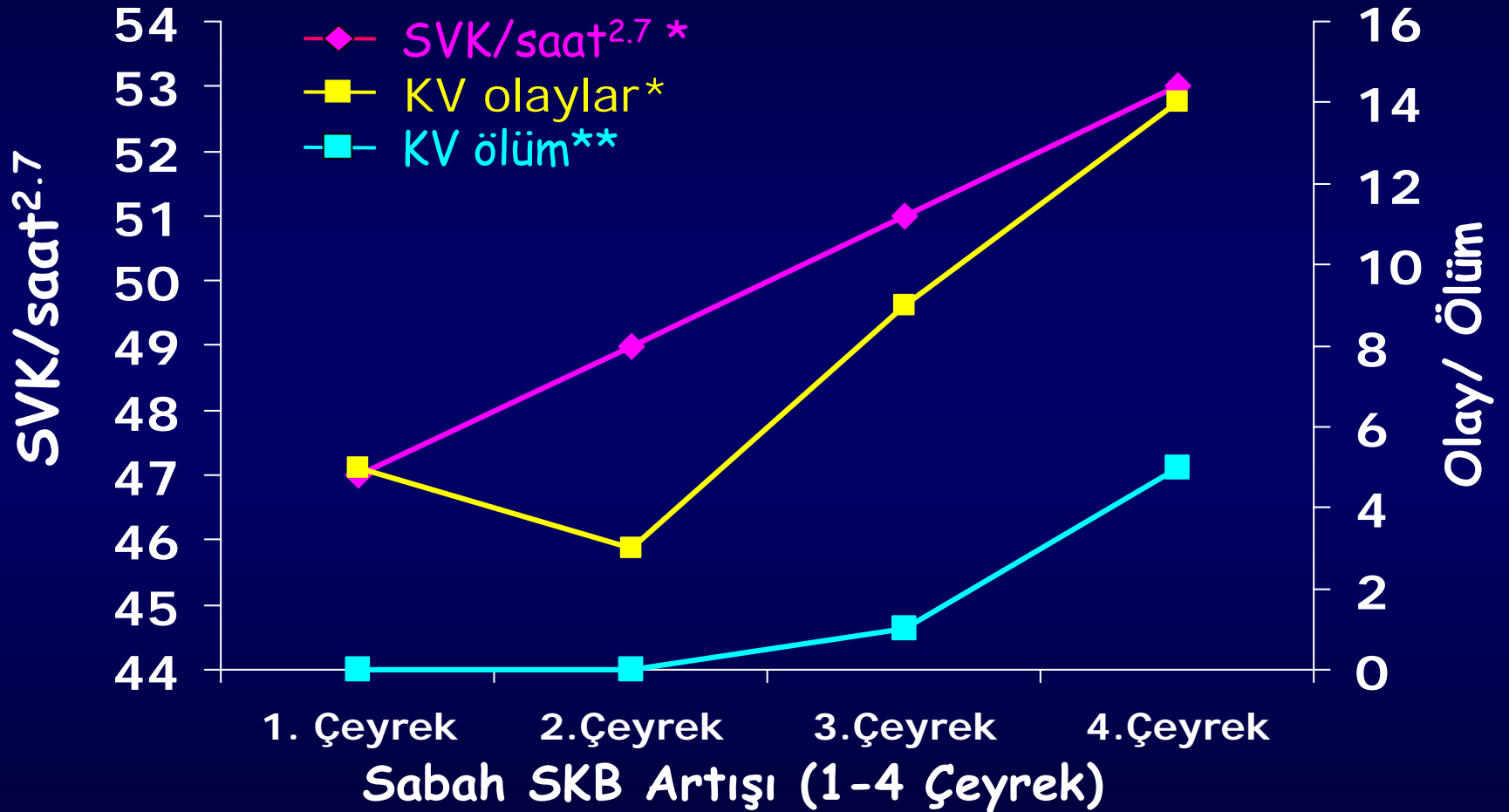


Kan Basıncında Sabah Gözlenen Ani Artış ve KV Olaylar

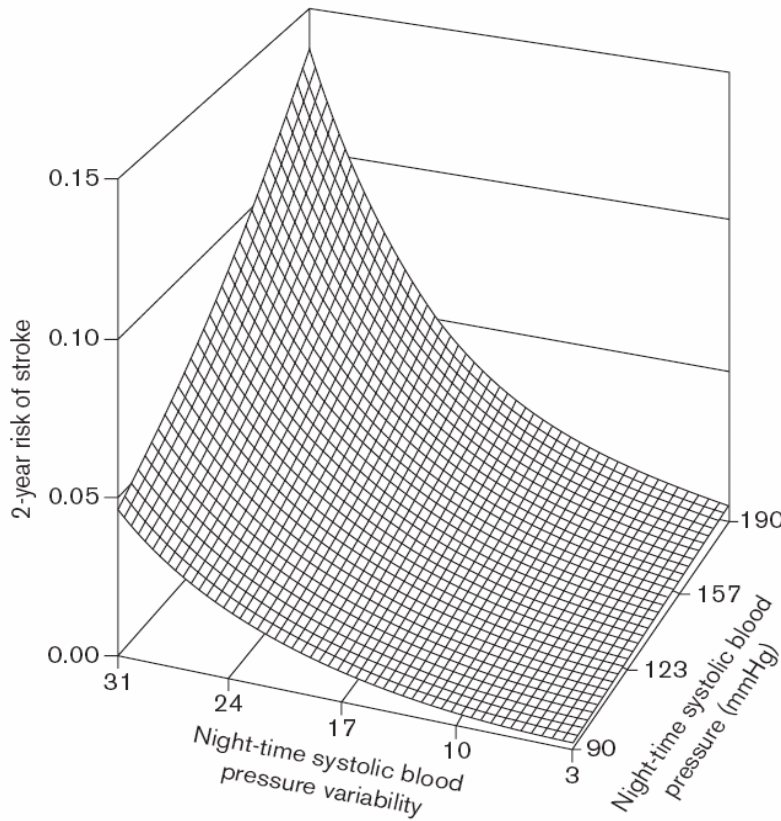


Muller et al. N Engl J Med 1985;313:1315-1322
Marler et al. Stroke 1989;20:473-476

Sabah Kan Basincında Ani Artış ve KV Hasar



Hipertansiflerde Sistolik Kan Basıncı Variasyonu ve İnme

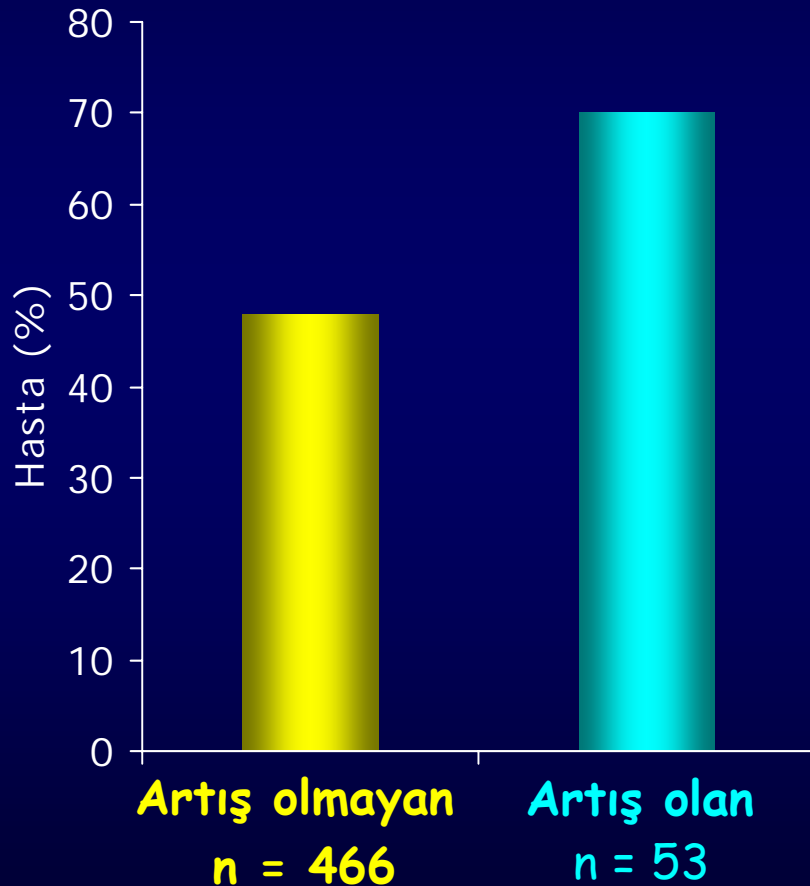


24 Saatlik KB/Gece KB

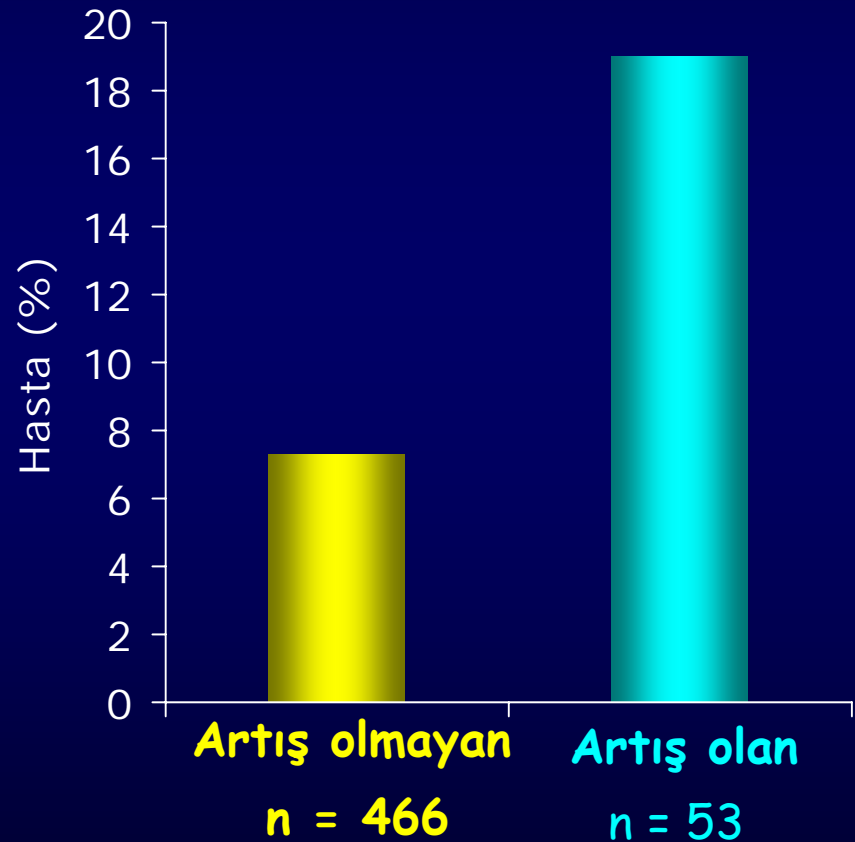
**Sistolik KB'da
Her 5mm Hg'lik varyasyon
İnme riskinde % 80 artış**

