CAMFiC AL DIA
L'actualització en AP

CAMFiC
societat catalana de medicina familiar i comunitària

PREDICCIÓ DE MORTALITAT: PA clínica vs MAPA 24 h

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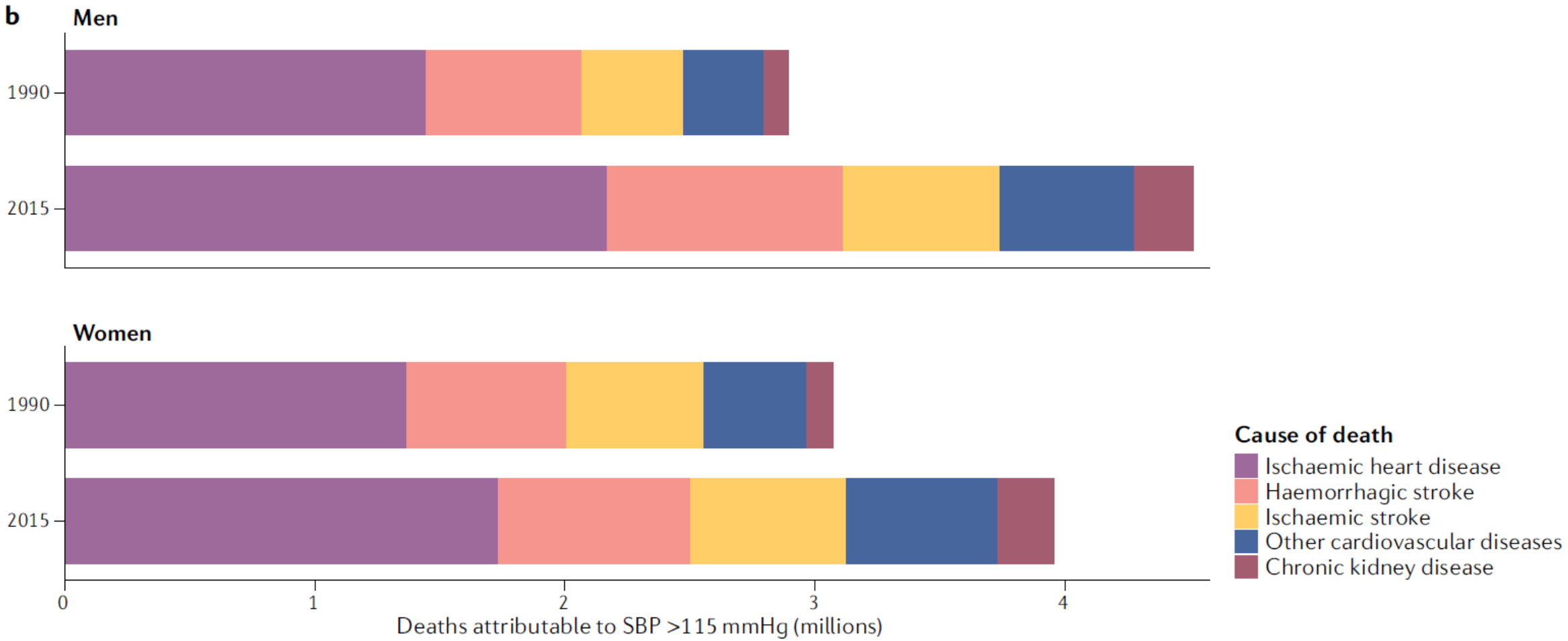
Global epidemiology (Deaths attributable to office SBP)



Nat Rev Cardiol 2021; 18:785–802.

Quina PA prediu millor la **mortalitat**?

- La PA de la consulta (clínica)
- La PA de fora de la consulta (ambulatòria)
- Les dues per igual

Relationship between clinic and ambulatory blood pressure and mortality: an observational cohort study in 59 124 patients

Natalie Staplin, Alejandro de la Sierra*, Luis M Ruilope, Jonathan R Emberson, Ernest Vinyoles, Manuel Gorostidi, Gema Ruiz-Hurtado, Julián Segura, Colin Baigent, Bryan Williams*

L'objectiu va ser examinar les associacions de la PA clínica i ambulatòria de 24 h amb la mortalitat CV i per totes les causes en una gran cohort de pacients atesos a AP.

