

CONTROL OF HYPERTENSION IN A KIDNEY TRANSPLANTED POPULATION: THE EPARA STUDY

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Purpose

Blood pressure (BP) must be accurately measured for improving the definition of hypertension (HTA) especially in some populations such as in kidney transplantation (KT). The aim of the current study was to evaluate the quality of the BP control in such population followed at the CHU Liège.

Methods

BP was measured several times in clinical office, but also during 24 hour ambulatory BP monitoring (ABPM, Spacelabs 90207) and by home BP monitoring (HBPM, OMRON M6 for 7 days according to recommendations) in 61 KT patients (mean age 56y, 34 men, 7y of T, 54 treated by antiHTA drugs).

Results

Office BP was, on average, 134/84 mmHg for males and 139/82 mmHg for females, but 54% remained HT (BP > or = 140/90 mmHg). This situation was even worse when taking into account either day ABPM (70.7% had a daytime BP > 135/85mmHg) or HBPM (62% were > 135 and/or 85mmHg). This could suggest an important proportion of masked hypertension. Moreover, only 22 and 39 % showed the normal night BP dipping for SBP and DBP, respectively. This low proportion of dippers was especially noted in patients receiving corticosteroids (CS) and/or cyclosporin (compared to no CS use or tacrolimus treatment)

Conclusion

The prevalence of hypertension in this specific KT population remains high in spite of different antiHTA drugs use and the well known deleterious effect of HTA on kidney function and cardiovascular risk. Home BP (and/or ABPM) should thus be recommended to identify this situation and secondary to adapt the treatment.