



# METAS NO TRATAMENTO DA HIPERTENSAO ARTERIAL

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**TODOS HIPERTENSOS DEVEM  
ATINGIR O MESMO NÍVEL DE  
PRESSÃO ARTERIAL**



SEM CONFLITO DE INTERSSES



“THE TREATMENT OF THE HYPERTENSION ITSELF IS A DIFFICULT AND ALMOST HOPELESS TASK IN THE PRESENT STATE OF OUR KNOWLEDGE, AND IN FACT FOR AUGHT WE KNOW, IN ADVANCED CASES WITH PERMANENTLY NARROWED CORONARY AND CEREBRAL ARTERIES THE HYPERTENSION MAY BE AN IMPORTANT COMPENSATORY MECHANISM WHICH SHOULD NOT BE TAMPERED WITH.

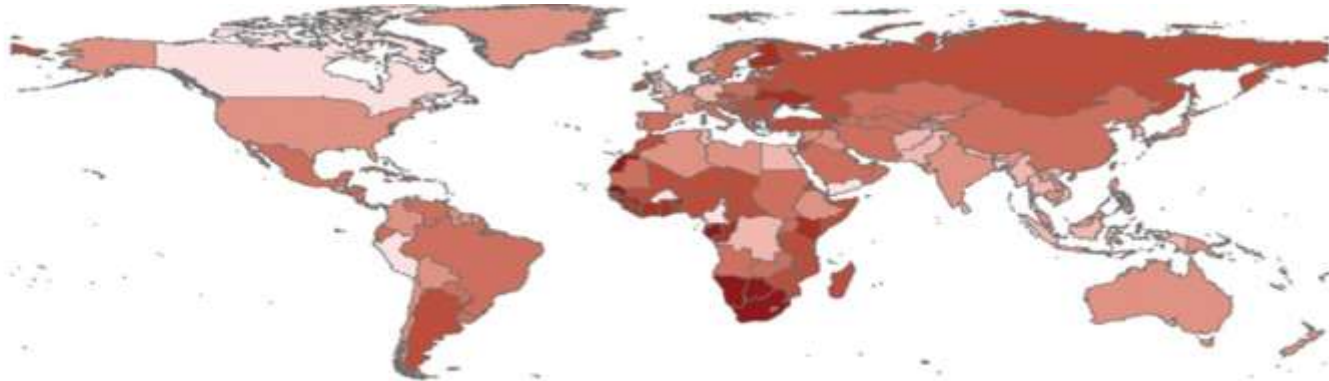


White PD. Heart disease. 2nd ed. New York: Macmillan, 1937:326  
N Engl J Med 2008 358;18