Lancet. 2023 Jun 17;401:2041-2050

Vinculació INE amb CARDIORISC

59 124 pacients (visita basal)
223 Centres d'Atenció Primària
17 CCAA

58,7 (14,1) anys, 53% homes
PA clínica 148,0 (18,8) / 86,5 (11,5) mmHg
PA 24 h 128·8 (13·7) / 76,2 (10,1) mmHg

9,7 anys →

7 134 morts (2 361 per causa CV)

Lancet. 2023 Jun 17;401:2041-2050

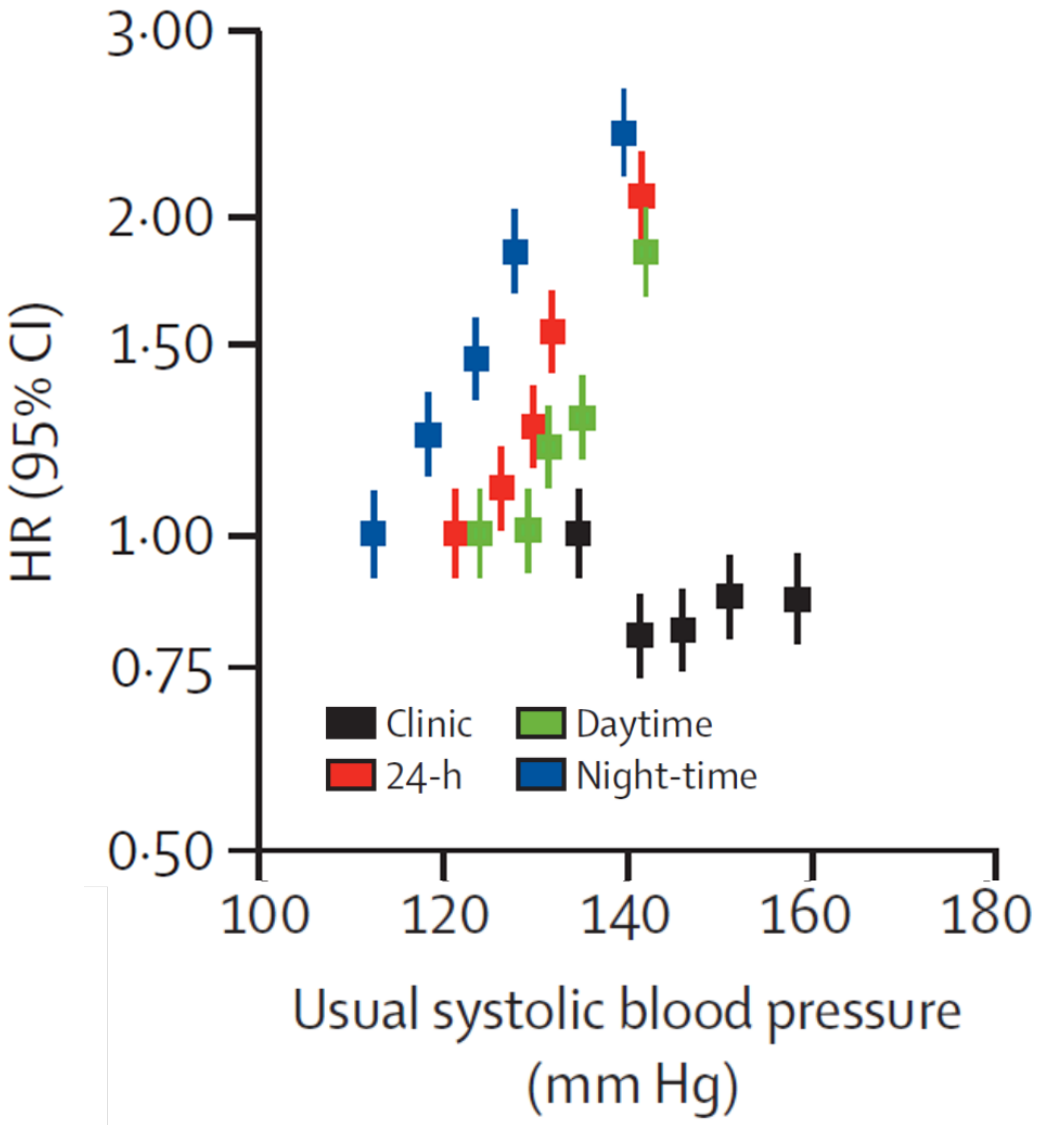
Association of clinic and ambulatory systolic BP with cardiovascular death