Sabah Kan Basincında Ani Artış ve KV Hasar

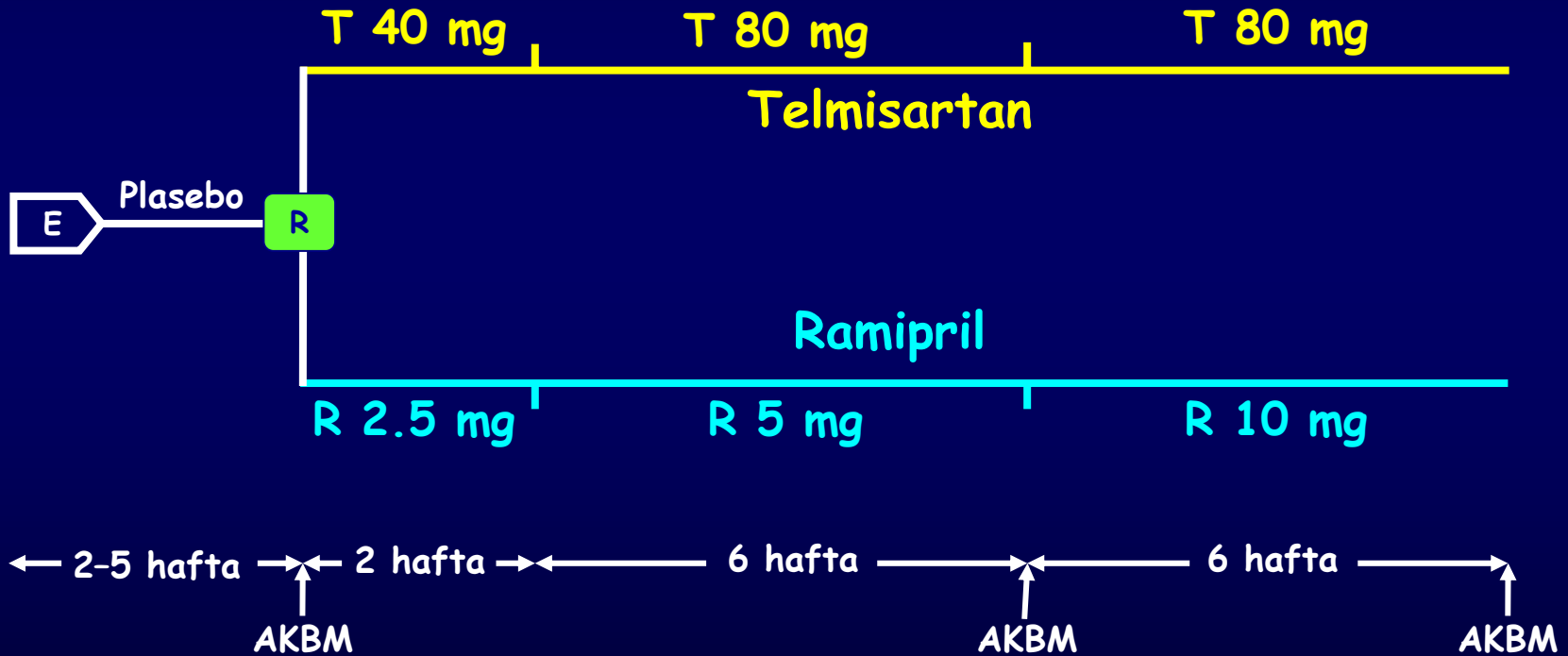
Bazalde sessiz SV enfakt



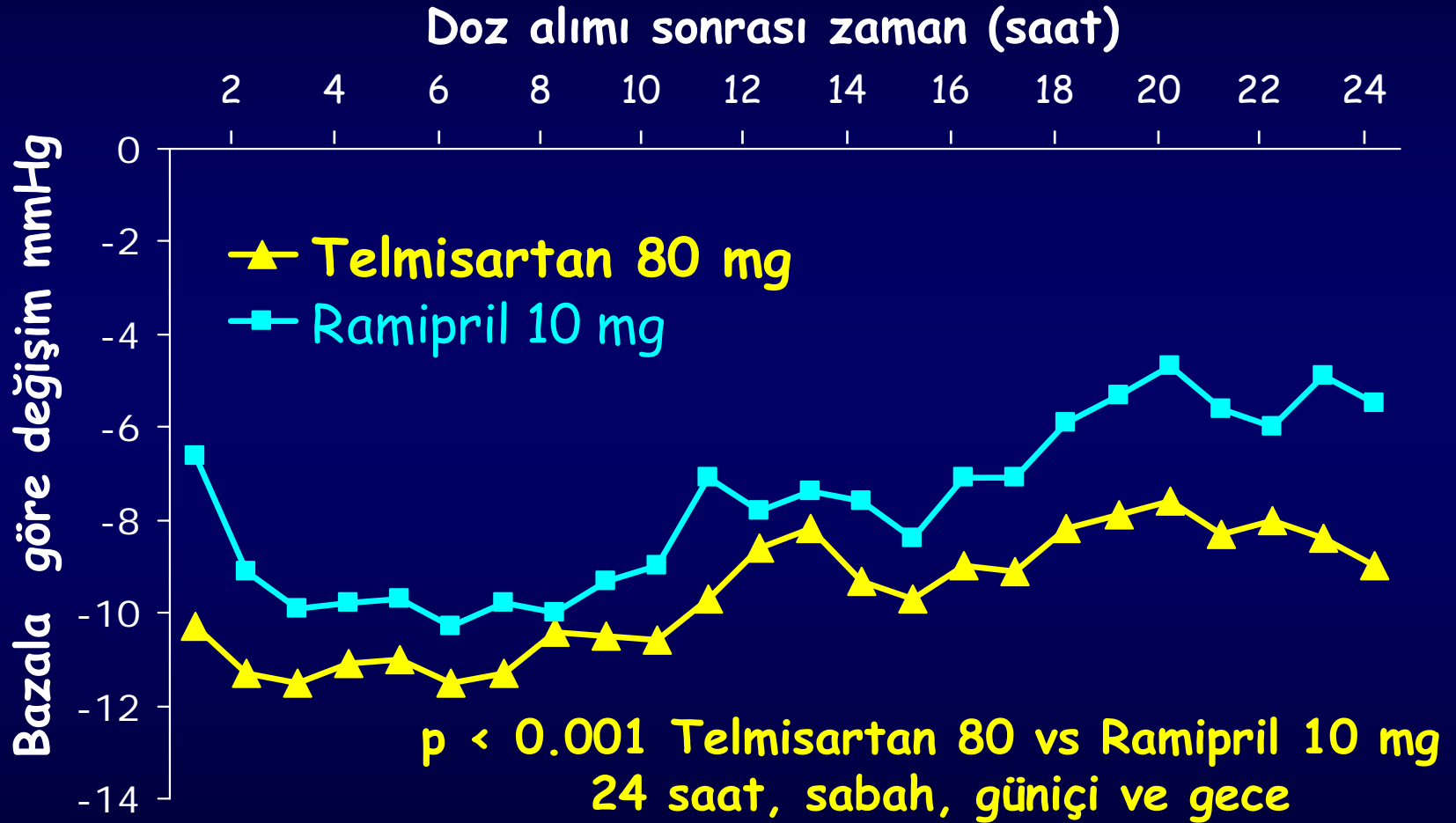
SVO (41 aylık takip)