**American  
Heart  
Association®**

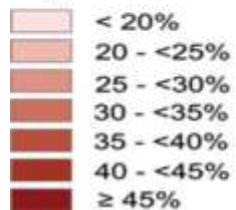
2010



2000



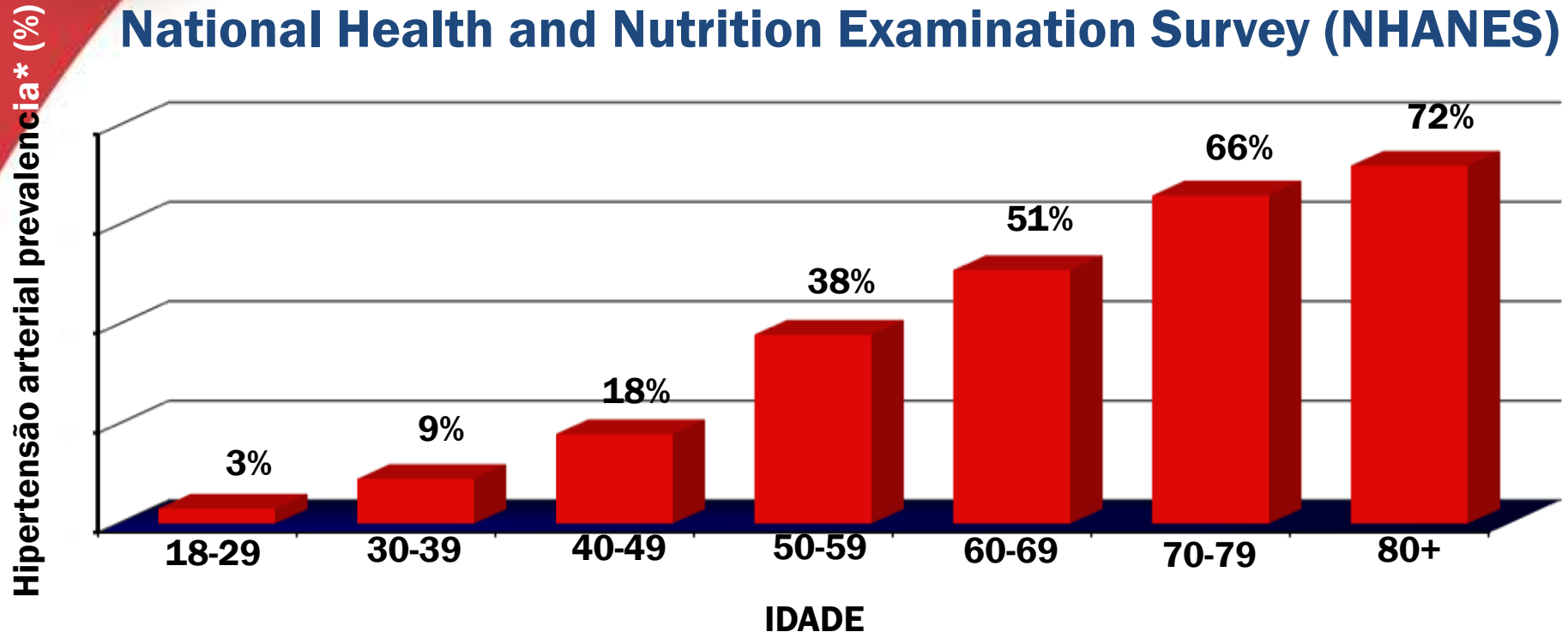
Hypertension Prevalence





# Hipertensão arterial\*: Prevalencia Aumenta com a idade

National Health and Nutrition Examination Survey (NHANES) III

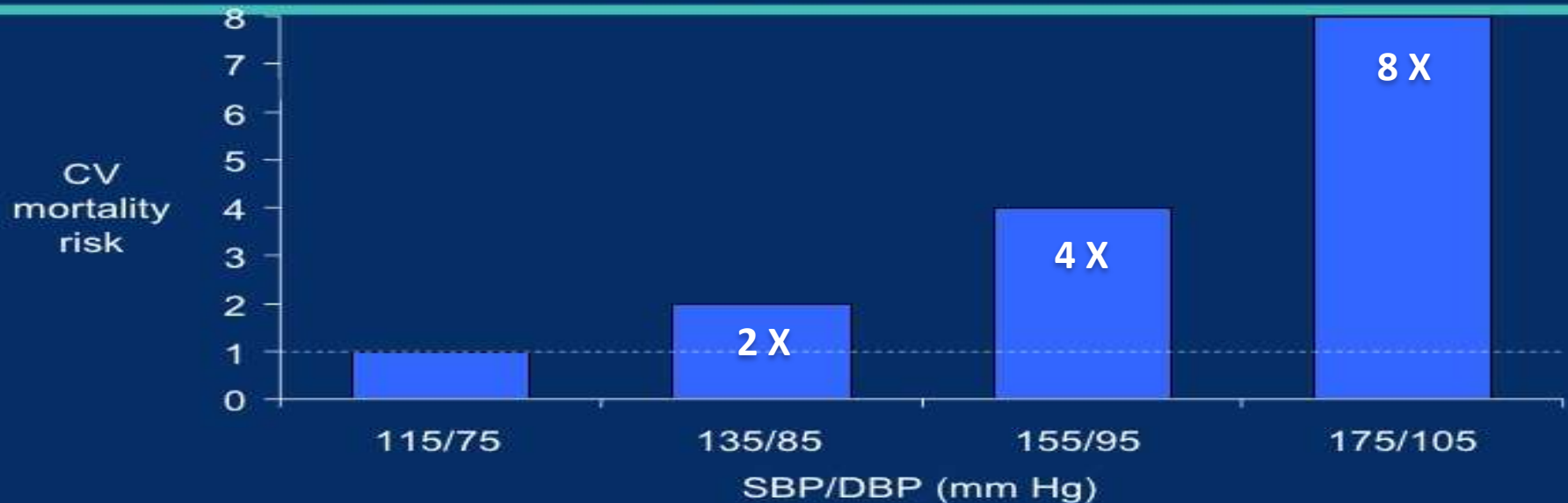