	Confounder adjusted		Additionally adjusted for clinic or 24-h blood pressure	
	HR (95% CI)	p value	HR (95% CI)	p value
Clinic systolic	1·22 (1·13–1·31)	<0·0001	1·04 (0·96–1·12)	0·37
24-h systolic	1·48 (1·38–1·58)	<0·0001	1·51 (1·41–1·62)	<0·0001
Daytime systolic	1·46 (1·36–1·56)	<0·0001	1·48 (1·37–1·59)	<0·0001
Night-time systolic	1·50 (1·41–1·59)	<0·0001	1·51 (1·42–1·61)	<0·0001

Lancet. 2023 Jun 17;401:2041-2050

Confounder-adjusted model is adjusted for age, sex, smoking status, BMI, diabetes status, dyslipidaemia status, previous cardiovascular disease, and number of antihypertensive drugs. In the model with additional adjustment for clinic or 24-h systolic blood pressure, clinic blood pressure is adjusted for 24-h blood pressure and ambulatory blood pressure indices are adjusted for clinic blood pressure

Association of clinic and ambulatory BP with CV death



Adjusted for age, sex, smoking, BMI, DM, dyslipidaemia, previous CV disease, and number of antihypertensive drugs. Additional adjustment for clinic or 24-h BP, clinic BP is adjusted for 24-h BP and ambulatory BP measures are adjusted for clinic BP.

Lancet. 2023 Jun 17;401:2041-2050

Quina PA prediu millor la **mortalitat**?

La PA de la consulta (**clínica**)

La PA de fora de la consulta (**ambulatòria**)

Les dues per igual

La PA ambulatòria, especialment la PA nocturna, és millor predictora del risc de mort per totes les causes i de mort cardiovascular que la PA de la consulta.

I la morbiditat?

Lancet. 2023 Jun 17;401:2041-2050

Journal of Human Hypertension

www.nature.com/jhh

ARTICLE

Check for updates

Role of ambulatory blood pressure on prediction of cardiovascular disease. A cohort study

Ernest Vinyoles[1,2,3]✉, Clara Puig[2,3], Albert Roso-Llorach[2], Núria Soldevila[1,3], Alejandro de la Sierra[4], Manuel Gorostidi[5], Julián Segura[6], Juan A. Divison-Garrote[7], Miguel-Ángel Muñoz[3] and Luís Miguel Ruilope[6]

Bienvenido al portal de CARDIORISC

SIDIAP

Sistema d'Informació per al Desenvolupament de la Investigació en Atenció Primària

CMBD-AH

Conjunt Mínim Bàsic de Dades d'Altes Hospitalàries.

PERIS SLT002/16/00061

J Hum Hypertens. 2023 Apr;37:279-285.

6,6 [IC 95% 4,9-8,4] anys

496 esdeveniments

Coronary heart disease	192 (38.7%)
Stroke	180 (36.3%)
Hospital Admission for Heart Failure	78 (15.7%)
Peripheral Artery Disease	25 (5.0%)
Cardiovascular mortality	21 (4.2%)

Global incident rate: 19.3 (95% CI 17.7–21.1) cases per 1 000 person-years.

J Hum Hypertens. 2023 Apr;37:279-285.

