

台灣慢性腎臟病患者的高血壓治療指引

Taiwan hypertension guideline for chronic kidney disease patients

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Following the 2015 TSH/TSOC hypertension guidelines, there were several issues regarding the management of hypertension in patients with CKD. The Systolic Blood Pressure Intervention Trial (SPRINT) examined the effect of more intensive BP control in people aged 50 years or older with increased CV risk but without DM or stroke. Of the 9361 participants, 2646 (28.3%) had baseline eGFR between 20 and 60 ml/min per 1.73 m². Intensive BP treatment to systolic BP <120 mmHg led to a statistically significant 25% reduction in the composite CV outcome, compared with standard BP treatment to systolic BP <140 mmHg. Subgroup analysis revealed the benefit also existed in the CKD group (18% reduction in hazard ratio), though not statistically significant. In addition, for those with CKD, there was no significant difference between randomized groups in terms of the composite renal outcome of ESRD or a 50% decline in eGFR from baseline. However, in participants without CKD at baseline, the renal outcome of ≥30% decline in eGFR to a value less than 60 ml/min per 1.73 m² occurred more frequently in the intensive arm compared to the standard arm. Furthermore, acute kidney injury or failure, electrolyte abnormalities, hypotension, syncope, but not injurious falls, were more common in the intensive arm.

Supporting the benefits of intensive BP control included a meta-regression analyses of 123 studies with 613,815 participants. Relative risk reductions were found proportional to the magnitude of the BP reductions achieved, and SBP < 130 mmHg is beneficial in individuals with a history of CVD, CHD, stroke, diabetes, heart failure, and CKD.

Regarding chronic dialysis patients with hypertension, supporting evidence for antihypertensive pharmacotherapy is sparse. However, owing to an overdriven sympathetic nervous system in this population of patients, β-Blockers may be considered as the first-line choice.