**A PREVALÊNCIA DE HIPERTENSAÃO ARTERIAL AUMENTA COM A IDADE**

\*Hipertensão é definida como Pressão Arterial  $\geq 140/90$  mmHg  
Fonte: JNC-VI. *Arch Intern Med* 1997;157:2413-2446



## CV Mortality Risk Doubles with Each 20/10 mm Hg BP Increment\*



\*Individuals aged 40-69 years, starting at BP 115/75 mm Hg.  
CV, cardiovascular; SBP, systolic blood pressure; DBP, diastolic blood pressure.  
Lewington S, et al. *Lancet*. 2002; 60:1903-1913.  
JNC VII. *JAMA*. 2003.



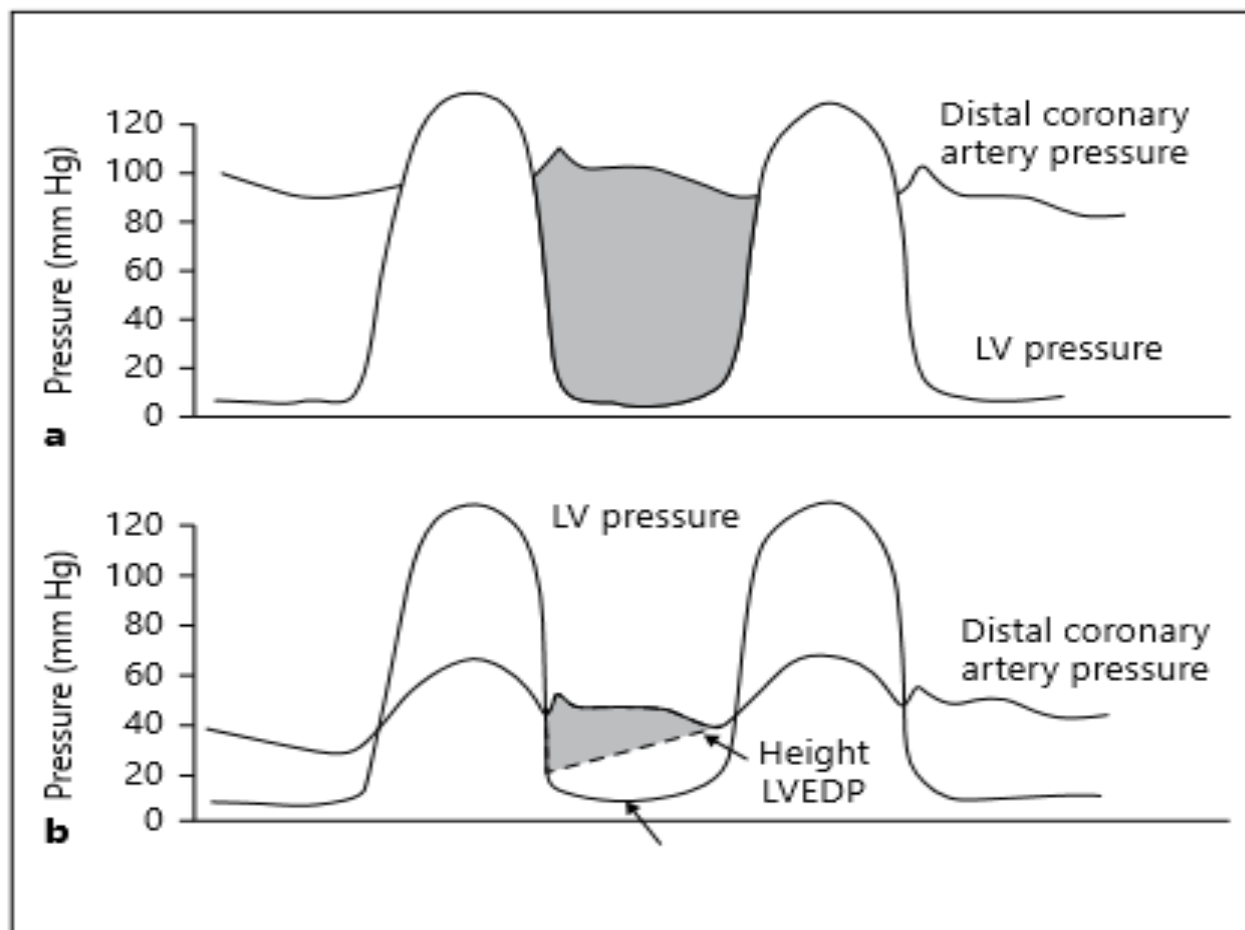
JM 62 ANOS NEGRO, CONSULTA DE FOLLOW UP  
INTERNAMENTO POR IAMST  
ANTECEDENTE PESSOAIS: HAS, DAC  
FARMACOS:  
ENALAPRIL 10 mg ASPIRINA 100 mg  
HCTZ 25 mg METOPROLOL 50 mg  
EXAME FISICO PA 150 / 88 mmHg