ABPM Registry

3 907 patients without cardiovascular disease

6.6 years

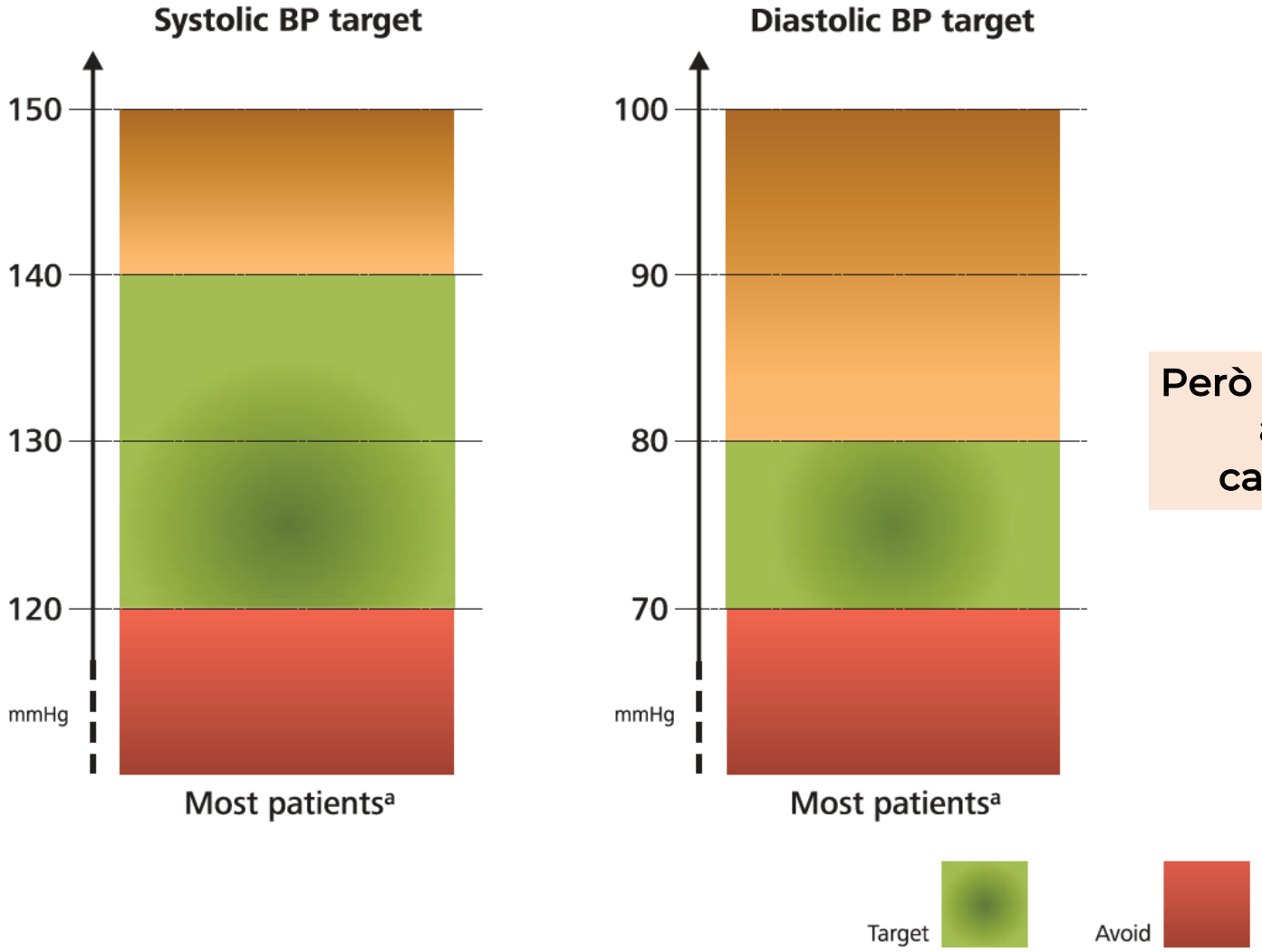
496 CV events or CV death

La PA de 24 h i la PA sistòlica nocturna són variables independents associades a morbimortalitat CV en pacients en prevenció primària.

	Hazard Ratio (95% CI)
24 hours-BP	
Systolic	1.494 (1.326–1.685)
Diastolic	0.767 (0.654–0.899)
Nighttime BP	
Systolic	1.270 (1.016–1.587)

Ambulatory BP maintains a statistically significant association, in the fully-adjusted model

J Hum Hypertens. 2023 Apr;37:279-285.



