KIỂM SOÁT HUYẾT ÁP BỆNH NHÂN HỘI CHỨNG MẠCH VÀNH MẠN

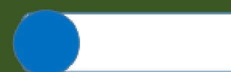
THS NGUYỄN ĐỨC KHÁNH
ĐẠI HỌC Y DƯỢC TP.HCM

This presentation is financial supported by BIVN

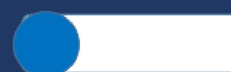
EM-VN-102390

NỘI DUNG

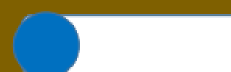
WHO



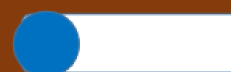
WHY



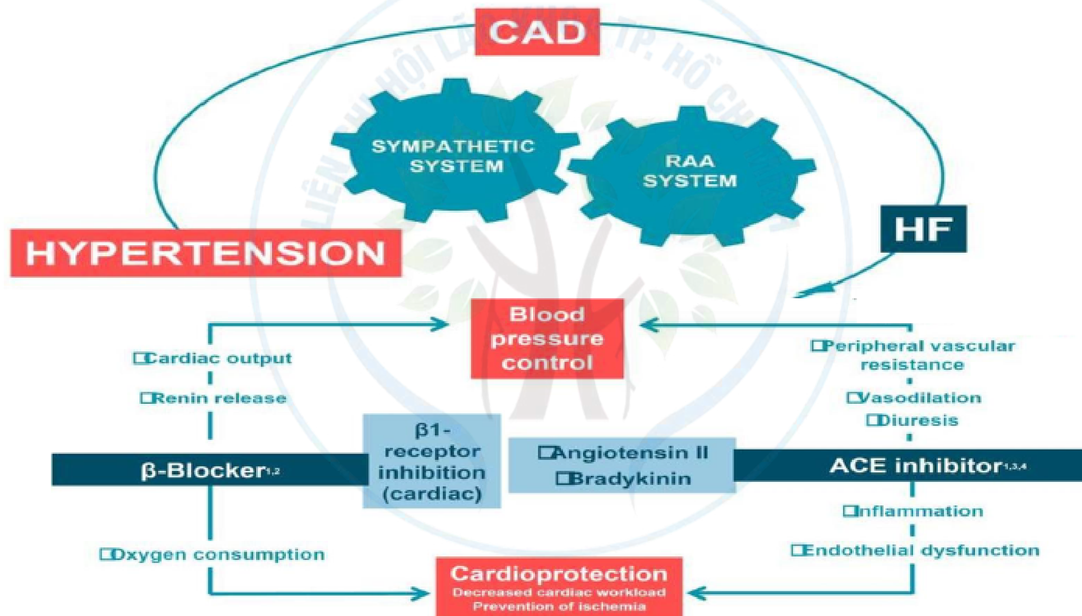
WHEN & WHAT



HOW

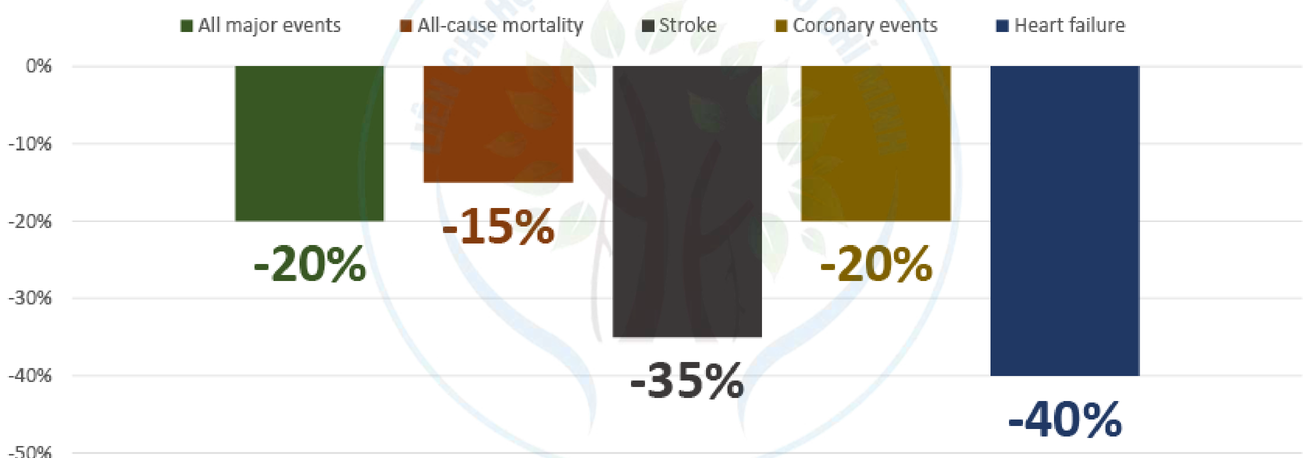


Sinh lý bệnh xơ vữa mạch của THA