Qual e a meta?

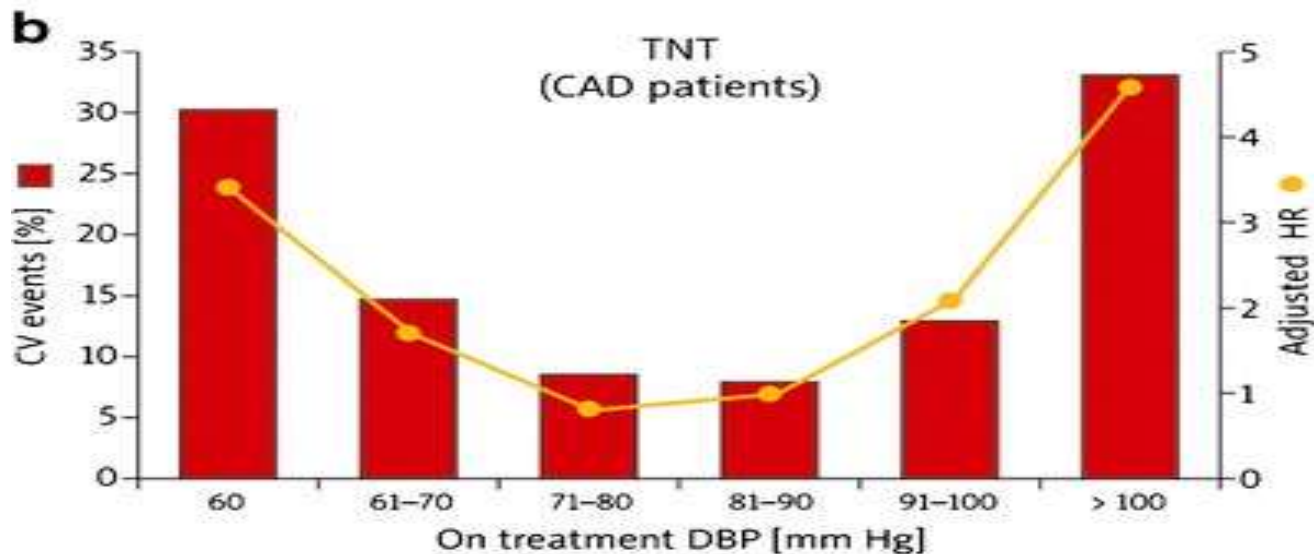
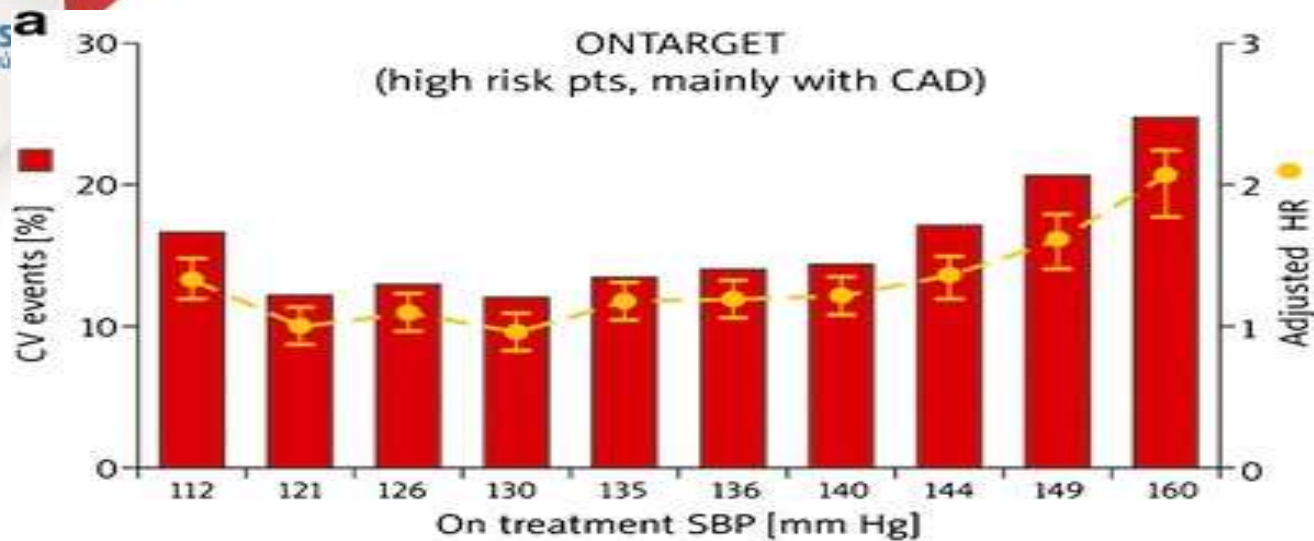