Però no ens hem de quedar només amb la PA de la consulta: cal avaluar la PA ambulatòria

FIGURE 10 Office BP targets in the general adult hypertensive population.
[a]The first objective of antihypertensive treatment should be to lower BP to <140/80 mmHg in most patients, because this accounts for the major portion of the protective effect of BP-lowering.
[a]If drug treatment is well tolerated, treated SBP values should be targeted to 130 mmHg or lower in most patients up to 79 years old.
[a]Despite the smaller incremental benefit, an effort should be made to reach a BP range of 120–129/70–79 mmHg in patients up to 79 years old, but only if treatment is well tolerated. Evidence on the advantages of this lower BP target range is not available or unequivocal in a number of clinically important subgroups of patients (e.g. patients with LVH, CKD, or ISH). These issues are discussed in the sections on special conditions (see Sections 17 to 20).
[a]In patients at least 80 years old who are not frail, the first objective of antihypertensive treatment is to lower BP below 150 mmHg. However, a SBP target range between 130-139 mmHg may be considered, if well tolerated.
[a]In very frail patients, treatment targets should be individualized.

2023 ESH Guidelines J Hypertens. 2023 Dec 1;41:1874-2071

ORIGINAL ARTICLE

Prognostic Relevance of Short-Term Blood Pressure Variability. The Spanish ABPM Registry

Alejandro de la Sierra, Bryan Williams, Michael Bursztyn, Gianfranco Parati, George Stergiou, Ernest Vinyoles, Julián Segura, Manuel Gorostidi, Luis M. Ruilope

To evaluate the association of short-term BP variability, with all-cause and cardiovascular mortality in a large cohort of patients with hypertension (n=59 124).

Hypertension. 2024 Mar 20. Epub ahead of print.

Tipus de variabilitat de la pressió arterial i la seva mesura

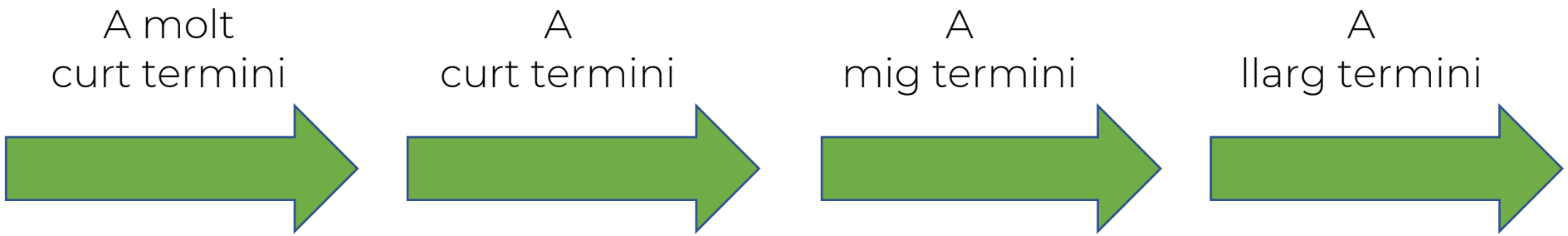


Table 4. Hazard Ratios for a Systolic Daytime SD≥13 mm Hg, a Systolic Nighttime SD≥12 mm Hg, a Systolic-Weighted SD≥12 mm Hg, and a Systolic ARV≥10 mm Hg, in Relation to Total and Cardiovascular Mortality

Systolic BPV parameter	Total mortality		Cardiovascular mortality	
	Model 1*	Model 2†	Model 1*	Model 2†
Daytime SD≥13 mm Hg	1.26 (1.19–1.33)	1.18 (1.11–1.24)	1.37 (1.24–1.51)	1.26 (1.14–1.39)
Nighttime SD≥12 mm Hg	1.13 (1.07–1.19)	1.08 (1.02–1.14)	1.23 (1.12–1.34)	1.15 (1.05–1.27)
WSD≥12 mm Hg	1.23 (1.16–1.30)	1.12 (1.06–1.19)	1.30 (1.18–1.44)	1.16 (1.04–1.28)
ARV≥10 mm Hg	1.25 (1.17–1.33)	1.14 (1.07–1.22)	1.35 (1.20–1.51)	1.21 (1.07–1.36)

