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Best of HTA, 2022

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Avec le soutien institutionnel de

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Conflits d'intérêts

- Servier



CHAP trial



The **NEW ENGLAND**
JOURNAL *of* **MEDICINE**

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MAY 12, 2022

VOL. 386 NO. 19

Treatment for Mild Chronic Hypertension during Pregnancy

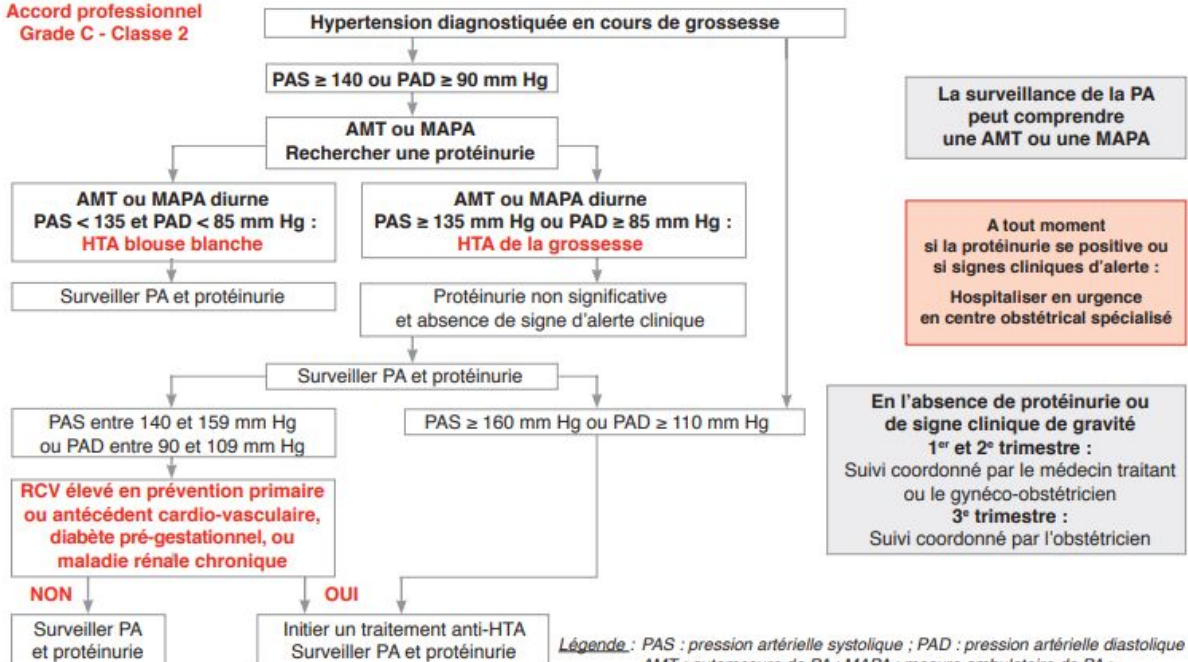
A.T. Tita, J.M. Szychowski, K. Boggess, L. Dugoff, B. Sibai, K. Lawrence, B.L. Hughes, J. Bell, K. Aagaard, R.K. Edwards, K. Gibson, D.M. Haas, L. Plante, T. Metz, B. Casey, S. Esplin, S. Longo, M. Hoffman, G.R. Saade, K.K. Hoppe, J. Foroutan, M. Tuuli, M.Y. Owens, H.N. Simhan, H. Frey, T. Rosen, A. Palatnik, S. Baker, P. August, U.M. Reddy, W. Kinzler, E. Su, I. Krishna, N. Nguyen, M.E. Norton, D. Skupski, Y.Y. El-Sayed, D. Ogunyemi, Z.S. Galis, L. Harper, N. Ambalavanan, N.L. Geller, S. Oparil, G.R. Cutter, and W.W. Andrews, for the Chronic Hypertension and Pregnancy (CHAP) Trial Consortium*



