

MAIN CHARACTERISTICS OF HYPERTENSIVE PATIENTS SEEN IN ACADEMIC HOSPITALS FROM BELGIUM: PRELIMINARY ANALYSIS.

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Background & Aim

Several recent surveys have evaluated the characteristics of hypertensive patients in primary care in Belgium (Fagard et al. *J Hum Hypertens* 2003; 17:681-7, Van der Niepen et al. *J Hypertens* 2008 26:2057-63). However, to our knowledge, none was devoted to patients seen in third referral centers. This work was designed to look for the severity, blood pressure (BP) control, associated cardiovascular risk factors, complications and medications used in hypertensive patients seen in Academic Centers from Belgium.

Methods

Five hundred consecutive hypertensive patients without evidence of secondary hypertension were recruited in five Academic Hospitals from 02/2005 to 01/2007. Data were collected through survey questionnaires, anonymized and stored in FileMaker Pro®.

Results

Mean age of patients was 47±13 years at diagnosis and 58±13 years at inclusion. Eighty eight % were under treatment. Mean systolic and diastolic BP were 171.1±27.6 mmHg/104.7±22.7 mmHg at diagnosis and 148.8±24.4/87.6±15.3 mmHg at inclusion, respectively. Seventy three % were overweight, 53% hypercholesterolemic, 13% diabetics and 10% smokers. Thirteen % had cardiovascular complications and 23% a family history of cardiovascular disease.

Patients taking 1, 2, 3, 4 or more antihypertensive drugs represented 28%, 24%, 20% and 18% respectively. The most frequently used drugs were diuretics (46%) and β-blockers (45%). Subjects with controlled BP at inclusion represented 31% of treated patients and truly refractory hypertension was found in 46%. Mean systolic BP tended to increase with the number of antihypertensive drugs used.

Conclusions

Hypertensive patients seen in Academic Centers had mostly grade 2-3 hypertension. High BP was frequently associated with other risk factors and was refractory in almost 50% of patients. Diuretics and β-blockers remained the most frequently used drugs. Future perspectives include in depth study of the associations used, target organ damage (left ventricular hypertrophy, proteinuria) and hypertension subtypes (low renin hypertension and primary aldosteronism).