Son 6 Saatlik Kan Basıncı Kontrolü: Telmisartan/Ramipril

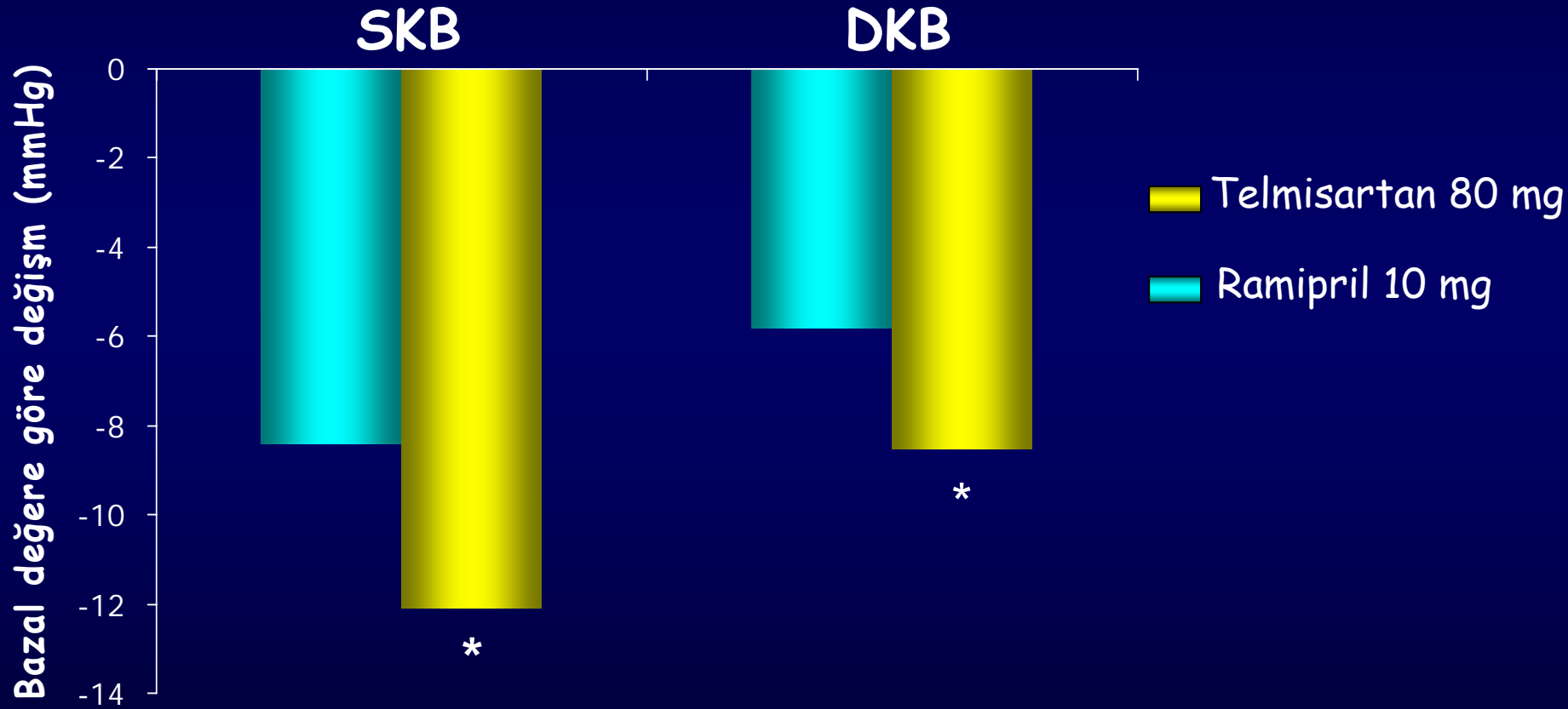


24 Saatlik Kan Basıncı Kontrolü: Telmisartan/Ramipril



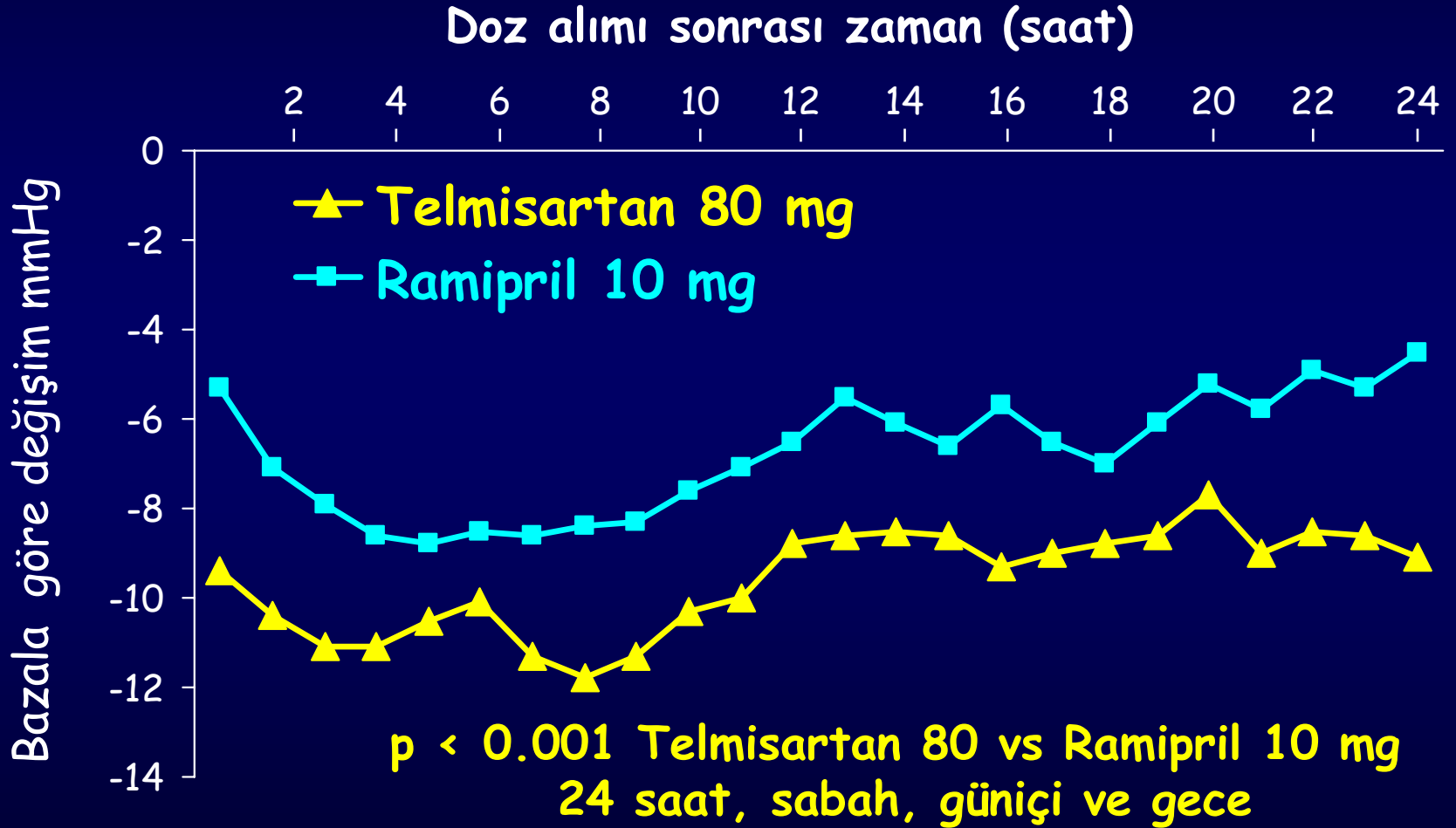
Son 6 Saatlik Kan Basıncı Kontrolü: Telmisartan/Ramipril

Doz öncesi son 6 saat



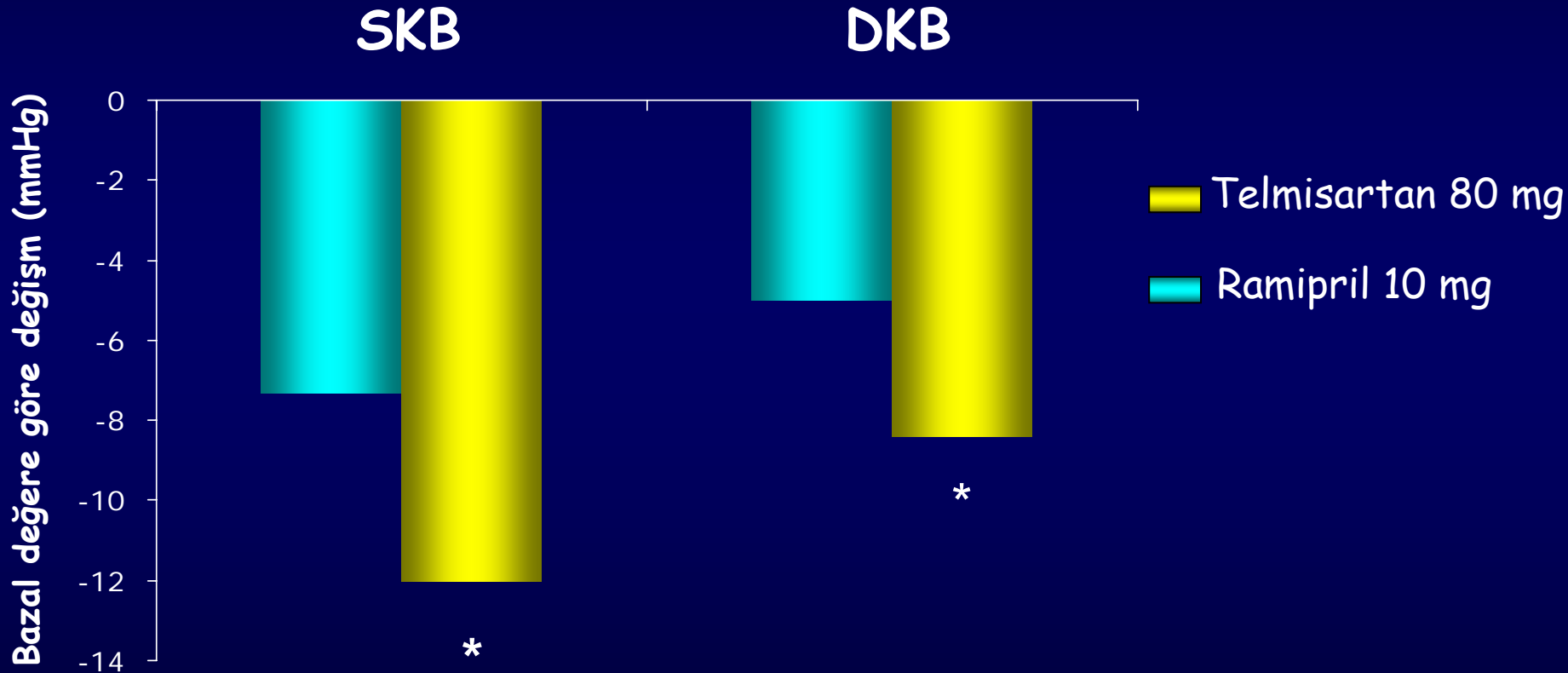
*p < 0.0001 Telmisartan vs Ramipril

24 saatlik Kan Basıncı Kontrolü: Telmisartan/Ramipril



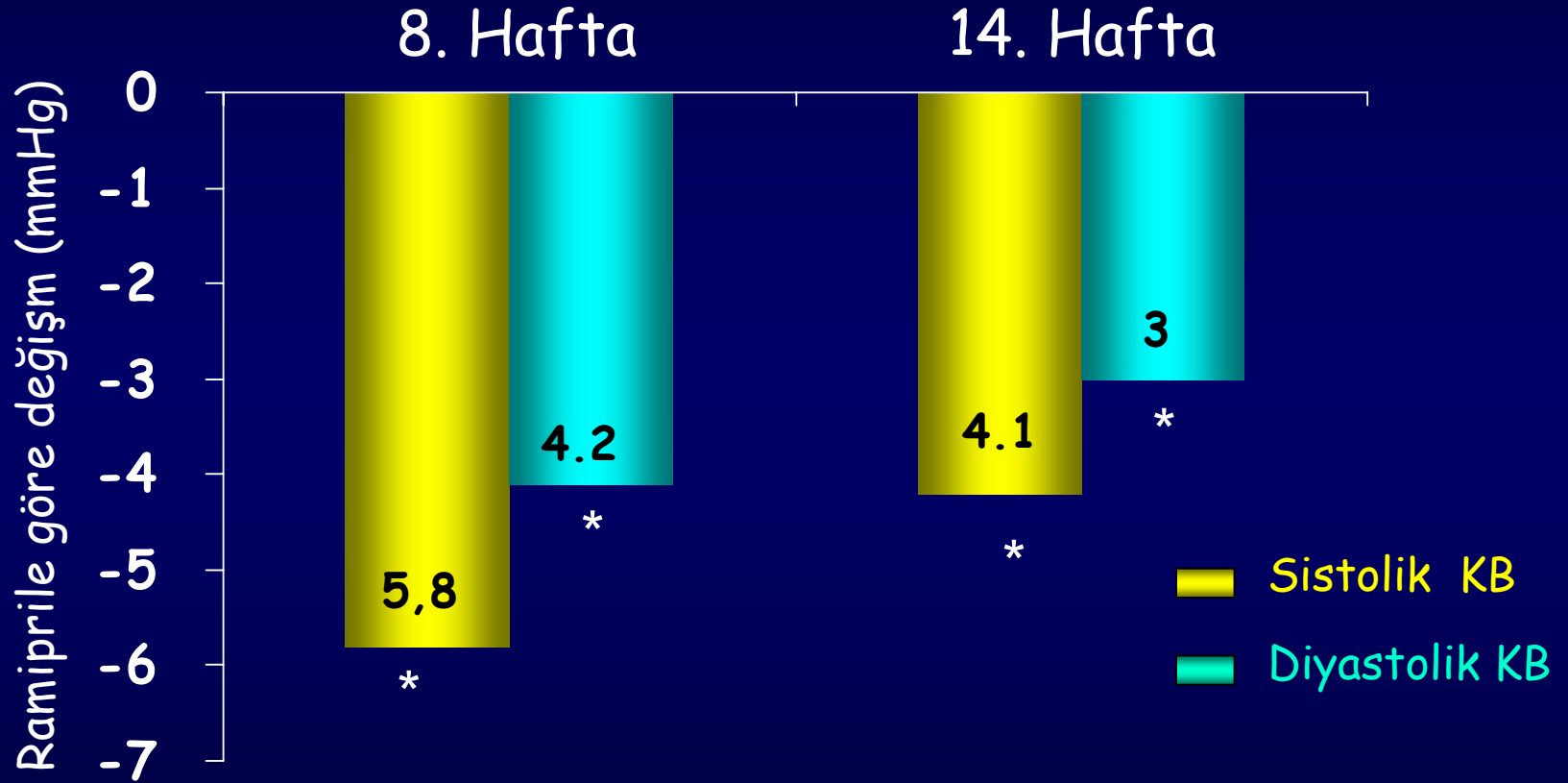
Son 6 Saatlik Kan Basıncı Kontrolü: Telmisartan/Ramipril