1.Rosendorff C et al. Hypertension. 2015;65(6):1372-1407. 2.Dzau VJ et al. Circulation 2006;114:2850-2870.3.Abraham WT et al. Am J Cardiol 2008; 10295(A):21G-28G.4.De Champlain J et al. Can J Cardioal. 1999;15: 8A-14A

A 10 mmHg reduction in SBP or a 5 mmHg reduction in DBP is associated with significant reductions in ....

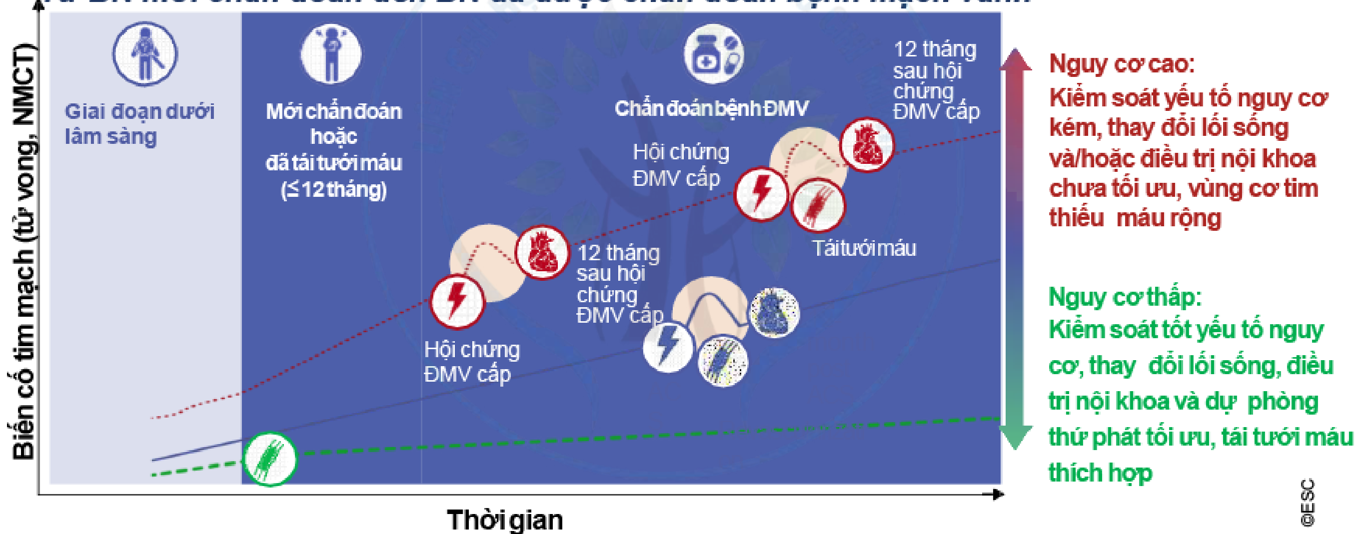


Ettehad D, Emdin CA, Kiran A, Anderson SG, Callender T, Emberson J, Chalmers J, Rodgers A, Rahimi K. Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis. Lancet 2016;387:957–967.

