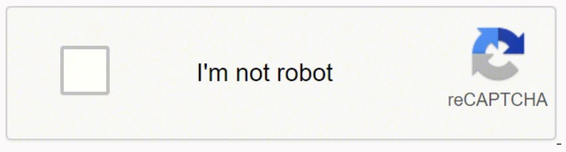

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Esc/ esh arterial hypertension(management of guidelines

Table 13 Risk assessment in pulmonary arterial hypertension

Determinants of prognosis* (estimated 1-year mortality)	Low risk <5%	Intermediate risk 5–10%	High risk >10%
Clinical signs of right heart failure	Absent	Absent	Present
Progression of symptoms	No	Slow	Rapid
Syncope	No	Occasional syncope*	Repeated syncope*
WHO functional class	I, II	III	IV
6MWD	>440 m	165–440 m	<165 m
Cardiopulmonary exercise testing	Peak VO_2 >15 ml/min/kg (>65% pred.) VE/VCO_2 slope <36	Peak VO_2 11–15 ml/min/kg (35–65% pred.) VE/VCO_2 slope 36–44.9	Peak VO_2 <11 ml/min/kg (<35% pred.) VE/VCO_2 ≥45
NT-proBNP plasma levels	BNP <50 ng/l NT-proBNP <300 ng/ml	BNP 50–300 ng/l NT-proBNP 300–1400 ng/l	BNP >300 ng/l NT-proBNP >1400 ng/l
Imaging (echocardiography, CMR imaging)	RA area <18 cm² No pericardial effusion	RA area 18–26 cm² No or minimal, pericardial effusion	RA area >26 cm² Pericardial effusion
Haemodynamics	RAP <8 mmHg CI ≥2.5 l/min/m² SvO_2 >65%	RAP 8–14 mmHg CI 2.0–2.4 l/min/m² SvO_2 60–65%	RAP >14 mmHg CI <2.0 l/min/m² SvO_2 <60%

KATEGORIJA	SISTOLIČKI AT (mmHg)		DIJASTOLIČKI AT (mmHg)
Optimalan	< 120	i	< 80
Normalan	120 – 129	i / ili	80 – 84
Visoko normalan	130 – 139	i / ili	85 – 89
Hipertenzija – stupanj 1	140 – 159	i / ili	90 – 99
Hipertenzija – stupanj 2	160 – 179	i / ili	100 – 109
Hipertenzija – stupanj 3	≥ 180	i / ili	≥ 110
Izolirana sistolička hipertenzija	≥ 140	i	< 90

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The disclosure forms of all experts involved in the development of these Guidelines are available on the ESC website www.escardio.org/guidelines

Keywords Guidelines • Hypertension • Blood pressure • Blood pressure measurement • Blood pressure treatment thresholds and targets • Hypertension-mediated organ damage • Lifestyle interventions • Drug therapy • Combination therapy • Device therapy • Secondary hypertension

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ESC European Society of Cardiology European Heart Journal (2018) 39, 3021–3104 doi:10.1093/eurheartj/ehy339 ESC/ESH GUIDELINES

2018 ESC/ESH Guidelines for the management of arterial hypertension

The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH)

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European Society of Hypertension — 2013 ESH/ESC Guidelines for the management of arterial hypertension

Hypertension treatment for people with diabetes

Recommendations	Additonal considerations
Mandatory: initiate drug treatment in patients with SBP ≥160 mmHg	• Strongly recommended: start drug treatment when SBP ≥140 mmHg
SBP goals for patients with diabetes: <140 mmHg	
DBP goals for patients with diabetes: <85 mmHg	
All hypertension treatment agents are recommended and may be used in patients with diabetes	• RAS blockers may be preferred • *Especially in presence of preoteinuria or microalbuminuria*
Choice of hypertension treatment must take comorbidities into account	
Coadministration of RAS blockers *not recommended*	• *Avoid in patients with diabetes*

SBP, systolic blood pressure; DBP, diastolic blood pressure; RAS, renin-angiotensin system.

2013 esh/esc guidelines for the management of arterial hypertension. Esc esh guidelines for the management of arterial hypertension european heart journal. 2018 esc/esh clinical practice guidelines for the management of arterial hypertension. 2018 esc/esh guidelines for the management of arterial hypertension pubmed. 2021 esc/esh guidelines for the management of arterial hypertension. 2018 esc/esh guidelines for the management of arterial hypertension pdf. Esc/esh guidelines for the management of arterial hypertension 2020. Esc/esh arterial hypertension (management of) guidelines.