CHAP trial : contexte

FIGURE 2 : PRISE EN CHARGE D'UNE HTA DIAGNOSTIQUÉE EN COURS DE GROSSESSE

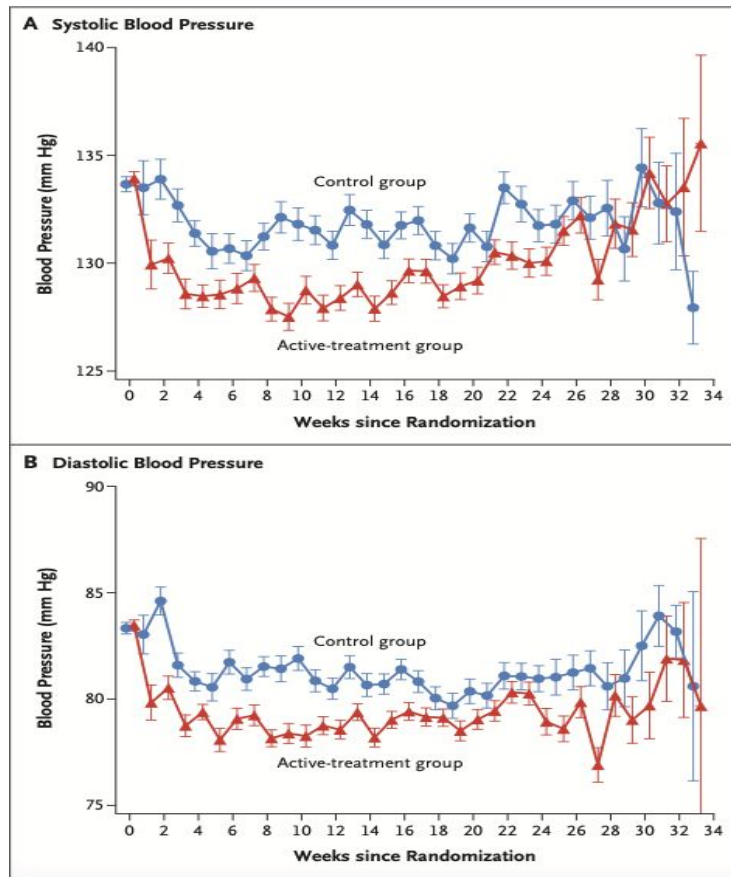
Accord professionnel
Grade C - Classe 2



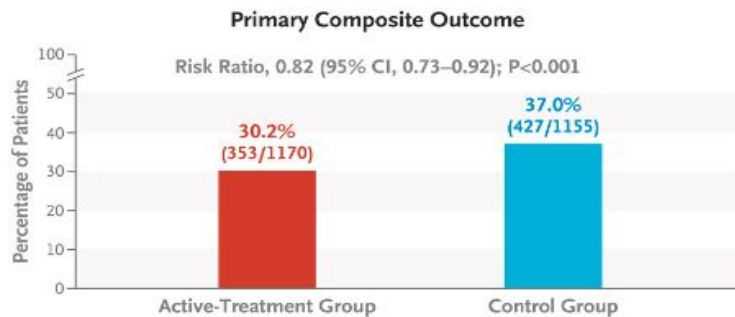
Légende : PAS : pression artérielle systolique ; PAD : pression artérielle diastolique ;
AMT : automesure de PA ; MAPA : mesure ambulatoire de PA ;
RCV : risque cardio-vasculaire





CHAP trial : Résultats



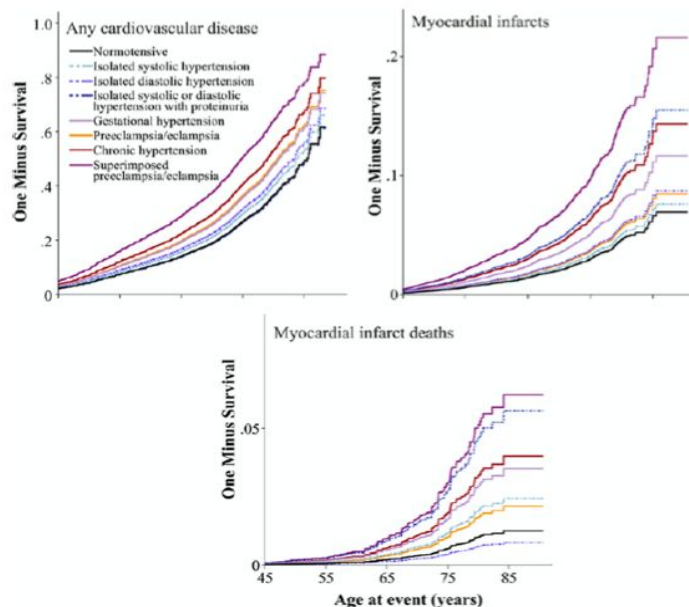
CHAP trial : Résultats



 **Le traitement d'une hypertension artérielle légère à modérée est bénéfique  lors de la grossesse sur le pronostic obstétrical et fœtal**

Et au-delà de la grossesse ??