Doz öncesi son 6 saat



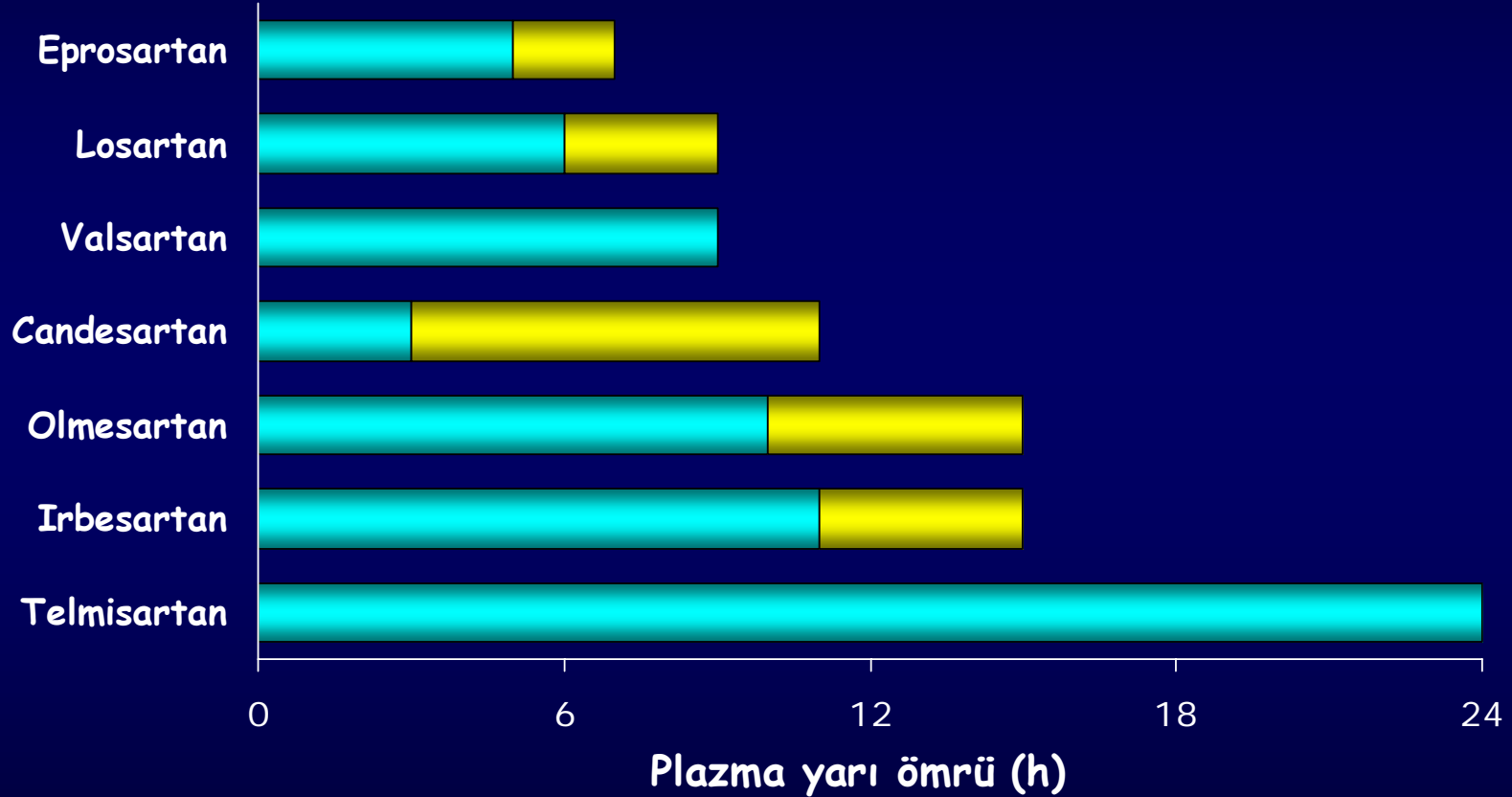
*p < 0.0001 Telmisartan vs Ramipril

Telmisartan ile Ramiprile Göre Son 6 Saatlik Kan Basıncı Farkı (n:1613)



*p < 0.0001 Telmisartan vs Ramipril

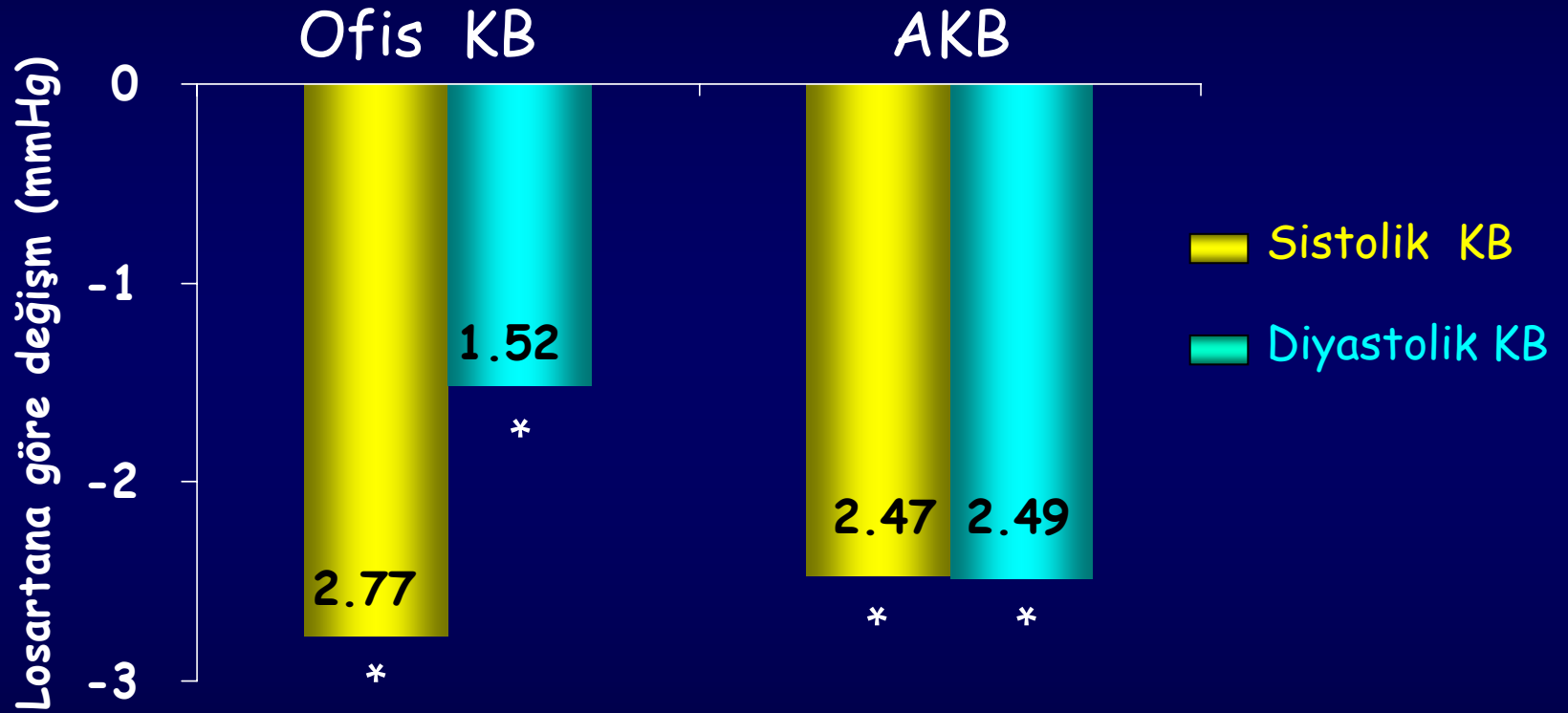
Yarınlanma Ömrü



*Burnier, Brunner. Lancet 2000;355:637-645
Brunner. J Hum Hypertens 2002;16 (Suppl 2):S13-S16*

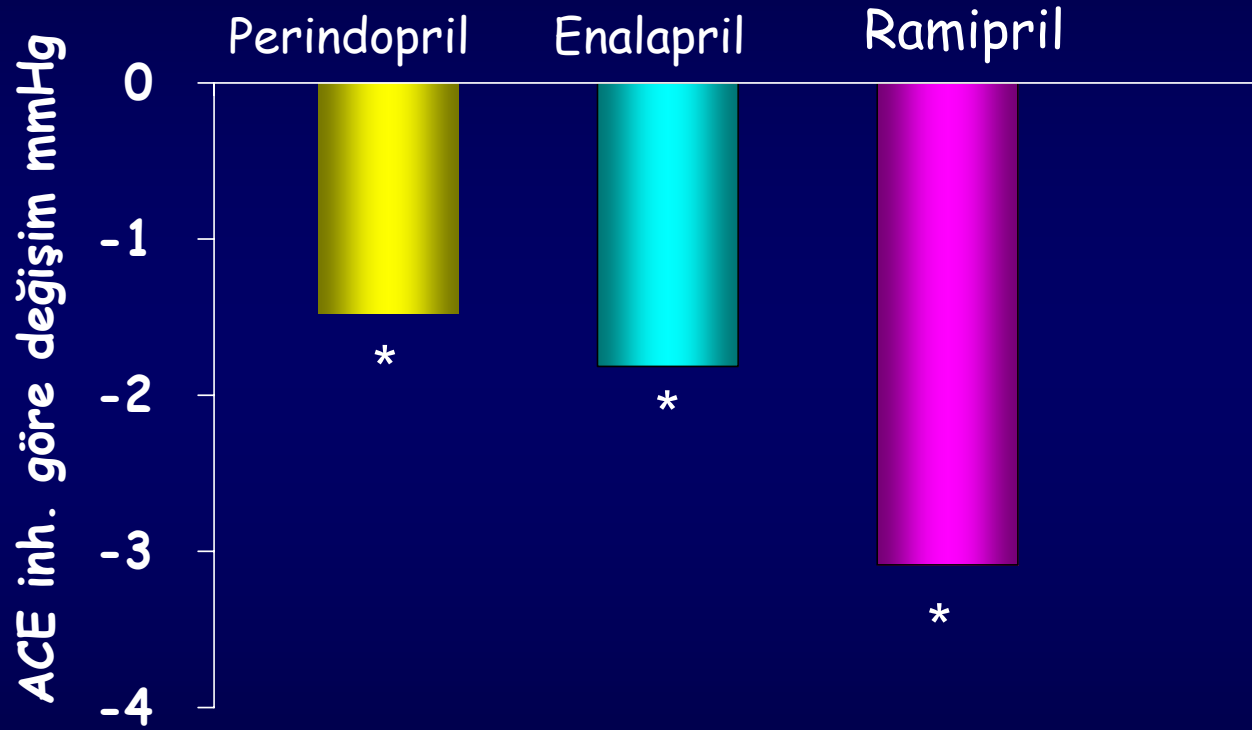
Antihipertansif Etkinlik

Telmisartan ve Losartan (n: 1832)