Diễn tiến tự nhiên của hội chứng vành mạn

Một quá trình diễn biến **động**

Từ BN mới chẩn đoán đến BN đã được chẩn đoán bệnh mạch vành



ESC Guidelines on the diagnosis and management of chronic coronary syndromes (European Heart Journal 2019; 10.1093/eurheartj/ehz425)

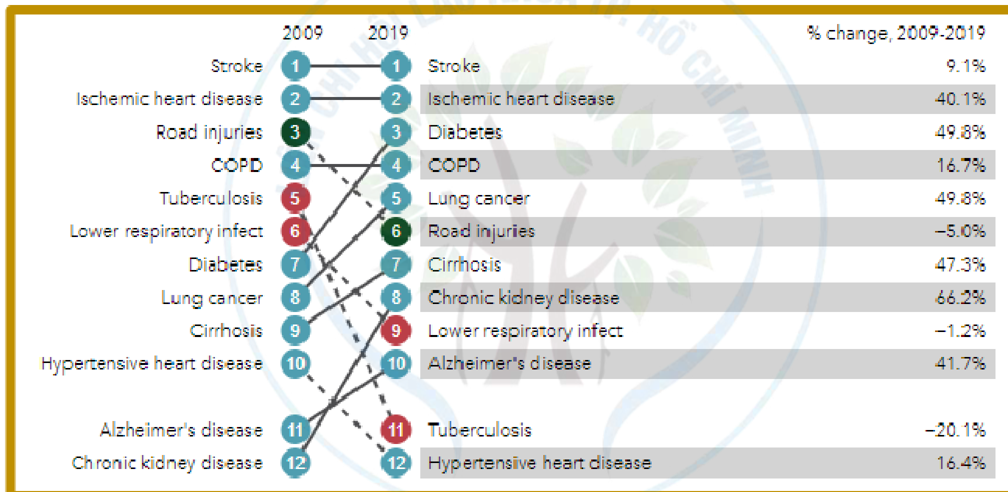
Western Pacific | Viet Nam

Home / Health topics / Cardiovascular diseases

Viet Nam CVD mortality and morbidity

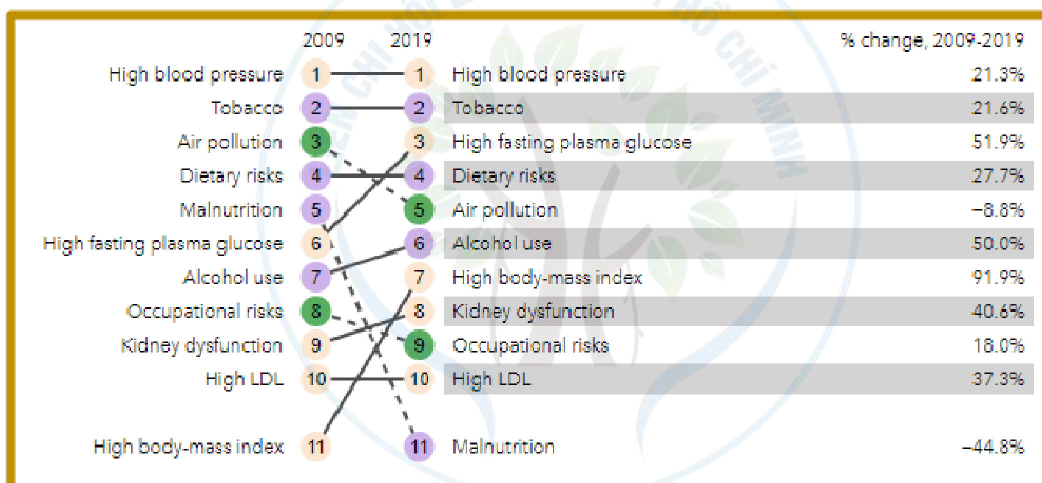
In Viet Nam, cardiovascular diseases were responsible for **31%** of all deaths in 2016. The prevalence of hypertension among adults 18-69 years is **18.9%,** according to Viet Nam STEPWise approach to Surveillance (STEPS) 2015; only **13.6%** of hypertensive patients were reported to be managed at a health facility.