Prospective studies collaboration272 have concluded that mortality was lower in a body mass (BMI) of approximately 22.5 ¢ â € ¢ âference '25 kg/m2, while a more recent metanyse concluded that it concluded that Mortality was smaller in overweight individuals. older; older in older patients) and waist circumstance (women) smoke (current or passed history) a total and HDL-c-ãci-ãrico cholesterola Diabetesa ¢ MBio or obesity of the History Obesity of Family of CV (Men AGED AGED 10 m/s ° LVH (Sokolowã ¢ â Â œ ¢ â â € Índice Lyon> 35 mm, or r in AVL ¥ 11 mm; Product of cornell's duration of the tension> 2440 mmm.ms, or cornell tension> 28 mm in men or> 20 mm in women) Echocardiographic [LV mass of mass: Men> 50 g/m2.7; Women> 47 g/m2.7 (height in m2.7); The indexion for BSA can be used in patients with normal weight; Lv mass/bs g/m2> 115 (men) and> 95 95 (30 - 300 mg/24 h), or high albumin - creatinine proportion (30 Ådy 300 mg/g; 3.4 - 34 mg/mmol) (preferably in the morning point urine £) Bã ¢ CKD Moderate with EGFR> 30 - 30 Â € œ59 ml/min/1.73 m2 (BSA) or severe EGFR DCD 80% of patients.349.350 This rate of PA control is much higher than the current PA control rate in Europe in treated hypertensive patients. There are no evidence of epidemiological studies that the very low ingesting of health can cause damage.257 Although some tests and metanyides suggest that the reduction of high to moderate salt intake © Followed by a lower risk of curriculum events, 254.255.258 At the time, without prospectives, the ECR has provided definitive evidence on the ideal ingestion of healthy events to minimize events and CV mortality. These combination also limiting possible adverse effects of diurial or CCB monotherapy, reducing the risk Hypocalemia due to diurian and reduction of the prevailing edema peripheral due to CCBs. These combination also ensure that the ras be inhibited as part of treatment strategy, which is an important consideration for many patient groups (eg diabetes, LVH, protein). Other combination, such as CCB + diurials, also ECR evidence that supports their years use.233.329 These are much less dispinable as SPCs and not include the RAS blockade, which may be desired In many groups of patients. BLOCKERS OF BLOCKERS IN COMBINATION SHOULD BE USED PREFERREDLY WHEN HAVED INDICATION FOR USE (for example. In patients with symptom Angina, for patients who need control From cardan frequency, poses infarction, chronic HFREF and alternative to ACE inhibitors or arbs in younger hypertensive women who plan pregnancy or potential for children). One study showed that it reaches a better control of BP over 4 years has reduced the progress of the cerebral white substance injuries and the decrease in global cognitive performance.535 urgently necessary to better define the potential impact of BP's reduction in cognitive decline prevention or delay in dementia when cognitive dysfunction is already present. ;:: ¢ â € .587 ,,,,,,,,, Judgment. Intravenous hydralazine is not more the drug of choice, as it is associated with more perinatal adverse effects than other medications.451 However, hydralazine is still used when other treatment regimes are not able to obtain adequate control from PA. EUR HERAR J CARDIOVASC Imaging ;: ¢ â € .321 ,,,,, Long -term mortality in hypertensive patients with coronary arterial disease: results of the US cohort of the international Verapamil (SR)/TRADOLAPRIL . We recommend the ingestion of healthy Limit to approximately 2.0 g per day (equivalent to approximately 5.0 g of salt per day) in the general population and try to achieve this goal in all hypertensive patients. ; :. 157 ,,,,,,,, A new equation to estimate the rate of glomerular filtering. ;: ¢ â â €. 232 ,, arterial pressure targets in individuals with diabetes mellitus/impaired fasting glucose: observations of the traditional and bayesian random effects of randomized tests. Can arterial pressure be reduced with safety in older adults with lacunar stroke? A recent examination of prospective data from the detection project of the association association of Chicago found that young with isolated hypertensive hypertensive care was risk of high -pressure -like CV -like CV £ £ Normal arterial and that isolated systemic hypertensive care was closely associated with smoking. 429 Based on current evidence, these young people should receive recommendations on lifestyle modification (particularly smoking termination); If they should receive drug treatment, it is not clear, but they require long -term follow -up, as many development sustained.430 8.8 Hypertensive patients in elderly patients (age ¥ 65 years) The prevalence of hypertensive It increases with age, with a prevalence of "60% over 60 years and" 75% over 75 years. ;:: ¢ â €. The risk of intraoperative hypotension.586.590 The discontinuation of the prize of these medicines was also supported by a recent international prospective cohort study in a heterogeneous group of patients, in which ECA inhibitors retained or ARBS 24 h prior to cardan surgery were associated with a significant reduction in the events and mortality of the 30 - day curriculum after the intervention.591 MOVENA PERIORIAL OF HYPERTENSAN Managing the concomitant risk of cardiovascular disease 9.1 Statins and medicines