

IMPLEMENTATION OF 2018 ESC/ESH GUIDELINES FOR TREATMENT AND CONTROL OF HYPERTENSION IN PRIMARY CARE IN GREECE: HYPEDIA STUDY

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OBJECTIVE

- To evaluate **office blood pressure (OBP)** levels for antihypertensive drug treatment initiation/intensification, **drug choices**, and **hypertension control** in primary care in Greece.

DESIGN - METHOD

- Prospective nationwide non-interventional single-visit** study in consecutive untreated or treated hypertensive patients recruited by primary care doctors and hospital clinics.
- Participants' characteristics, OBP measurements (triplicate; automatically transferred to PC; Microlife BPA3 PC) and treatment changes recorded using an **online cloud system**.
- Study support by **Menarini Hellas S.A.**

RESULTS

- 3,122 patients** were analyzed. Mean age 64±12.5 [SD] years, 52% males, 25% untreated.
- In **untreated hypertensive patients** (N=772), drug treatment was initiated with monotherapy in 53.4%, two-drug combination in 36.3%, and three-drug in 10.3%. **ARB monotherapy** was used for treatment initiation in 30%, **ARB/CCB** 20%, **ARB/Thiazide** 8%, **ACEI-based** 19% (**FIGURE 1**). Of the combinations used single-pill were 97%.
- In **treated hypertensive patients** aged <65 years (N=977), 79% had OBP ≥130/80 mmHg (systolic and/or diastolic), whereas among those aged ≥65 years (N=1,373) 66% had OBP ≥140/80 mmHg (**FIGURE 2**). **ARBs** were used in 69% of treated hypertensives, **ACEIs** 19%, **CCBs** 47%, **diuretics** 39%, **b-blockers** 19%. **Single-pill combinations** were administered in 85% of patients receiving drug combinations.
- Treatment intensification** (mainly dose increase or drug addition) was performed in 53% of treated hypertensives aged <65 years with OBP ≥130/80 mmHg (systolic and/or diastolic), and in 62% of those ≥65 years with OBP ≥140/80 mmHg.
- In **treated hypertensive patients aged <65 years** binary logistic regression showed that age (OR 3.2, 95% CI 1.0-9.9), BMI (OR 7.9, 2.8-22.8), male gender (OR 1.6, 1.1-2.2) and primary care (vs. hospital) setting (OR 1.5, 1.0-1.8) predicted OBP ≥130/80 mmHg. In **treated hypertensive patients ≥65 years**, BMI (OR 2.5, 1.1-5.7), primary care setting (OR 1.4, 1.0-1.7) and male gender (OR 1.3, 1.0-1.6) predicted OBP ≥140/80 mmHg.

CONCLUSIONS

- RAS blocker-based therapy, mainly ARBs, is the basis of antihypertensive drug treatment in the vast majority of patients in primary care, with single-pill combinations being widely used.**
- In almost half of treated uncontrolled hypertensives treatment is not intensified (physician inertia), suggesting suboptimal implementation of the 2018 ESC/ESH targets in primary care.**

FIGURE 1

Drug treatment initiation in untreated hypertensives

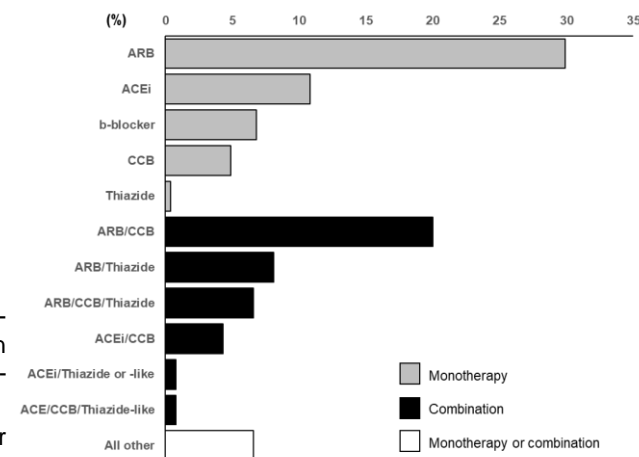


FIGURE 2

Control rates among treated hypertensives