Elevated Blood Pressure in Pregnancy and Subsequent Chronic Disease Risk



 Plus d'IDM, AVC,
IC à 20 ans 

Circulation. 2013 February 12; 127(6): 681–690. doi:10.1161/CIRCULATIONAHA.112.128751.




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Et au-delà de la grossesse ??

Prospective Evaluation of Cardiovascular Risk 10 Years After a Hypertensive Disorder of Pregnancy



CENTRAL ILLUSTRATION: Echocardiographic Differences Stratified by History of HDP and Hypertension



		Hypertension	
		No Hypertension	Hypertension
HDP Status	No HDP	N = 39 IVS: 0.86 cm RWT: 0.35 E/A ratio: 1.38 Septale e': 10.5 cm/s Lateral e': 12.5 cm/s GLS: -21.3% Ea: 1.79	N = 12 IVS: 1.0 cm RWT: 0.4 E/A ratio: 1.26 Septale e': 9 cm/s Lateral e': 9 cm/s GLS: -19.3% Ea: 1.81
	HDP	N = 37 IVS: 0.84 cm RWT: 0.34 E/A ratio: 1.48 Septale e': 10.5 cm/s Lateral e': 13 cm/s GLS: -20.9% Ea: 1.79	N = 47 IVS: 0.98 cm RWT: 0.4 E/A ratio: 1.28 Septale e': 8 cm/s Lateral e': 11 cm/s GLS: -19.1% Ea: 2.03

Levine LD, et al. J Am Coll Cardiol. 2022;79(24):2401-2411.



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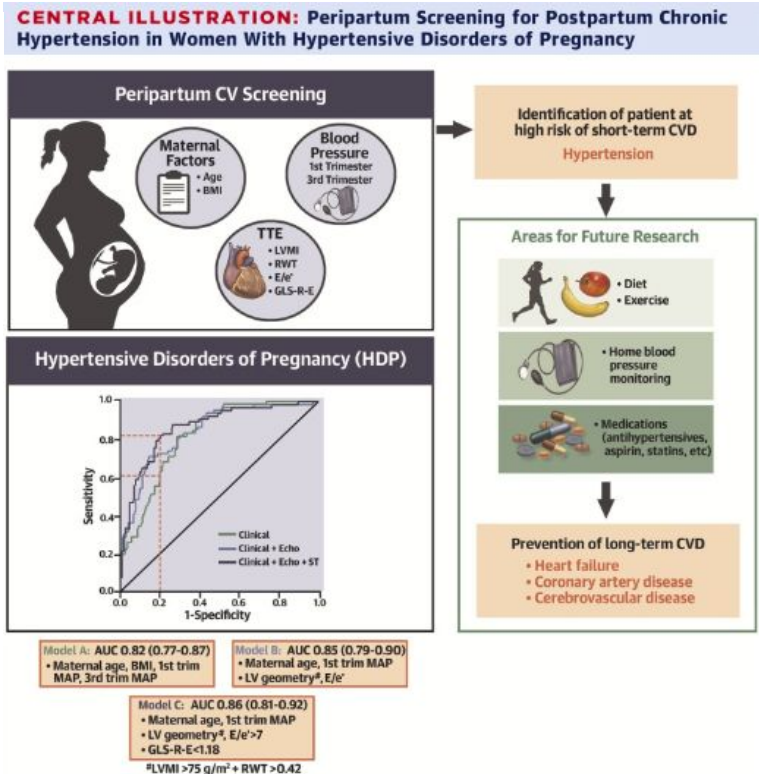
Et au-delà de la grossesse ??

