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(1) On behalf of the Mexican Registry of Cardiovascular Data (REMECAR) Investigators;

## BACKGROUND

The New ACC and American Heart Association (AHA) guidelines High blood pressure recommend 130/80 mm Hg rather than 140/90 as a target of treatment. A considerable number of patients fail to reach target blood pressure ranges despite lifestyle advice and standard medical therapy

## OBJECTIVES

Describe the impact of new blood pressure goals (130/80 mm Hg rather than 140/90) on the prevalence of patients out of therapeutic goals

## METHODS

Prospective, multicentre, observational registry conducted in a Mexican population of cardiovascular patients. Hypertensive patients were classified according the number of drugs for hypertension treatment. The values for blood pressure were documented during the visit and divided in control or uncontrolled

## RESULTS

Preliminary data of the first 2442 patients included in this national registry are presented. The proportion of patients according the number of antihypertensive drugs:

- 283(11.6%) none pharmaceutical treatment,
- 917(37.6%) 1 antihypertensive drugs
- 859(35.2%) 2 antihypertensive drugs
- 383(15.7%) more than 2 drugs.

On regard the systolic values the increase of uncontrolled patients were greater on patients with 2 antihypertensive drugs were it was an increase of 20.4% while in diastolic values there was an increase greater than 30% in all groups (Figure1).

Regarding the number of antihypertensive drugs, the proportion of patient that reclassified to uncontrolled hypertension depending on systolic values were greater on dual antihypertensive treatment (increase of 20.4%), whereas depending on diastolic values the impact was greater on the patients without pharmaceutical medication (increase of 39.2%)

**Table 1.** Baseline characteristics

	Non- antihypertensive drugs N=283	1 antihypertensive drug N=917	2 antihypertensive drugs N=859	>2 antihypertensive drugs N=383
Age (years), mean ± SD	69.8 ± 13.9	62.4 ± 12.8	65.8 ± 12.1	66.9 ± 12.7
Male gender, (%)	52.4%	48.7%	45.6%	36.2%
BMI (kg/m <sup>2</sup> ), mean ± SD	30.5 ± 17.7	29.9 ± 8.6	29.9 ± 7.9	29.8 ± 5.0
Current smoking, (%)	8.7%	7.1%	5.4%	3.3%
Diabetes,(%)	27%	34.3%	37.5%	42.1%
Hyperlipidemia, (%)	57.9%	71.6%	79.2%	84.2%
Peripheral artery disease, (%)	1.7%	2.9%	4.6%	3.5%
Chronic kidney disease <60 ml/min/1.73m <sup>2</sup> ,(%)	11.8%	18.7%	26.9%	29.3%
LV ejection fraction,mean ± SD	60.7 ± 9.5	57.5± 11.3	57.1 ± 10.7	58.7 ± 9.5
Prior Myocardial Infraction, (%)	4.9%	13.4%	15.1%	14.4%
Prior PCI, (%)	4.2%	10.9%	12.7%	16.3%
Glucose (g/dl), mean ± SD	114.2 ± 47.6	114.1 ± 47.9	113.5 ± 41.7	118.9 ± 46.2
Creatinine (mg/dl), mean ± SD	0.9 ± 0.5	1.3 ± 1.3	1.1 ± 1.7	1.23 ± 1.6

## CONCLUSIONS

The impact of new definition for uncontrolled hypertension were greater in diastolic where one third of the patients change to uncontrolled hypertension. with the new classification patients will be treated earlier and it might lead to a better control with less intensive treatment

**Figure 1.** Percentage of patients out of therapeutic goals according 2013 and 2017 guidelines