What causes the most deaths?



https://doi.org/10.1016/S0140-6736(20)30925-9

What risk factors drive the most death and disability combined?



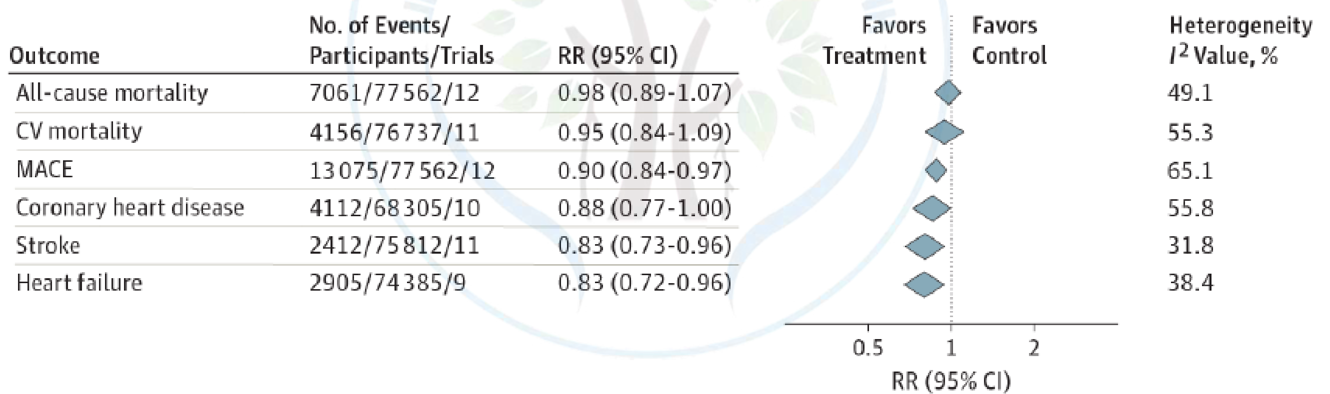
https://doi.org/10.1016/S0140-6736(20)30752-2

JAMA Network™

From: **Association of Blood Pressure Lowering With Mortality and Cardiovascular Disease Across Blood Pressure Levels: A Systematic Review and Meta-analysis**

