



ESC / ESH 2018 guidance on the diagnosis and treatment of hypertension

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Abstract:

At the start of a document fairly recent ESC / ESH 2018 guidance on the diagnosis and treatment of hypertension, developments and changes to be included in the guide 2013 with which we were working and practicing in our daily practice, but having many technical concepts and professionals, will give important aspects for the general public, our patients. Starting with the definition of hypertension, which says; Systolic blood pressure (SBP) ≥ 140 mmHg or diastolic blood pressure (DBP) ≥ 90 mmHg, make the diagnosis, unlike the changes presented in the American guide, who already considers HTA people with values $> 130/80$ mmHg, which has generated an intense debate among specialists involved in treating hypertension. They will continue to use the same values for young people, middle-aged or older, while for children and adolescents change, using a specific nomenclature for them. The thresholds used to define the optimal pressure, normal pressure and normal-high pressure and varying degrees of pressure, not change. Among the most relevant and novel aspects, will detail the "Lifestyle", in which:

- recommend reducing salt intake to <5 g / day (class I).
- It is recommended to reduce the intake of alcohol (Class IA):
 - o Less than 14 units per week for men (1 unit = 125 ml of wine or 250 ml of beer) or less than 8 units a week for women
 - consumption is not recommended for the total units in the weekend (Class III C)
 - weight control is indicated to avoid obesity (BMI > 30 or PC > 102 cm for men and > 88 cm for women). The goal is to achieve a healthy weight (BMI 20-25, PC <94 cm for men and <80 cm for women)
 - It is recommended that regular aerobic exercise at least 30 minutes of moderate the dynamic exercise 57 days per week

Note; BMI = body mass index or PC = waist circumference.

Hypertension is associated with an increased risk of cardiovascular complications stroke, myocardial infarction, sudden death, heart failure and peripheral arterial disease, and kidney disease

Its prevalence is high around a 30 - 45% of the general population is hypertensive, with a marked increase in more advanced ages. The prevalence in Spain is around 15-20% in the population > 15 years of 30-36% in the population > 45 years and 45-48% in > 65 years. 65% of hypertensive patients is known that, of these, 85%



are being treated and only 25% managed to control blood pressure. High-risk patients, diabetics and renal patients are the worst achieve blood pressure control. All this makes the HTA is the most important risk factor contributing to overall mortality and disability. And it is becoming more common by the aging population and obesity epidemic.

Biography:

Dr. López is a leading specialist in Cardiology with extensive experience in the treatment of arrhythmias, hypertension and sports Cardiology. He graduated in Medicine and Surgery and made a specialization in Cardiology. Later he made several masters in the subjects of Cardiology and diagnostic imaging. He is currently a specialist in the Benidorm Clinic Hospital, although he has previously developed his medical work in various national and international hospitals, having been Chief of the emergency department of the Perpetuo Socorr Hospital and attached Physician at the Marina Baixa Hospital.

Recent Publications:

- Correction to: Biomarkers in breast cancer: A consensus statement by the Spanish Society of Medical Oncology and the Spanish Society of Pathology
- Consenso de la Sociedad Española de Anatomía Patológica y la Sociedad Española de Oncología Médica sobre biomarcadores en cáncer de mama.
- Biomarkers in breast cancer: A consensus statement by the Spanish Society of Medical Oncology and the Spanish Society of Pathology

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