# PRESSAO DE PERFUSAO MIOCARDICA



# FENOMENO CURVA J





EM PACIENTES COM DAC UMA META DE PA MAIS BAIXA  
CONTINUA EM DEBATE NAO HA SUPORTE PELOS ESTUDOS  
RANDOMIZADOS DE ALTA QUALIDADE

Meta < 130 / 80 mmHg  
mas nao < 120 / 70 mmHg



51 ANOS, MASCULINO DIAGNOSTICO RECENTE DE  
HIPERTENSAO ARTERIAL E DIABETES MELLITUS  
SEM MEDICACAO NO MOMENTO

Exame Fisico

PA:144/ 92 mmHg FC 76bpm IMC 33

Lab Cr 1.5 k 4.2

Urina normal

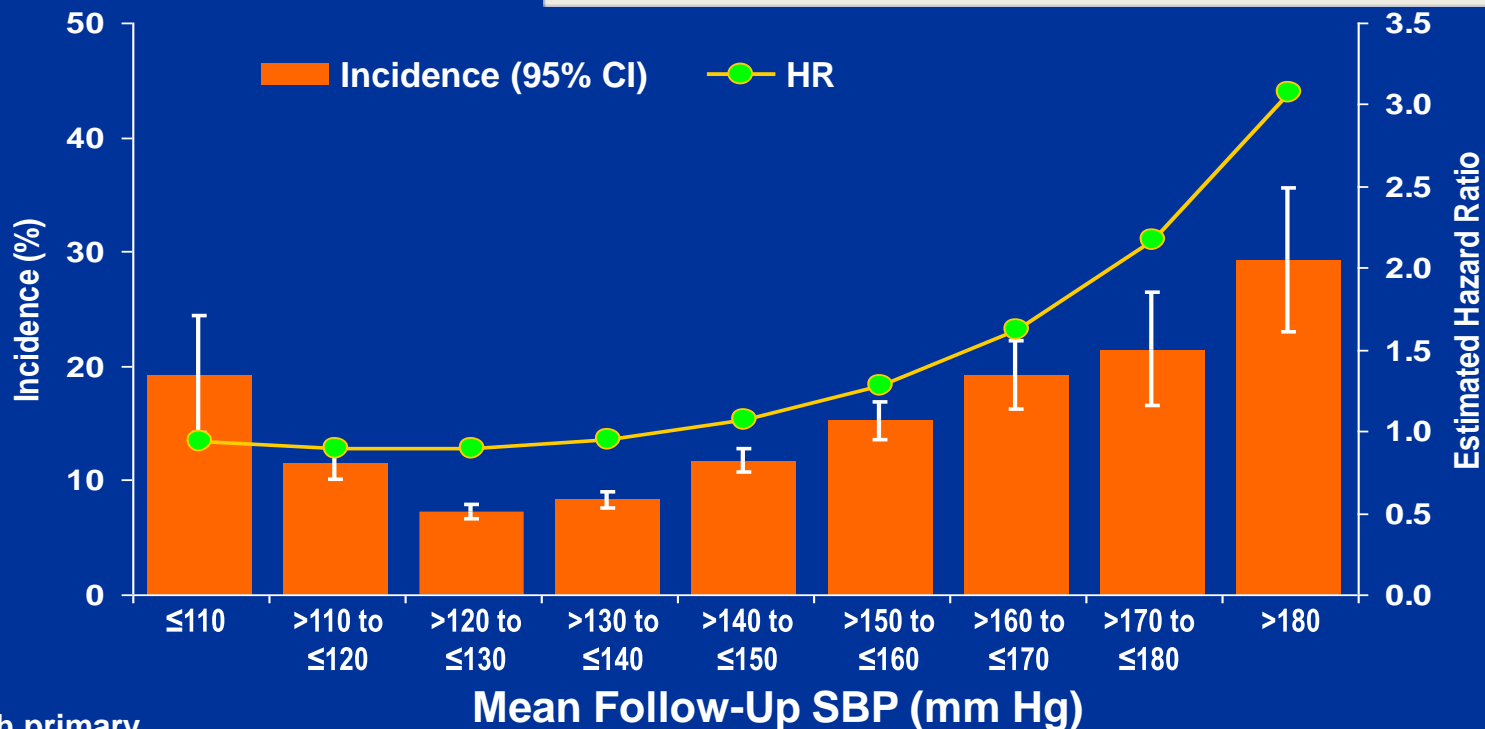
**Qual e a meta?**

# INVEST Results: Overall Population Primary Outcome vs Mean Follow-Up SBP Overall Population (N = 22,576)



## Incidence and Risk of Primary Outcome

SBP <140	SBP ≥140	HR (95% CI)
8.1%	14.5%	0.58 (0.53-0.63)



Patients with primary outcome (n)  
Total patients (N)  
Mean DBP (mm Hg)

45	196	493	596	437	253	132	57	59
234	1709	6859	7216	3737	1663	689	266	202
67.5	73.2	76.5	78.7	81.1	84.2	87.7	90.7	97.4



**N**OS DOENTES DIABETICOS OS ESTUDOS NAO  
MOSTRARAM BENEFICIO NA REDUCAO DE  
MORTALIDADE COM METAS ABAIXO DE 120 mmHg

Independente do nivel de control da DM a Meta  
Nesse grupo populacional e  $< 140 / 90$  mmHg

American Society of Hypertension International Society of Hypertension  
Journal of Clinical Hypertension 2014; 16; 14 - 26  
Arq Bras Cardiol 2016; 107 (3Supl.3):1-83  
Diabetes Care 2015;38 ( Supl.1) 49 57  
JAMA:2014:311 ; 507 - 20



92 ANOS FEMININO, PA: 178 / 88 mmHg FC 58 / bpm

IMC: 30

LAB - Cr: 2.1mg / dl

ECG: NORMAL

Qual a meta terapeutica de PA para esta paciente



Os idosos não precisam controlar a pressão arterial  
No idoso o melhor é aplicar o princípio