*p < 0.0001 Telmisartan vs Losartan

Antihipertansif Etkinlik Telmisartan ve ACE inhibitörleri

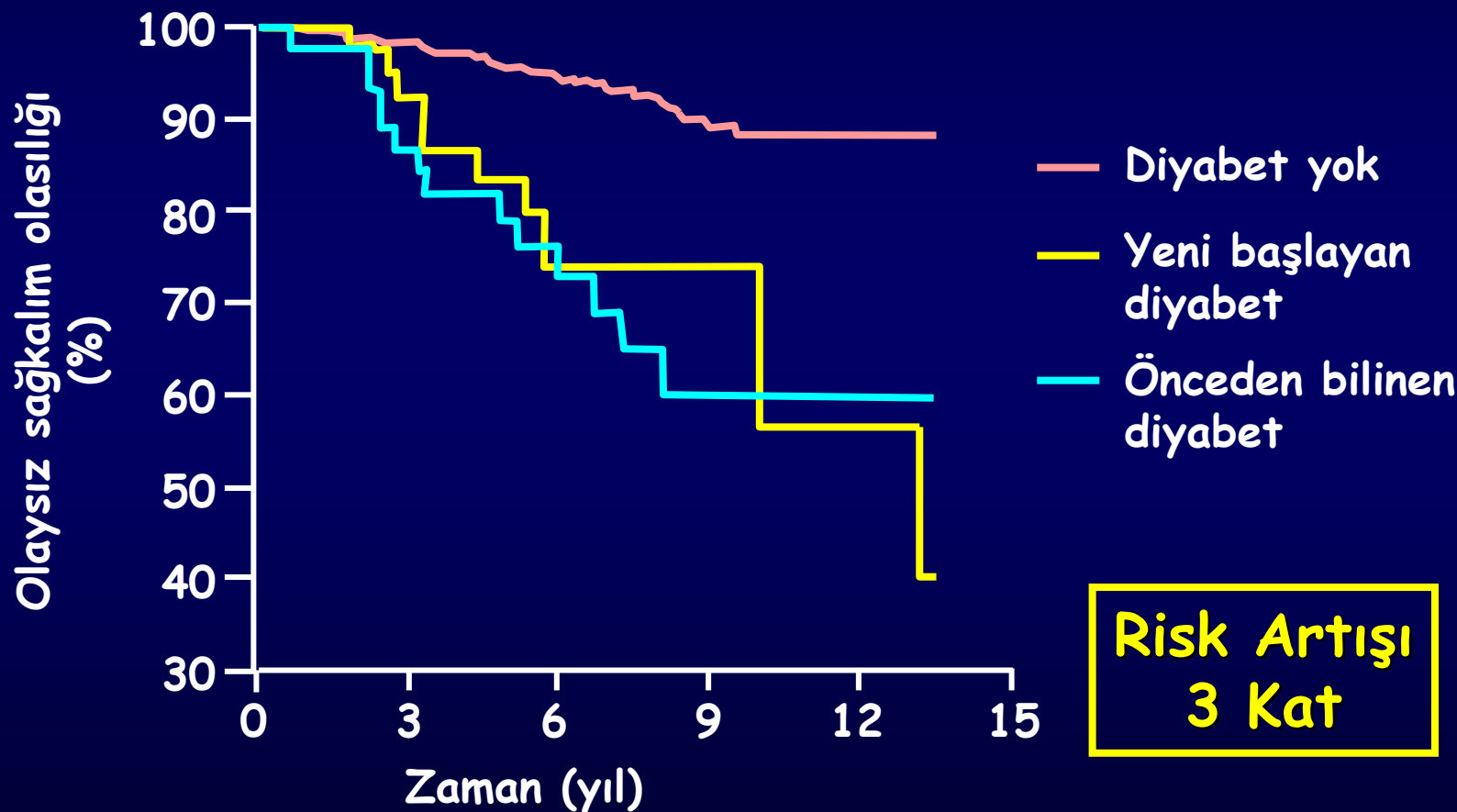


*p < 0.005 Telmisartan vs

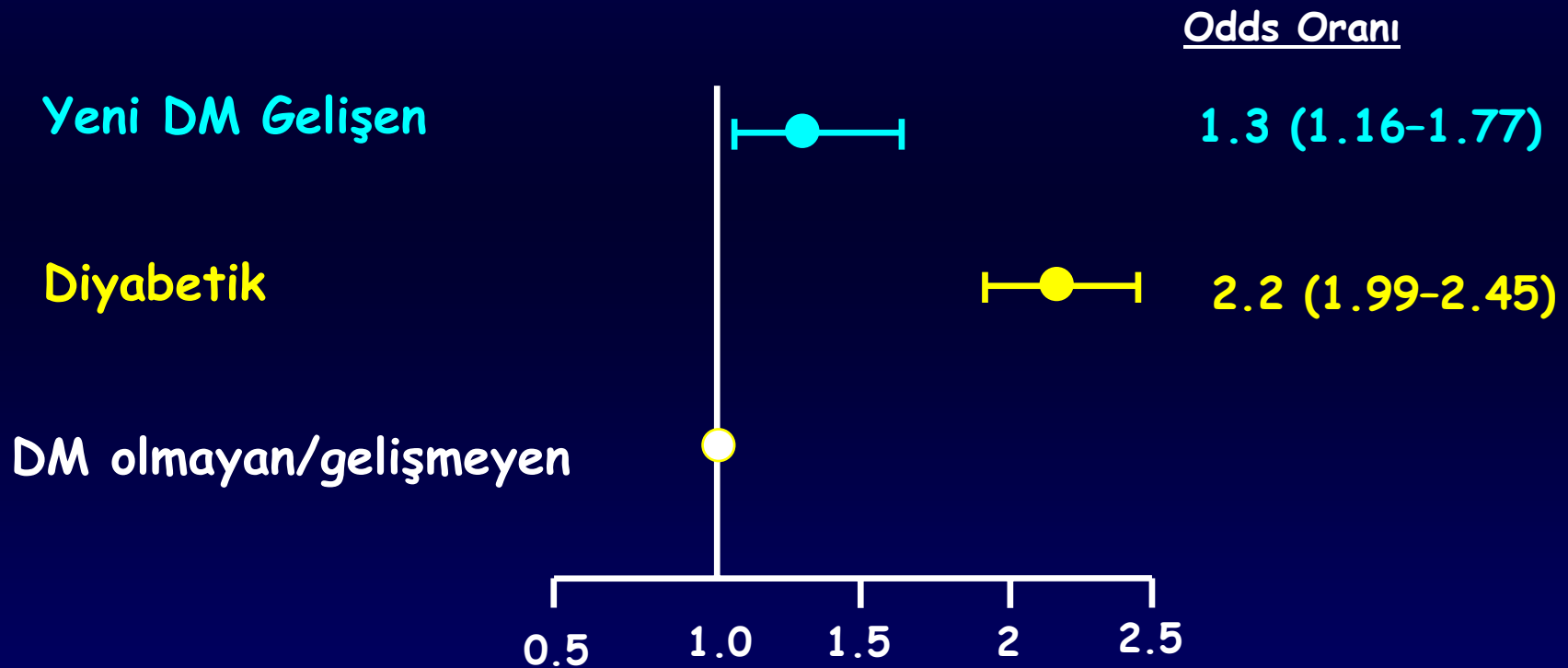
İlaç seçimi

- Etkin kan basıncı kontrolü
 - 24 saatlik KB kontrolü sağlanması
 - KB'da ani yükselmelerin engellenmesi
- Ek kazanımlar

Tedavi Altındaki Hipertansif Diyabetik Hastalarda Kardiyovasküler Olaylar

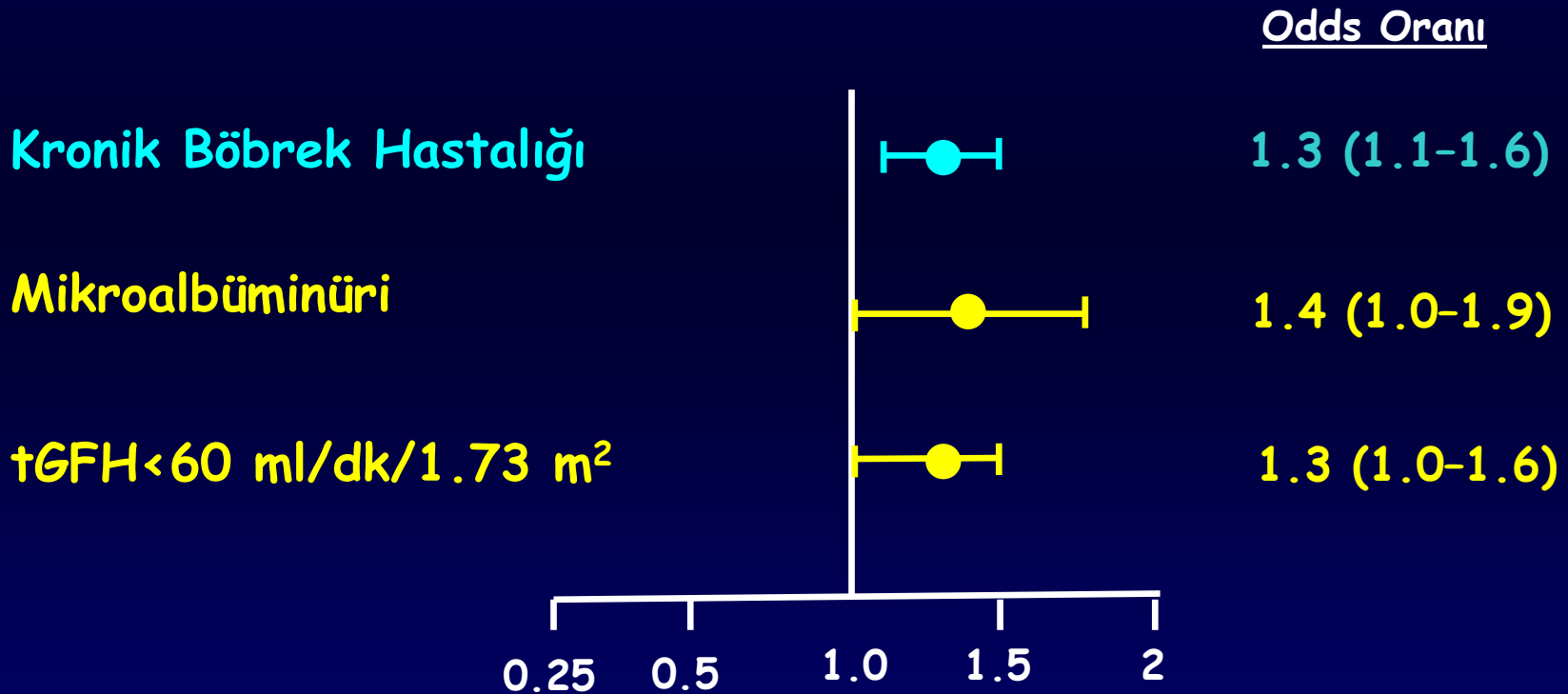


Tedavi Altındaki Hipertansif Hastalarda Kardiyovasküler Olaylar (n: 15245 4.2 yıllık Takip)