Peripartum Screening for Postpartum Hypertension in Women With Hypertensive Disorders of Pregnancy

Veronica Giorgione MD ^{a, b}, Asma Khalil MD ^{a, b}, Jamie O'Driscoll PhD ^{c, d}, Basky Thilaganathan MD, PhD ^{a, b} ✉



JACC
Journals

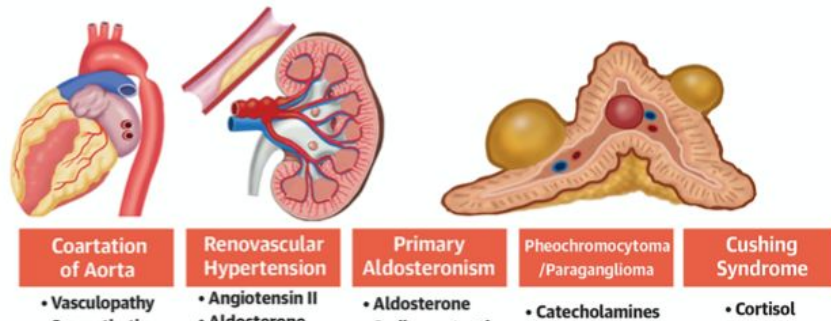


Parlons HTA secondaires !



Cardiac Phenotypes in Secondary Hypertension

JACC State-of-the-Art Review

Andrzej Januszewicz, MD, PhD,^{a,*} Paolo Mulatero, MD,^{b,*} Piotr Dobrowolski, MD, PhD,^a Silvia Monticone, MD, PhD,^b Patricia Van der Niepen, MD, PhD,^c Pantelis Sarafidis, MD, MSc, PhD,^d Martin Reincke, MD,^e Emrush Rexhaj, MD,^f Graeme Eisenhofer, PhD,^g Magdalena Januszewicz, MD, PhD,^{h,i} Alexandros Kasiakogias, MD, PhD,^{j,k} Reinhold Kreutz, MD, PhD,^l Jacques W.M. Lenders, MD, PhD,^{g,l} Maria Lorenza Muiesan, MD, PhD,^m Alexandre Persu, MD, PhD,ⁿ Enrico Agabiti-Rosei, MD, PhD,^o Rodrigo Soria, MD,^l Mateusz Spiewak, MD, PhD,^p Aleksander Prejbisz, MD, PhD,^q Franz H. Messerli, MD^r



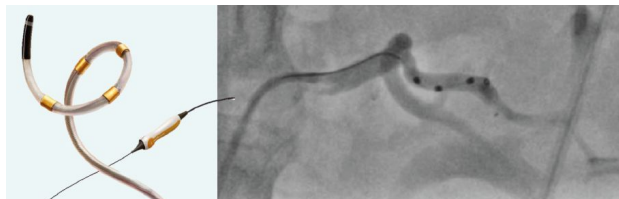
- | Coarctation of Aorta | Renovascular Hypertension | Primary Aldosteronism | Pheochromocytoma /Paranglioma | Cushing Syndrome |
|--|--|---|--|--|
| <ul style="list-style-type: none"> • Vasculopathy • Sympathetic activity | <ul style="list-style-type: none"> • Angiotensin II • Aldosterone • Sodium/volume retention | <ul style="list-style-type: none"> • Aldosterone • Sodium retention | <ul style="list-style-type: none"> • Catecholamines | <ul style="list-style-type: none"> • Cortisol |

 Les HTA sont secondaires sont plus sévères 

	Coarctation of Aorta	Renovascular Hypertension	Primary Aldosteronism	Pheochromocytoma /Paranglioma	Cushing Syndrome
LVH	↑↑	↑ARAS ↔FMD	↑↑	↑	↑
Diastolic Function	↓	↑ARAS ↔FMD	↓↓	↔↔	↓
Systolic Function	↓(advanced)	-	↓↓strain	↓↓strain	↓
In CMR	LVH, aortic dilatation	-	LVH, fibrosis, edema	fibrosis, edema	↔↔ fibrosis
Cardiac Events	CAD, HF	ARAS: CAD, AHF FMD: SCAD	CAD, HF, AF	TTS, hypertrophic/dilated cardiomyopathy, arrhythmias, ACS, AHF	CAD

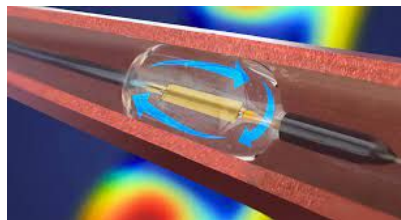
Parlons dénervation rénale !