for lowering lipids patients with hypertenses, and more those with type 2 diabetes or metabanic sandrome, usually tann atherognic dyslipidaemia characterized by elevated triglycerides and ldl cholesterol (LDL-C) , and low hdl cholesterol (HDL-C) .595 The Benefit of Adding a Statin to Antihypertensive Treatment Was Well Sight-Lipid Lowering Arm Study596 and Further Studies, the Situated In Guidelines Eu Anterior Ropies.16.35 The Benamer Effect of the Administration of Statins for Pati No CV previous events [directing an LDL-C value of 32 cm) and thinner Brazilians, respectively. The cuff must be positioned in the level of the heart, with the back and the argue supported to avoid muscle contraction and the increases of dependents of isoming exercise exercises in the BP. When using all auscultation, use phase I and V (sudden reduction/disappearance) Korotkoff sounds to identify SBP and DBP, respectively. I am to BP in both Brazilians in the first To detect possible differences between the Brazilian. A beta blocker in combination with a diurial or any medicine of the other main classes is an alternative when there is an specific indication for a beta blocker, for example angina, puy-mocked infarction, infarction , cardan insufficiency or control of cardan frequency. Use monotherapy for low-risk patients with hypertensive patients in stagnation 1 whose pas © 140/90 mmHg. Obtaining recommended PA targets in the CKD usually requires combined therapy, which should be initiated as a combination of a RAS blocker with a CCB or in these patients. 7.6.1 Stimulation of carotan baroreceptors The stimulation with carotan baroreceptors (pacemaker and stent) or baroreflex amplification therapy - externally through a implanting pulse generator or internally through of an implantable device designed to increase the tensioning in the prosecutor "can be bound by bp in patients with hypertensive resistant. In the 24-hour arterial pressure. Renal disinner based on catheter in patients with controlled hypertensive patients in the absence of antihypertensive drugs (Spyral HTN-OFF Med): A randomized, concept-controlled study of concept. Varians Studies and Methanis262 265 have shown that the Mediterranean diet is associated with a reduction in CV events and mortality by all causes. With regard to drug treatment, in a HYPERTENSAN, I.V. Treatment with a medicine with a short half-life is ideal to allow careful ownership of BP response to treatment treatment A major major area with installations for containing hemodinhine monitoring. Rewarded Drug Treatments â € hys for Emergency Hypertensive Emergency £ O398.406 are shown in Table 31 and an expanded range of possible drug options398 © Showed in Table 32; The reduced effect of percuting renal dennervanity in arterial pressure in patients with isolated systemic hypertensive. For these reasons, the most recent guidelines have increasingly focused on the staggered service approach, starting treatment with different monotherapies and then adding other medicines that BP control is reached. Another consideration is that the implementation is expensive and requires a complex circan intervention. Masked hypertensive is more common in younger individuals and not older, and in those with a bp of the Liman Hypertensive range (ie 130 â Â „¢ 139/80 - 89 MMHG). There are also evidence to support PC segmentation to 130 mmHg for most patients, tolerated. ; Thus, these are considered research tools, without current indications for clinic use of routine. Recent data suggest that treatment adhesion can also be improved with the use of telemetry to transmit residential values, maintaining contact between patients and mothers, and studies are ongoing.627 £ o of an appropriate therapeutic regime is crucial.389 This can be reached through: (i) possible adverse events related to medicines, (ii) using prolonged action drugs that require dosage Once a day, 628,629 (iii) avoiding complex dosage schedules (IV) using SPCs whenever possible and (v) taking into account the effect of treatment on a patient's orion. Strict essays on adhesion intervention. ;:: ¢ â â € .52 ,,, :: ¢ â € .609 ,,,,,,,,,,,,,,,. Long -term weight loss and arterial pressure changes: results of hypertensive, phase II hypertensive preview tests. However, this extrapolation requires some caution, as there are differences between the American population and the European black population, especially with regard to socioeconamic status , Risk of CV, 465.466 and response to antihypertensive drug treatment.467 Hmod related to BP, as well as CV and the most common and serious renal complications in black patients compared to similar white patients similar aged at any non -pa.464 black hypertensive patients exhibit a similar proportional reduction of CV and renal events in response to treatment that reduces BP as white patients, with a little different treatment modalities. The increased increase often occurs during the first months after the age of anti -cycle therapy, the temporal association that provides evidence for the pathophysiological role of the anti -centen medicine. ; Evidence can be summarized as follows: A large ECR in patients with type 2 diabetes showed that a PAS has attained

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