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**INTRODUCTION AND AIMS:**

Blood pressure (BP) is a cardiovascular but also kidney disease risk factor, especially in high risk populations such as kidney transplanted one (KT). Therefore it must be accurately measured. The aim of the current study was to evaluate the quality of BP control in such a 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 78 KT patients (mean age 56y, 46 men, 8y of T, 70 treated by antihypertensive drugs, mean number of antihypertensive drugs per patient: 2). Furthermore, central BP in office (CBP) was calculated by means of pulse wave analysis (Sphygmocor).

**RESULTS:**

Office BP was, on average, 134/85 mm Hg for males and 138/81 mm Hg for females, but 49% remained HT (BP > or =140/90 mm Hg). The situation was even worse when taking into account either ABPM (73% had a mean 24hrs BP >=130/80 mm Hg) or HBPM (62% were >=135 and/or 85 mmg Hg). Pathological systolic and diastolic dipping during the night, i.e. reverse dipping, was noted in 25% and 13% of the population, respectively and especially found in older age and/or higher daily dose of steroids. The proportion of masked HT, defined by a comparison between office BP and HBP, was 24%, and that of sustained hypertensive patients 38%. Only 28% remained truly normotensive or well controlled. The mean for CBP was 122/80mm Hg. The systolic CBP was positively correlated to age and inversely to creatinine clearance (Cockcroft).

**CONCLUSIONS:**

The prevalence of hypertension in this specific KT population remains high in spite of different antihypertensive drugs. Home BP (and/or ABPM) should thus be recommended to identify this situation and secondary to be able to more accurately adapt antihypertensive treatment.

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