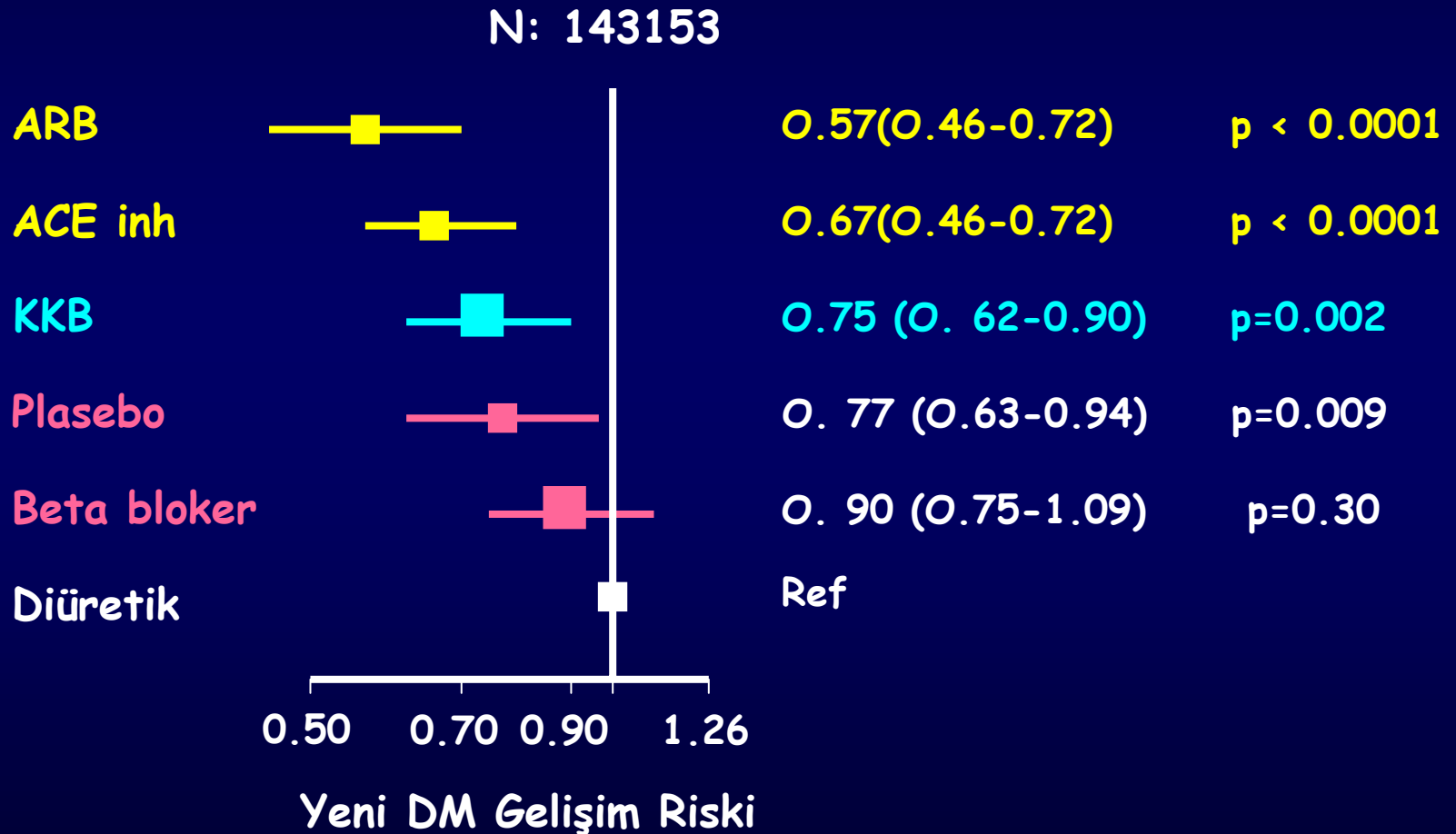


Metabolik Sendrom ve Kronik Böbrek Hastalığı

DM gelişenlerde KBH riskinde artış



Antihipertansifler ve Yeni Diyabet Gelişimi



Antihipertansifler ve Yeni Diyabet Gelişimi

Odds Oranı

ACE inh

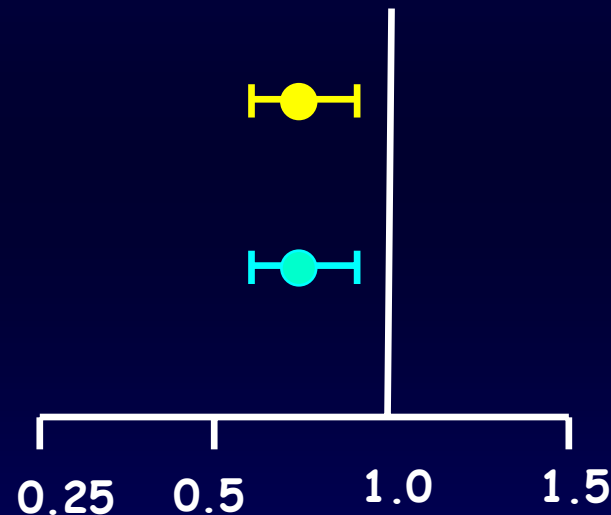


0.72 (0.63-0.84)

ARB'ler



0.73 (0.64-0.84)

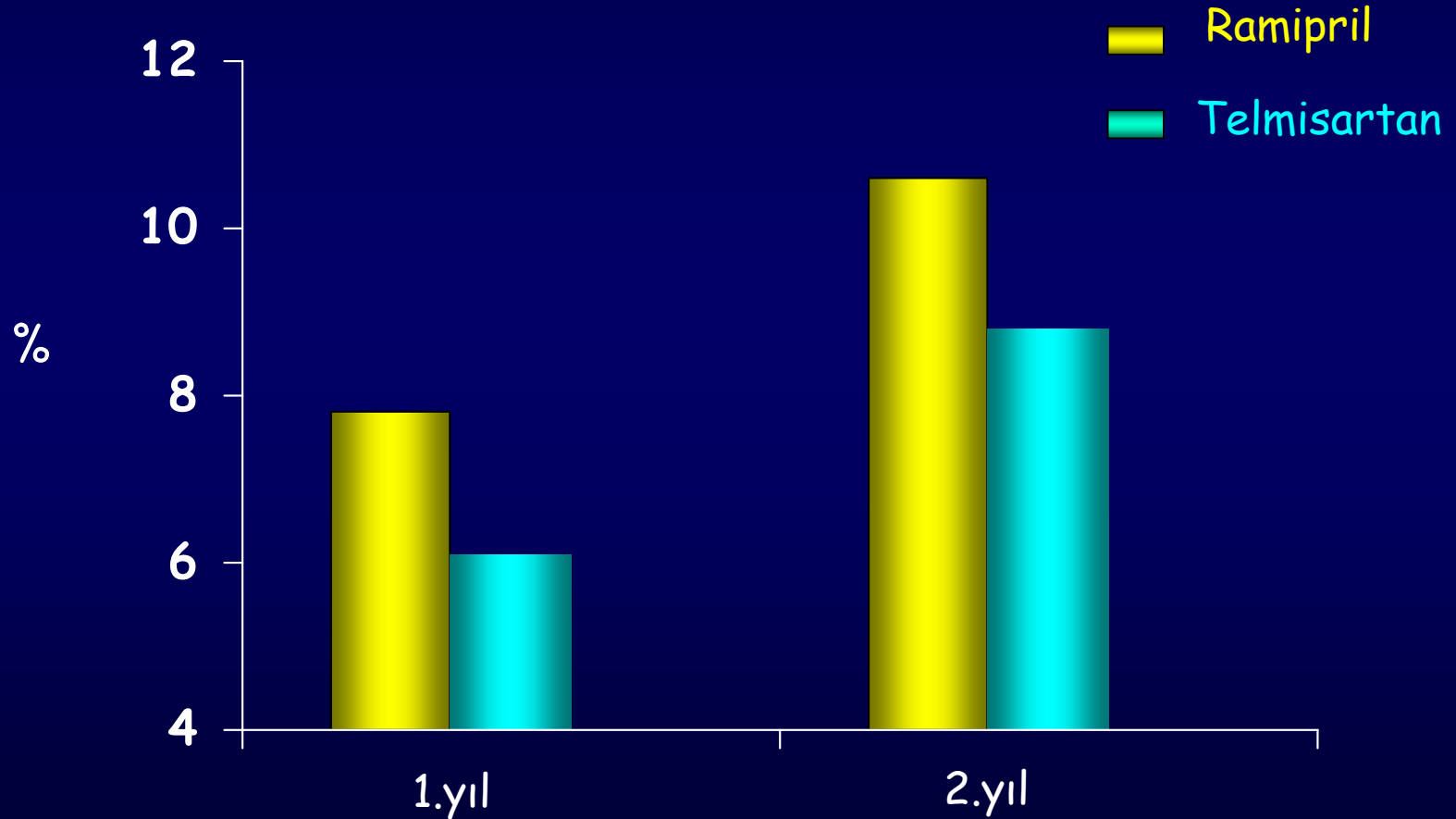


İlaç seçimi

- Etkin kan basıncı kontrolü
 - 24 saatlik KB kontrolü sağlanması
 - KB'da ani yükselmelerin engellenmesi
- Ek kazanımlar
- Yan etki