SPYRAL HTN-OFF MED



SPYRAL HTN-ON MED

RADIANCE-HTN SOLO

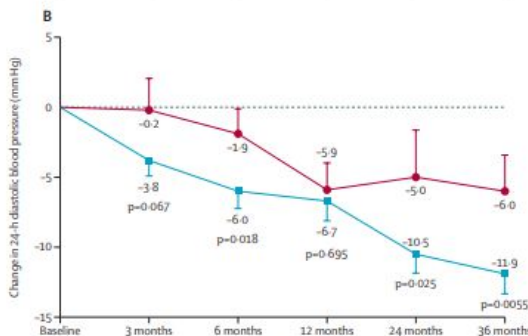
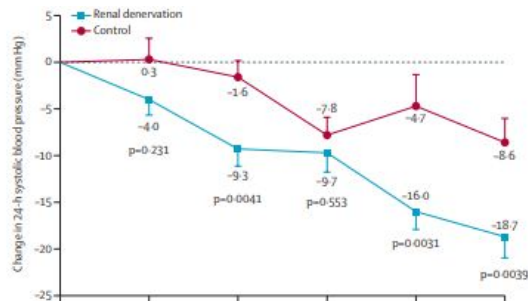
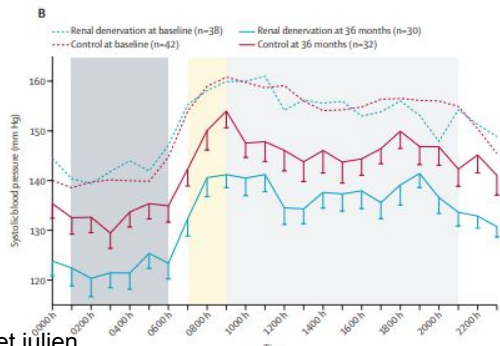
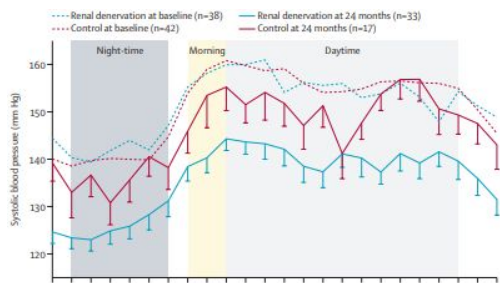


RADIANCE-HTN TRIO





Résultats SPYRAL HTN-ON à 36 mois

Long-term efficacy and safety of renal denervation in the presence of antihypertensive drugs (SPYRAL HTN-ON MED): a randomised, sham-controlled trial



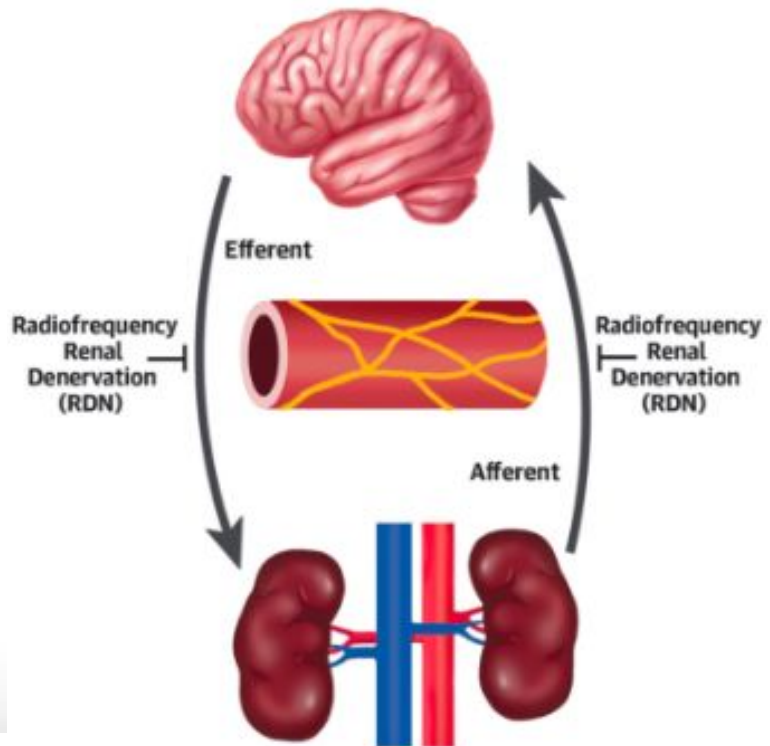
	Renal denervation group	Sham control group	p value*
Baseline	2.13 (1.40)†	1.98 (1.14)‡	0.59
3 months	1.84 (1.37)†	2.05 (1.10)‡	0.044
6 months	2.13 (1.40)†	2.21 (1.05)‡	0.17
12 months	2.53 (0.89)†	2.81 (0.99)‡	0.09
24 months	2.97 (1.21)§	2.95 (1.16)¶	0.74
36 months	3.03 (1.20)	3.05 (1.43)**	0.76