*Primum non nocere*

*Do not hurt first*

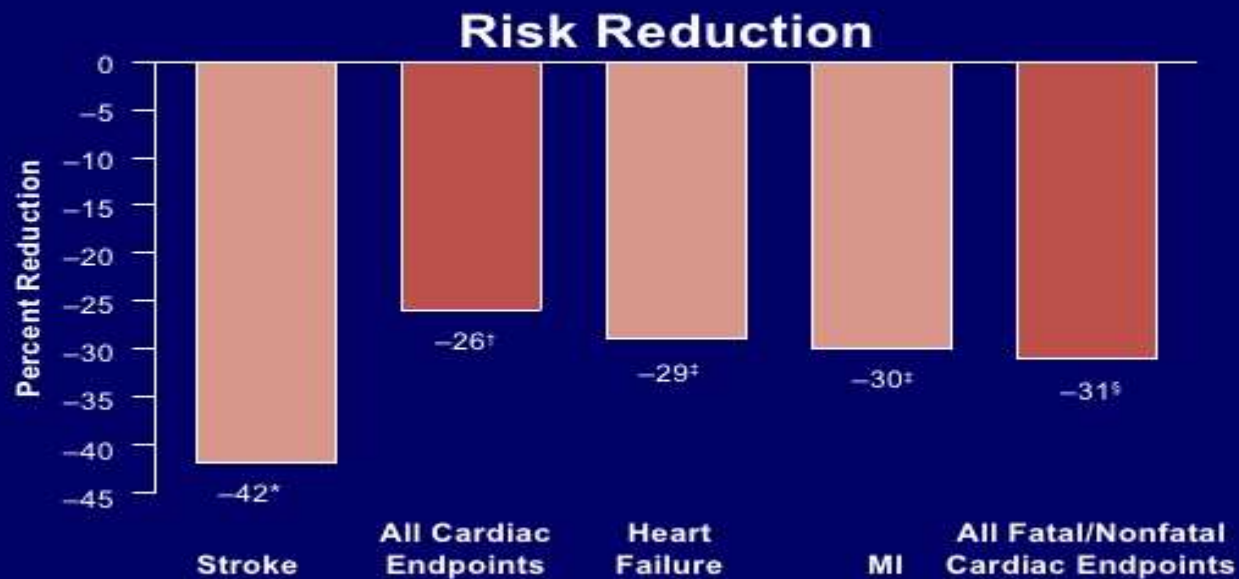




Articles

Randomised double-blind comparison of placebo and active treatment for older patients with isolated systolic hypertension

# Syst-Eur: Outcomes



\* $P = .003$ ; <sup>†</sup> $P = .03$ ; <sup>‡</sup> $P = .12$ ; <sup>§</sup> $P < .001$ .