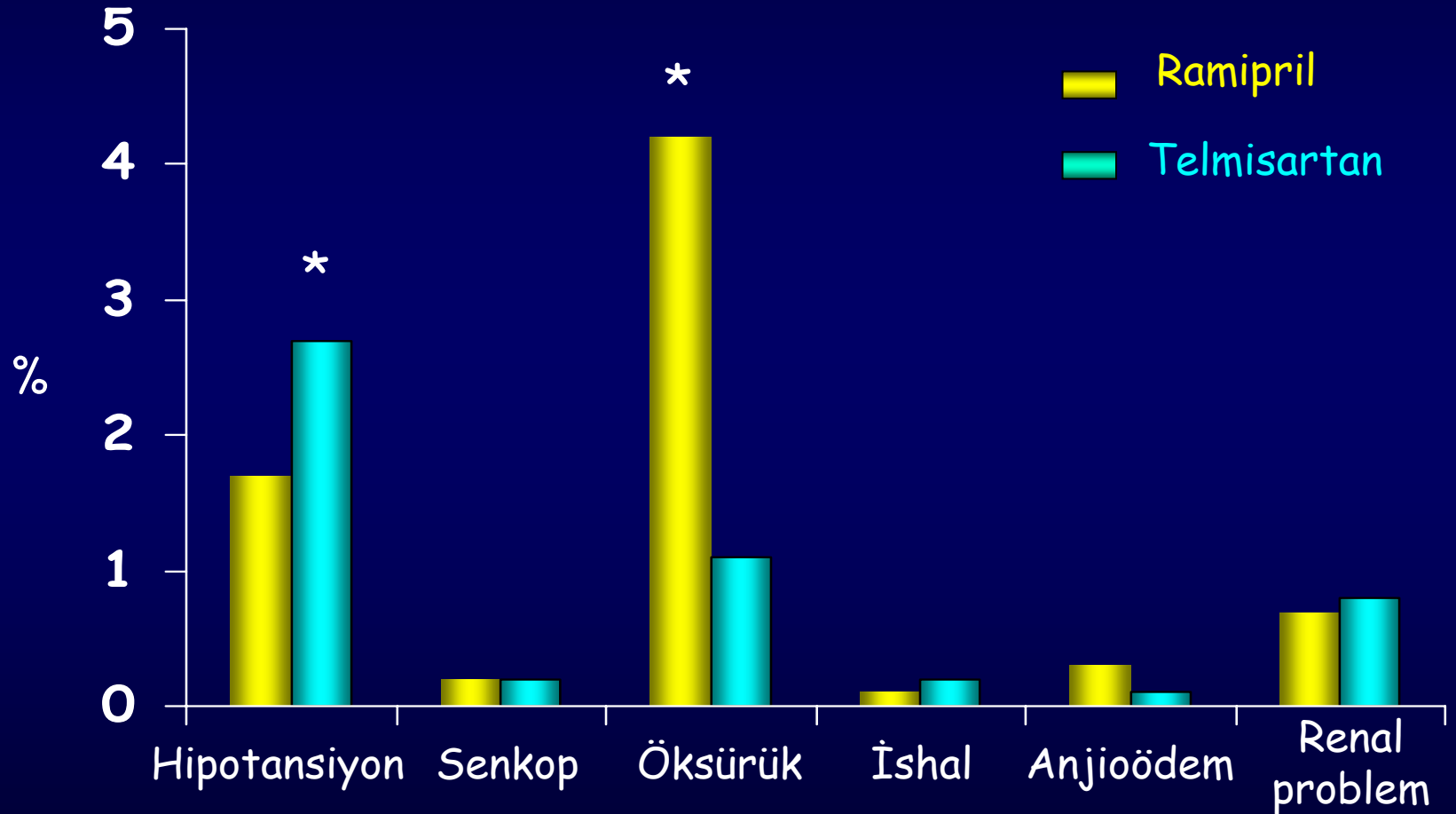
ONTARGET

İlaç Bırakma Oranları



ONTARGET

İlaç Ara Verme /Bırakma Oranları



*p<0,001 Telmisartan vs Ramipril

Ontarget Invest NEJM April 2008

Genetik + Çevresel Faktörler

Prehipertansif → Hipertansif hasar → Hipertansif klinik hastalık

Hastalık seyri 10-50 yıl

KV hastalık riski

İlaç sayısı

Kılavuzlar

Klinik Çalışmalar

HİPERTANSİYON:

- Lipid bozukluğu
- Glukoz bozukluğu
- KB düzensizlikleri
- Obezite

HEDEF ORGAN HASARI:

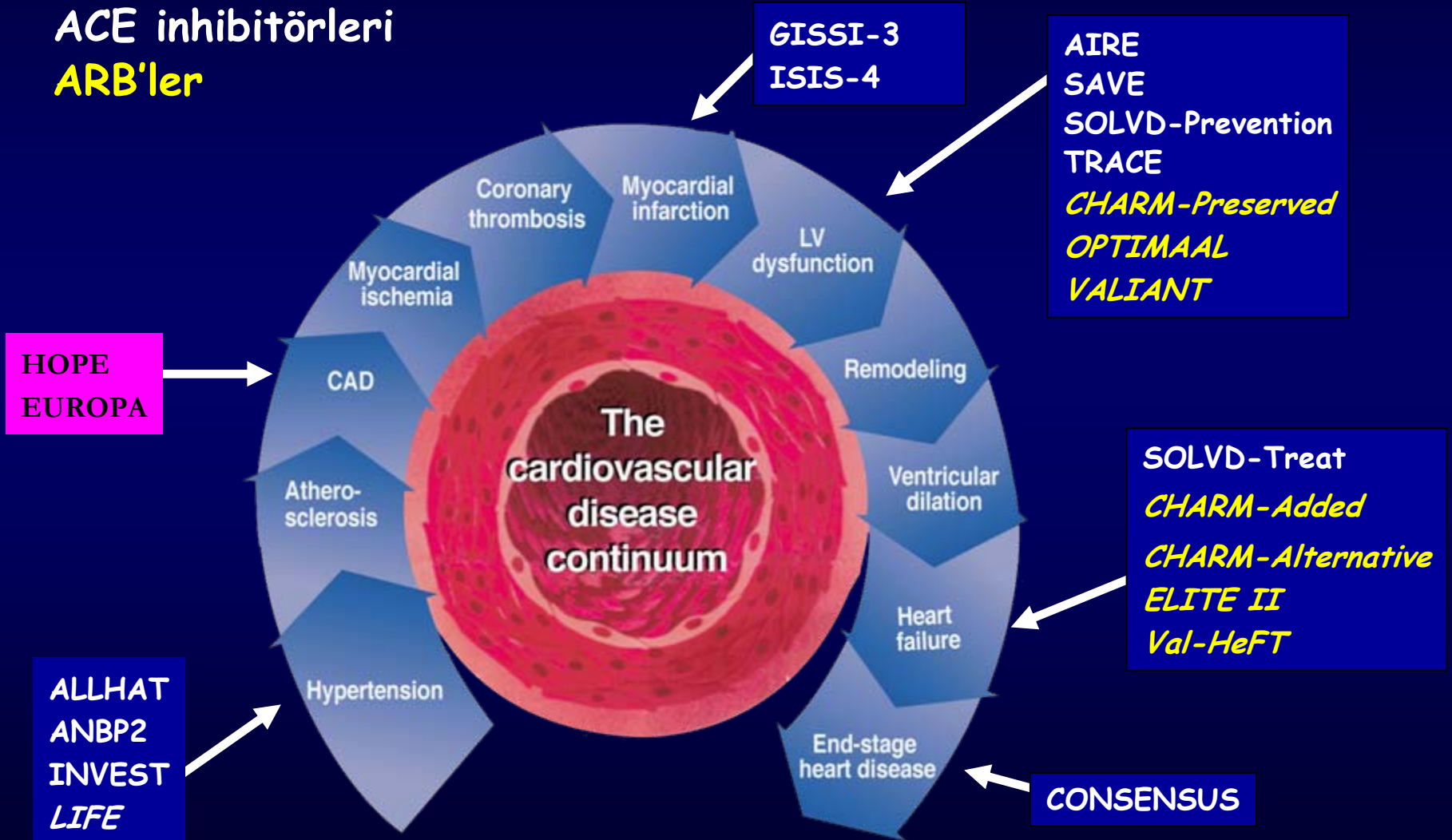
- Albüminüri
- SVH / SV disfonksiyonu
- Damar yapısında değişiklikler
- GFH azalma

KV HASTALIK:

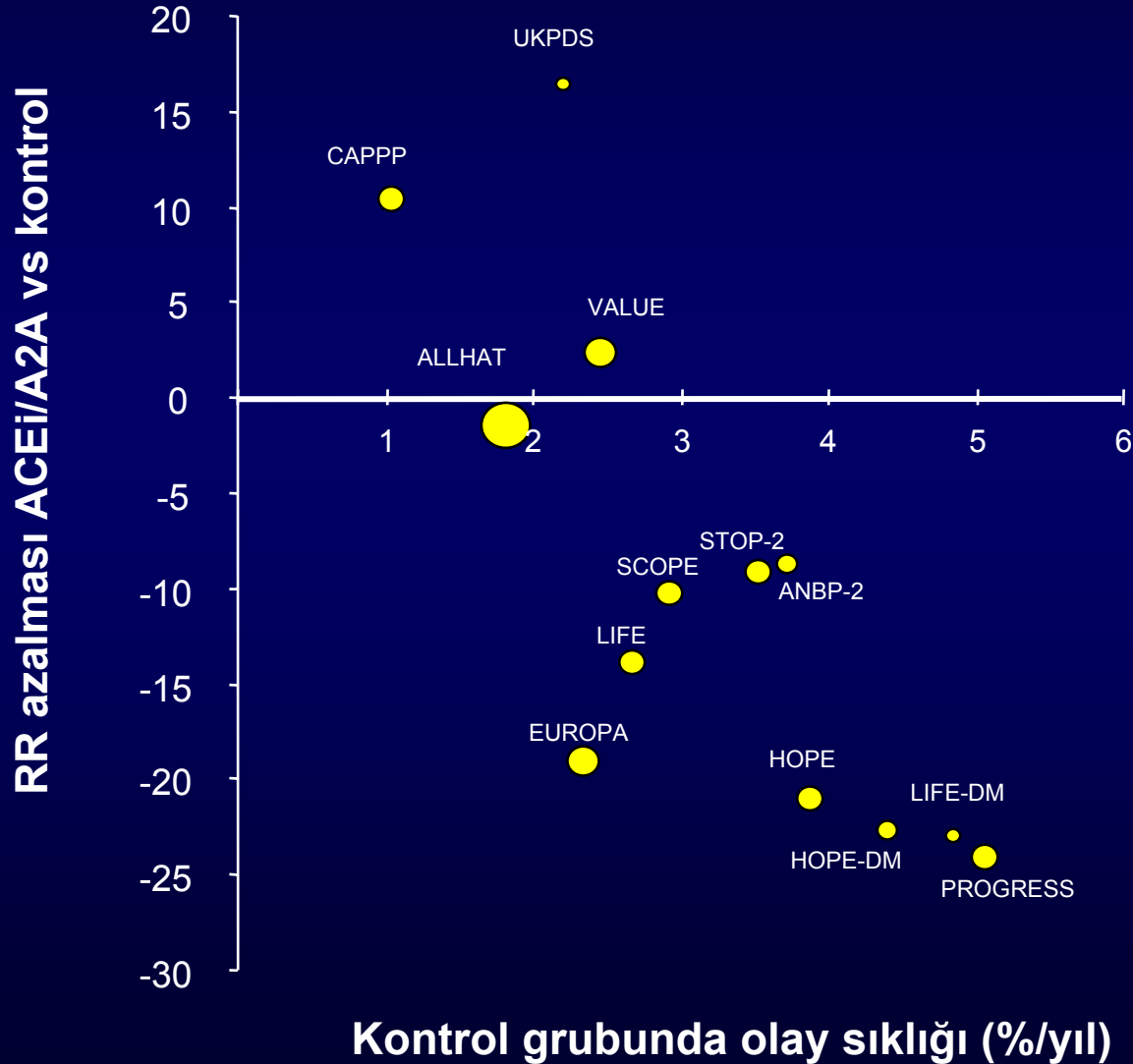
- KAH/KKY
- İlerlemiş renal hastalık
- İnme/TIA
- PVH