 **Efficacité persistante à 36 mois** 

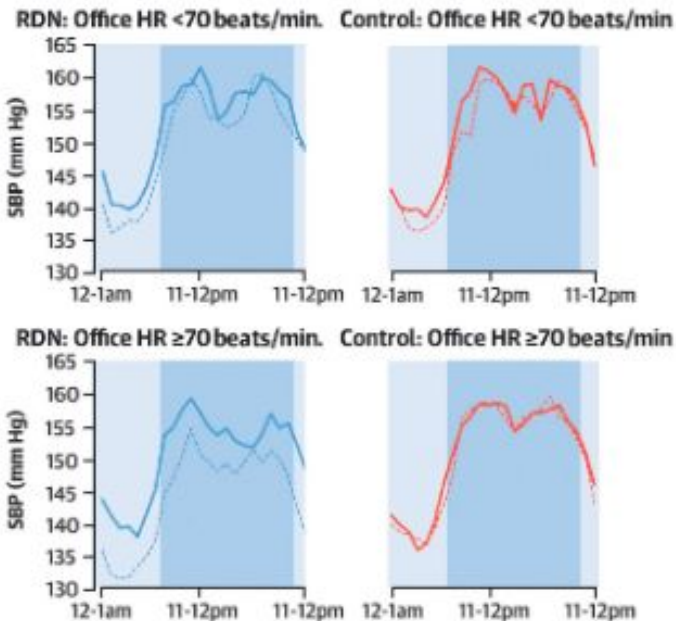
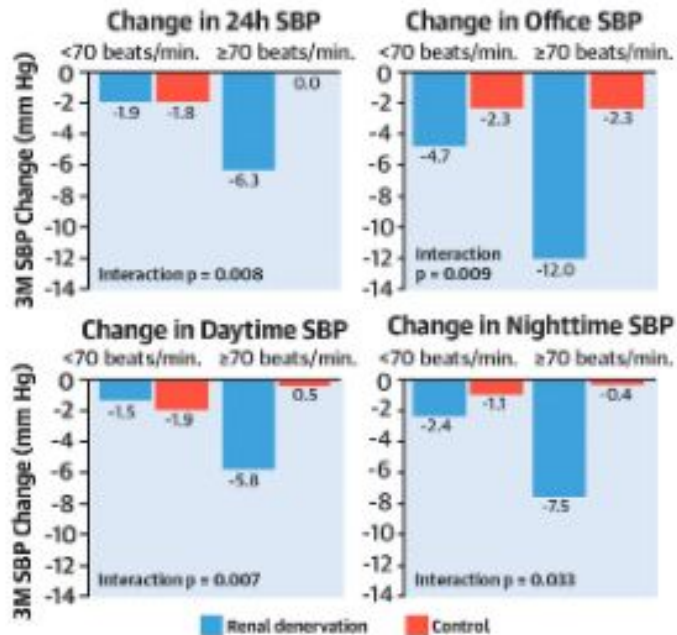
Dénervation, les patients répondeurs ?



366 patients with uncontrolled hypertension without antihypertensive medication



Dénervation, les patients répondeurs ?



 Fc > 70
BPM 

Dénervation, bientôt à disposition ?