Adapted from Staessen JA et al. *Lancet*. 1997;350:757-764



SYSTEMIC HYPERTENSION

**Systolic Hypertension in the Elderly Program (SHEP):  
Antihypertensive Efficacy of Chlorthalidone**

# SHEP: Outcomes



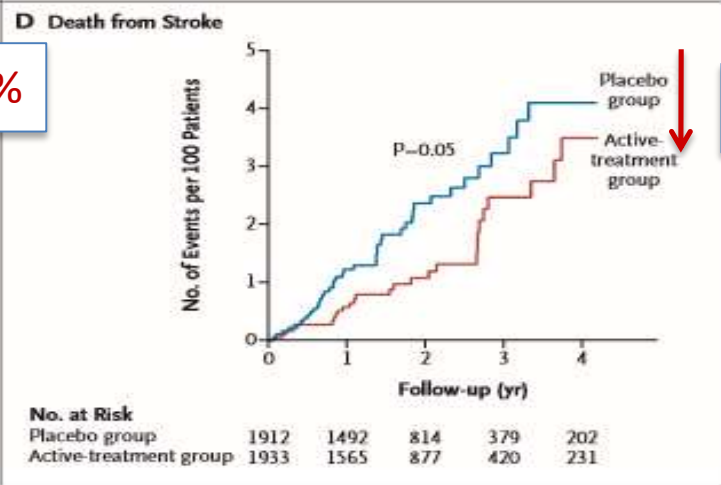
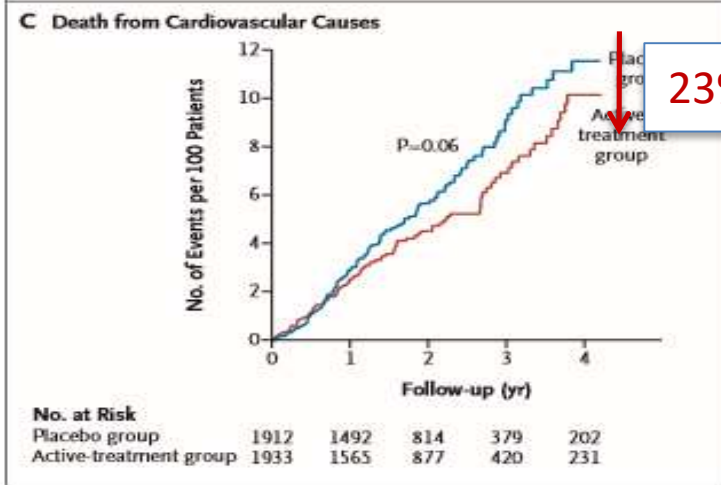
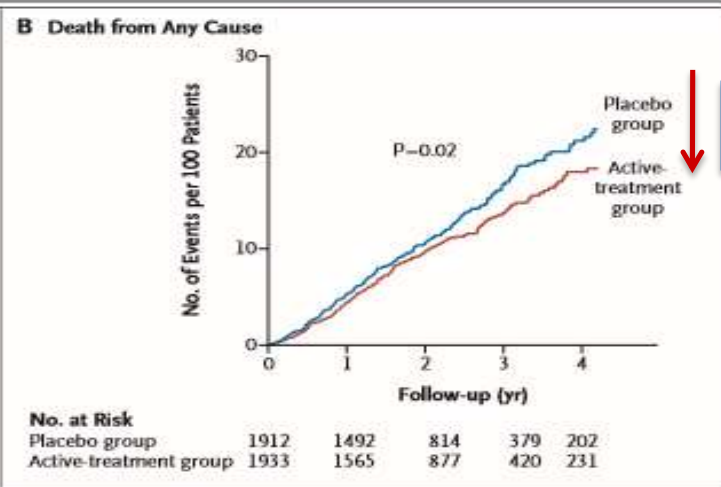
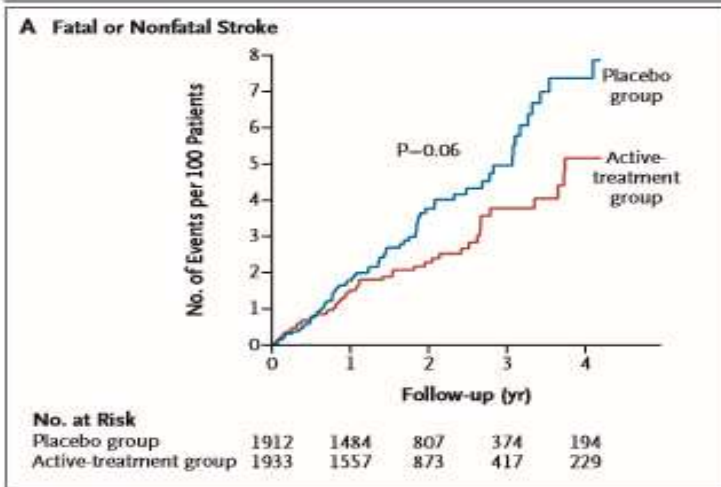
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**Treatment of Hypertension in Patients 80 Years  
of Age or Older**





META < 150 / 90 mmHg  
ou <140 / 90 mmHg



THE MANAGEMENT OF HIPERTENSION IS ALL  
ABOUT GLOBAL CARDIOVASCULAR RISK  
MANAGEMENT AND VASCULAR PROTECTION