RAS Blokerleri İle Yapılan Çalışmalar

ACE inhibitörleri
ARB'ler



RAS Blokajı Bazal KV Risk İlişkisi

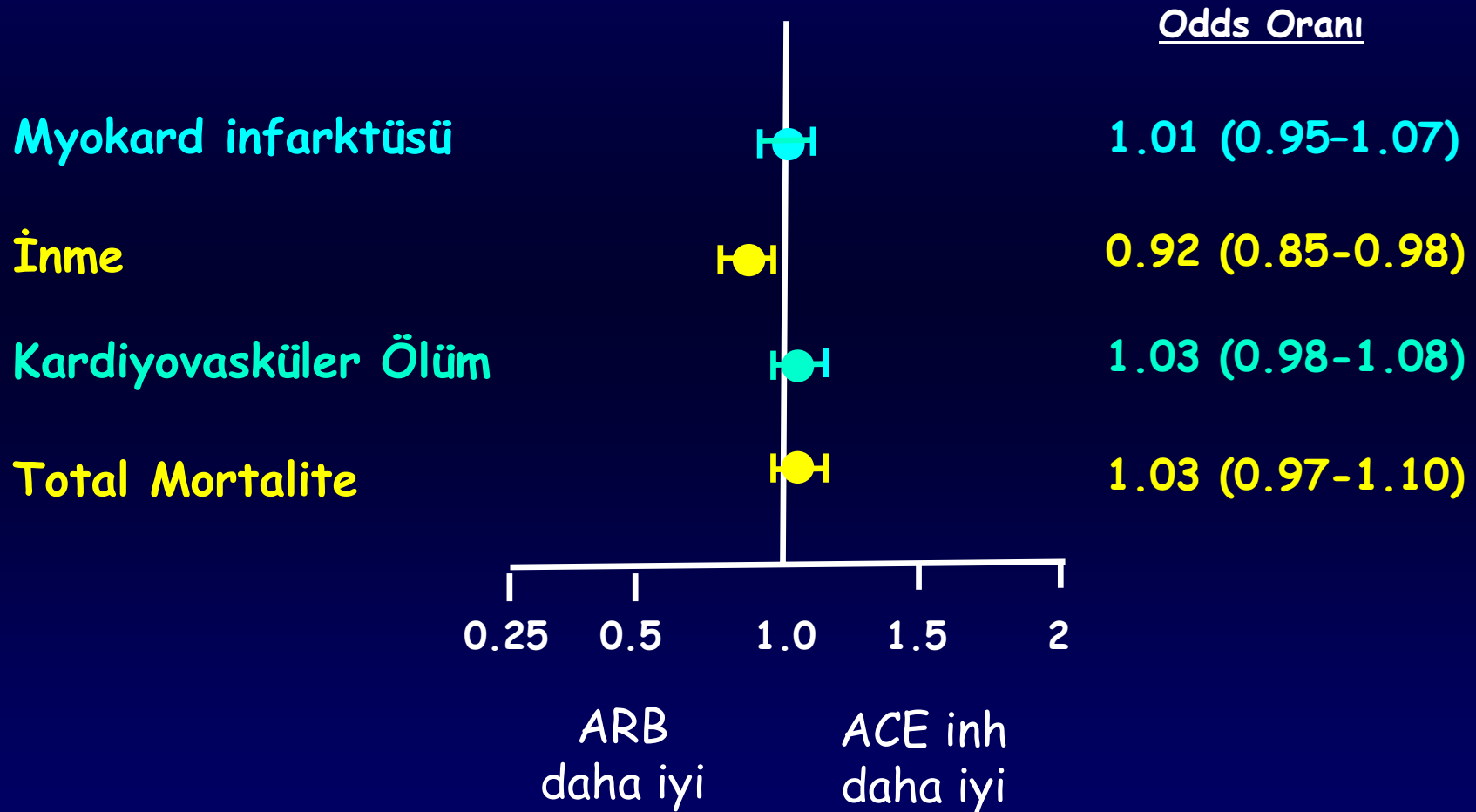


AT1-R Blokerler

| 99 7 | 99 8 | 99 9 | 200 0 | 200 1 | 200 2 | 200 3 | 200 4 | 200 5 | 200 6 | 200 7 | 200 8 | 200 9 | 200 10 | 200 11 | 200 12 | | | | |
|-----------------|---------|---------|----------|-------------|----------------|---------------|-------------------|------------------|----------|----------------|-------------------|----------------------------|-----------|-----------|-----------|--------------|--|--|--|
| ELITE II | | | | | | | | | | | | | | | | | | | |
| Val-HeFT | | | | | | | | | | | | KALP YETMEZLİĞİ | | | | | | | |
| CHARM | | | | | | | | | | | | | | | | | | | |
| | | | | | | | I-Preserve | | | | | | | | | | | | |
| OPTIMAAL | | | | | | | | | | | | | | | | | | | |
| | | | | | VALIANT | | | | | | MI SONRASI | | | | | | | | |
| LIFE | | | | | | | | | | | | | | | | | | | |
| | | | | | | SCOPE | | | | | | KV Hastalık | | | | | | | |
| | | | | | | | | VALUE | | | | | | | | | | | |
| | | | | | | | ONTARGET | | | | | | | | | | | | |
| | | | | | | | | TRANSCEND | | | | | | | | | | | |
| TRENDY | | | | | | | | | | | | | | | | | | | |
| | | | | IDNT | | | | | | | | | | | | RENAL | | | |
| | | | | | | RENAAL | | | | | | ORIENT | | | | | | | |
| | | | | | IRMA 2 | | | | | ROADMAP | | | | | | | | | |

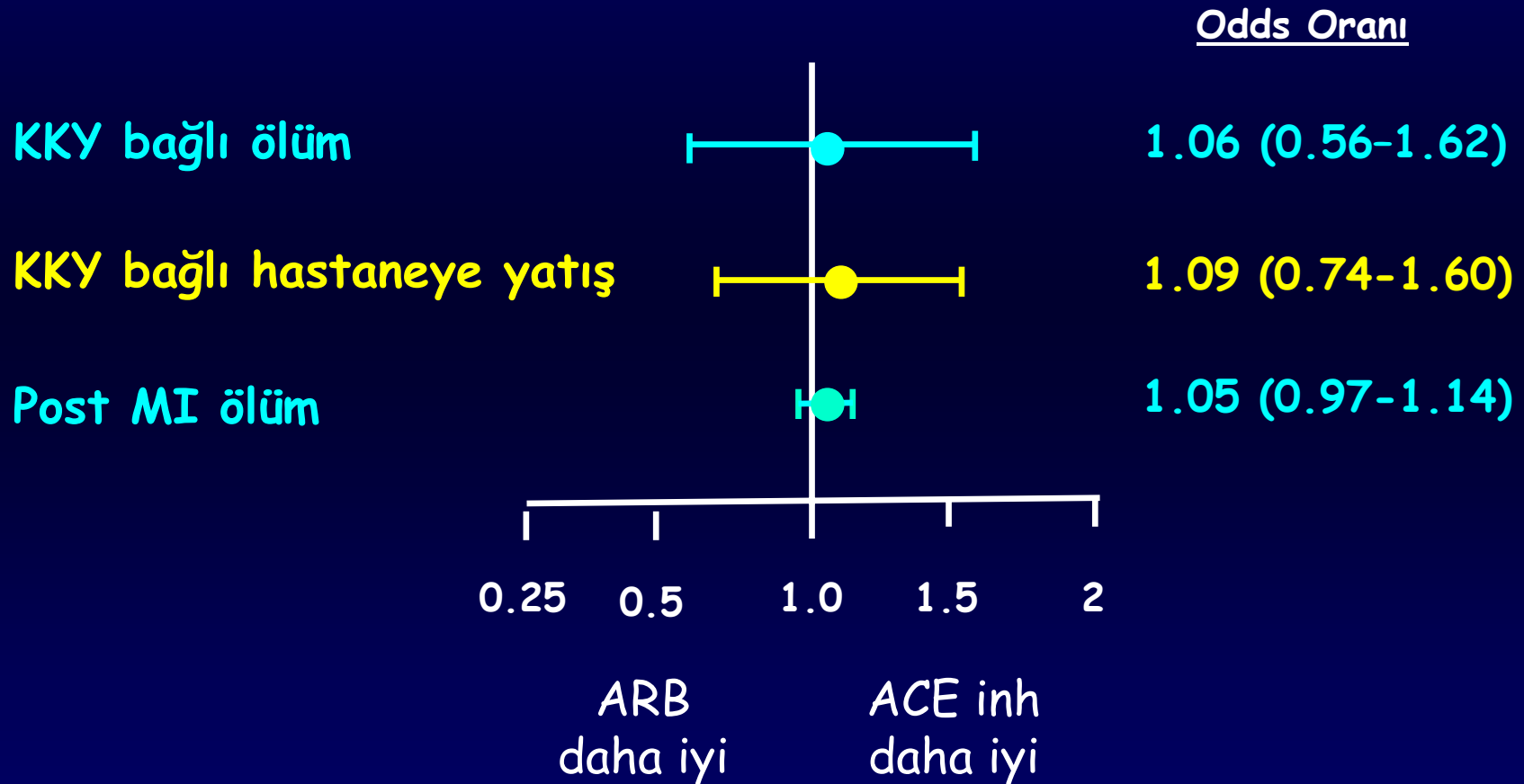
KV Kazanım: ACE inhibitörleri vs. ARB'ler

N:49249



KV Kazanım: ACE inhibitörleri vs. ARB'ler

N:49249



Kanıt tablosu

ACEI

ARB

• Hipertansiyon

Var

Var

• Kalp Yetersizliđi

Var

Var

• MI sonrası
SV disfonksiyonu

Var

Var

• Nefropati/KBY

?

?

• Koroner arter
hastalıđı

?

?