JAMA Intern Med. 2018;178(1):28-36. doi:10.1001/jamainternmed.2017.6015

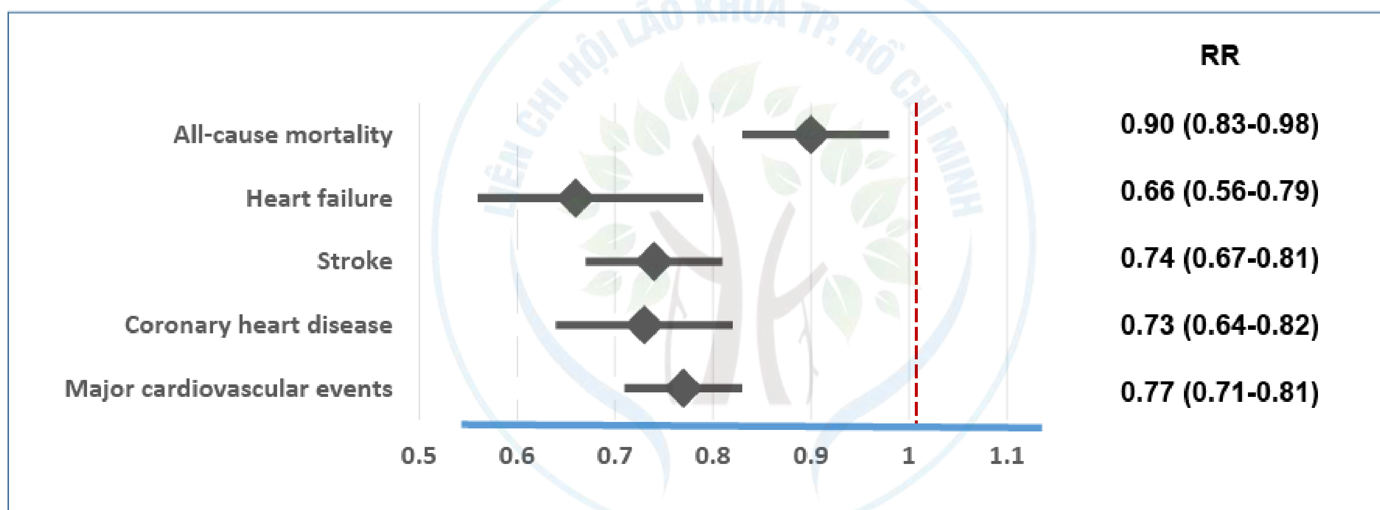
Effect of Treatment to Lower Blood Pressure in Coronary Heart Disease Trials



Outcome	No. of Events/ Participants/Trials	RR (95% CI)	Heterogeneity I^2 Value, %
All-cause mortality	7061/77562/12	0.98 (0.89-1.07)	49.1
CV mortality	4156/76737/11	0.95 (0.84-1.09)	55.3
MACE	13075/77562/12	0.90 (0.84-0.97)	65.1
Coronary heart disease	4112/68305/10	0.88 (0.77-1.00)	55.8
Stroke	2412/75812/11	0.83 (0.73-0.96)	31.8
Heart failure	2905/74385/9	0.83 (0.72-0.96)	38.4

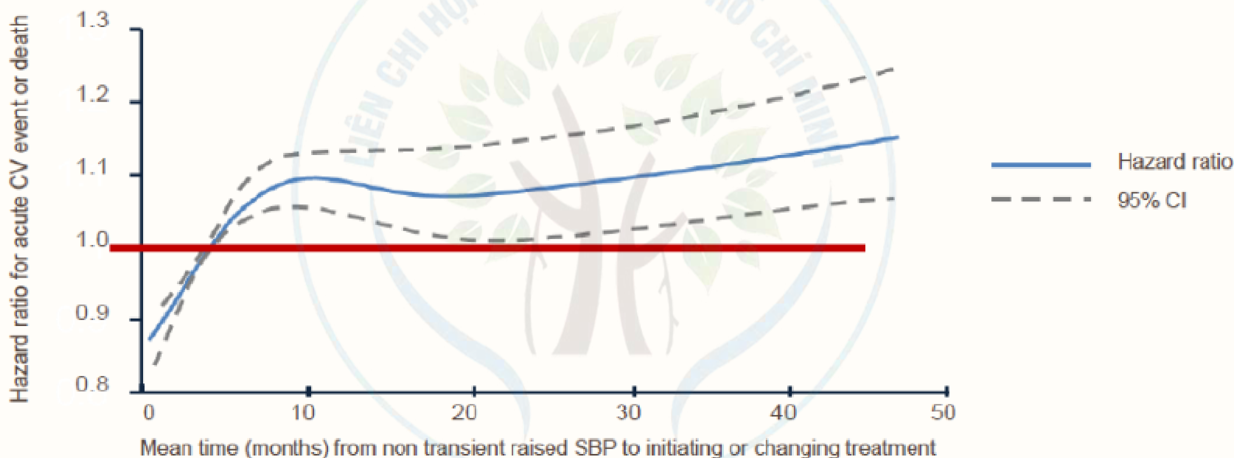
CVindicatescardiovascular; MACE,major cardiovascular events; and RR,relative risk. The following trials were included in the analysis: Poole-Wilson et al,[19] Nissen et al,[20] Fox and the EUROPA Investigators,[21] Yusuf et al,[22] Rouleau et al,[85] the MACB Study Group (all outcomes except coronary heart disease and heart failure),[86] Yusuf et al,[23] Braunwald et al (all outcomes except coronary heart