HAUTE AUTORITÉ DE SANTÉ

ÉVALUER LES TECHNOLOGIES DE SANTÉ

**AVIS SUR LES
DISPOSITIFS
MEDICAUX**

SYMPPLICITY SPYRAL

Cathéter de dénervation rénale

Prise en charge transitoire au titre de l'article L.165-1-5 du code de la sécurité sociale

Adopté par la Commission nationale d'évaluation des dispositifs médicaux et des technologies de santé le 21 juin 2022



Un point sur l'observance thérapeutique

Optimum and stepped care standardised antihypertensive treatment with or without renal denervation for resistant hypertension (DENERHTN): a multicentre, open-label, randomised controlled trial

	Fully Adherent Patients (n=41)			Nonadherent Patients (n=44)		
	Renal Denervation Group (n=20)	Control Group (n=21)	P Value	Renal Denervation Group (n=20)	Control Group (n=24)	P Value
Number of antihypertensive treatments						
Prescribed, median (IQR)	5 (4–6.5)	5 (4–5)	0.2742	6 (5–7)	6.5 (5–7)	0.3139
Detected, median (IQR)	5 (4–6.5)	5 (4–5)	0.2742	2.5 (0–4.5)	3.5 (2–4.5)	0.4194
Ratio of drugs detected to drugs prescribed						
Percent, mean±SD	100.0	100.0	1.0000	47.1±37.4	53.7±31.2	0.6785
Antihypertensive treatment detected, n (%)						
Indapamide	20 (100.0)	21 (100.0)	1.0000	11 (55.0)	18 (75.0)	0.1634
Ramipril or irbesartan	20 (100.0)	21 (100.0)	1.0000	7 (35.0)	14 (58.3)	0.1228
Amlodipine	20 (100.0)	21 (100.0)	1.0000	12 (60.0)	17 (70.8)	0.4503
Spironolactone	16 (80.0)	14 (66.7)	0.4841	10 (50.0)	10 (41.7)	0.5804
Bisoprolol	14 (70.0)	15 (71.4)	0.9200	5 (25.0)	11 (45.8)	0.2125
Prazosin	9 (45.0)	4 (19.0)	0.1001	4 (20.0)	3 (12.5)	0.6839
Rilmenidine	6 (30.0)	4 (19.0)	0.4841	4 (20.0)	4 (16.7)	1.0000



50 %

d'inobservance

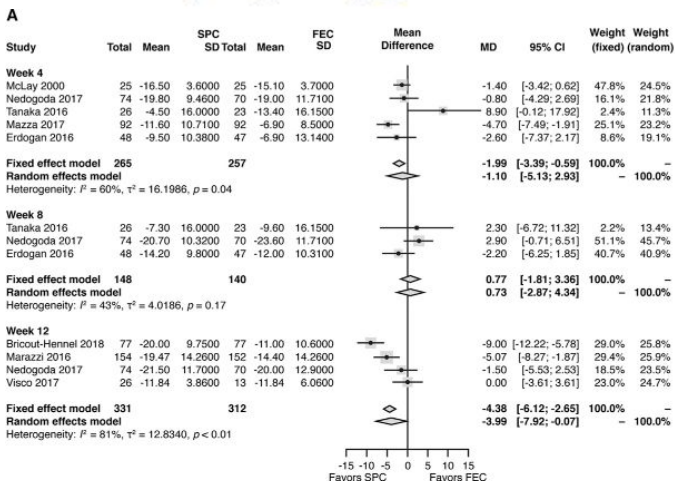


Un point sur l'observance thérapeutique

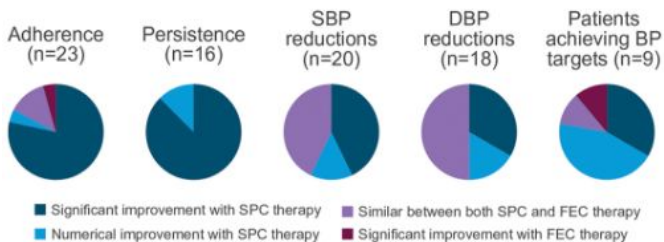
Adherence to Single-Pill Versus Free-Equivalent Combination Therapy in Hypertension

A Systematic Review and Meta-Analysis



Gianfranco Parati , Sverre Kjeldsen , Antonio Coca, William C. Cushman , and Jiguang Wang 