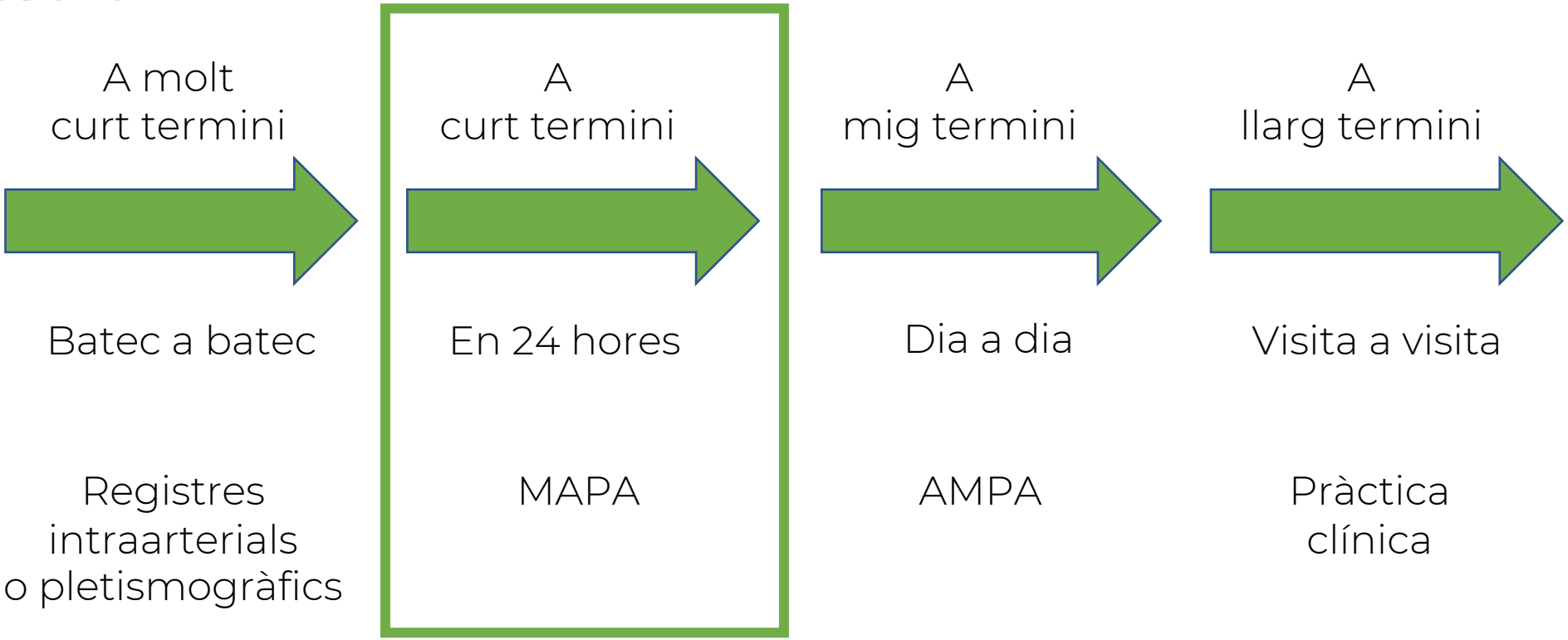
ARV indicates average real variability; BP, blood pressure; BPVR, BP variability ratio; SBP, systolic blood pressure; VIM, variation independent of the mean; and WSD, weighted SD.

*Model 1 was adjusted for age, sex, body mass index, smoking, diabetes, dyslipidemia, antihypertensive treatment, and previous cardiovascular disease.

†Model 2 was additionally adjusted as follows: daytime SD was adjusted for daytime SBP, nighttime SD was adjusted for nighttime SBP, WSD, and ARV were adjusted for 24-hour SBP.

Hypertension. 2024 Mar 20. Epub ahead of print.