Following screening, 44 studies were included



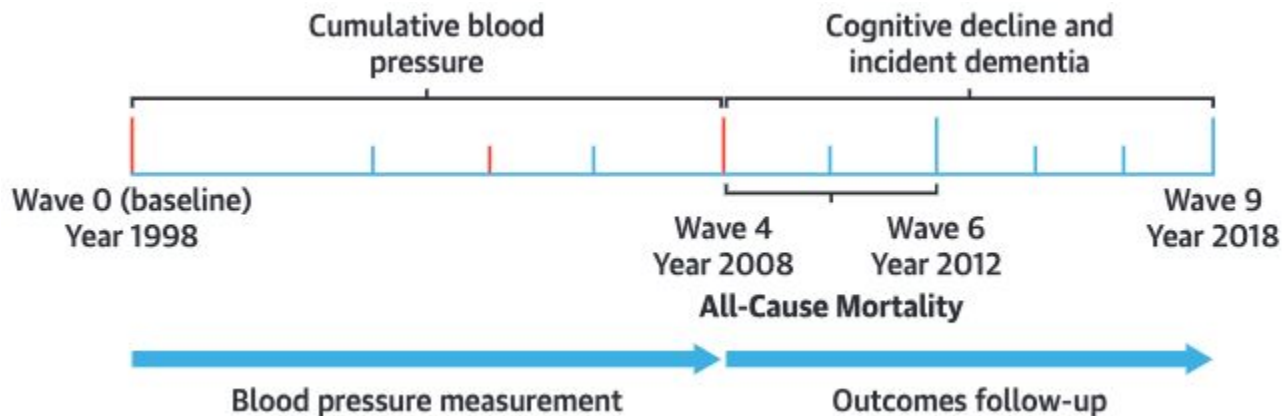
SPC therapy leads to improved adherence and persistence compared with FEC therapy and may lead to better BP control

 **Meilleure adhérence et baisse de la PAS** 

Et finalement la démence ...

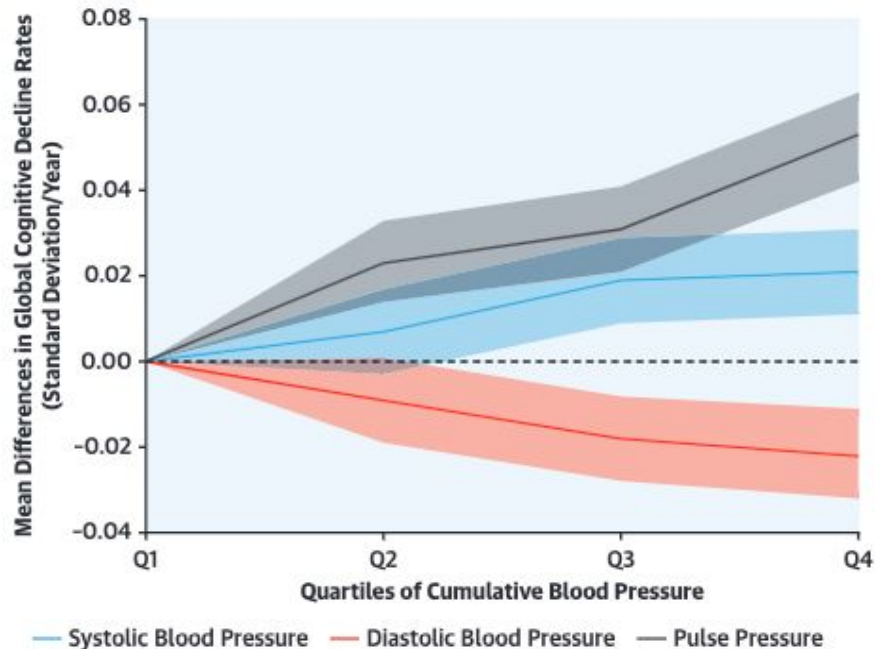
Association of Cumulative Blood Pressure With Cognitive Decline, Dementia, and Mortality



Chenglong Li, BSc,^{a,b,c} Yidan Zhu, PhD,^{a,b,c} Yanjun Ma, BSc,^{a,b,c} Rong Hua, BSc,^{a,b,c} Baoliang Zhong, MD, PhD,^d
Wuxiang Xie, PhD^{a,b,c}



Et finalement la démence ...

Association of Cumulative Blood Pressure With Cognitive Decline, Dementia, and Mortality



 La PA cumulative est associée à la démence 



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