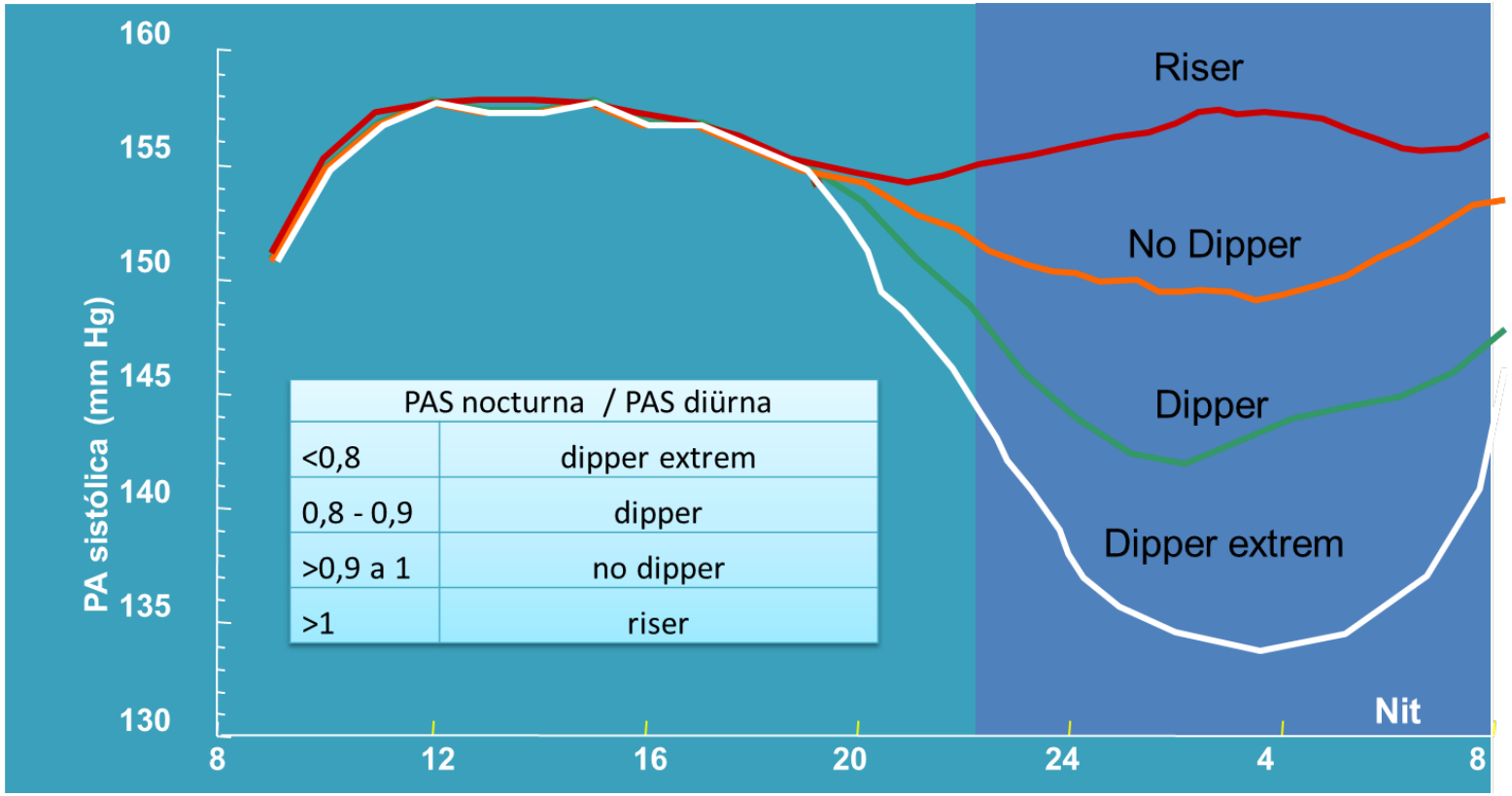
Tipus de variabilitat de la pressió arterial i la seva mesura



La variabilitat tensional s'associa a mortalitat

A blunted nocturnal blood pressure decline is associated with all-cause and cardiovascular mortality

Alejandro de la Sierra[a], Natalie Staplin[b], Luis M. Ruilope[c], Manuel Gorostidi[d], Ernest Vinyoles[e], Julián Segura[c], Colin Baigent[b], and Bryan Williams[f]



Mortalitat per totes les causes

1,41 (1,32-1,51)

1,13 (1,06-1,20)

Referència

0,9 (0,79-1,02)

Es manté l'associació amb mortalitat fins i tot en absència d'HTA nocturna

Adjusted for age, sex, BMI, smoking, DM, dyslipidemia, antihypertensive treatment, previous CV disease and 24 h-BP

J Hypertens. 2024 Mar 6. Epub ahead of print

Conclusions

- La PA ambulatòria prediu millor la morbimortalitat que la PA de consulta
- Especialment, la PA nocturna i el patró circadiari
- La variabilitat elevada de la PA també s'associa a mortalitat
- **La mesura de la PA ambulatòria (AMPA / MAPA) ha de deixar de ser excepcional per esdevenir habitual**

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