Effect of Treatment to Lower Blood Pressure in Coronary Heart Disease Trials



The Lancet 2016 387, 957-967 DOI: (10.1016/S0140-6736(15)01225-8)

Chậm kiểm soát HA dẫn đến tăng nguy cơ tim mạch



Outcome risk increased progressively from the lowest (0–1.4 months) to the highest fifth of time to medication intensification (hazard ratio 1.12, 1.05 to 1.20; P = 0.009 for intensification between 1.4 and 4.7 months after detection of elevated blood pressure)

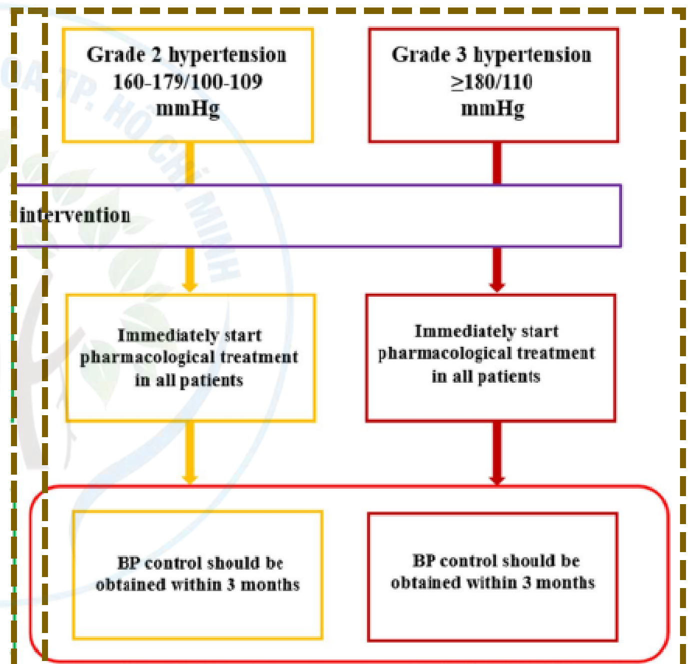
Xu W et al. BMJ. 2015;350:h158

Phân tầng nguy cơ ở bệnh nhân tăng huyết áp

Staging	Previous CV events, Associated risk factors, Asymptomatic HMOD	Classification of BP			
		High normal SBP 130-140 mmHg DBP 85-90 mmHg	Grade 1 SBP 140-159 mmHg DBP 90-99 mmHg	Grade 2 SBP 160-179 mmHg DBP 100-109 mmHg	Grade 3 SBP ≥180 mmHg DBP ≥ 110 mmHg
Stage 1 Uncomplicated	No concomitant risk factors		Low risk	Moderate risk	High risk
	1-2 risk factors	Low risk	Moderate risk	Moderate to high risk	High risk
	≥3risk factors	Low to moderate risk	Moderate to high risk	High risk	High risk
Stage 2 Asymptomatic disease	eGFR 30-49 ml/min/mq, Diabetes of recent diagnosis Organ damage	Moderate to high risk	High risk	High risk	High to very high risk
Stage 3 Symptomatic disease	CV/cerebrovascular disease, eGFR < 30/ml/min/mq, Long-standing diabetes	Very high risk	Very high risk	Very high risk	Very high risk

Nguy cơ rất cao trên bệnh nhân bệnh mạch vành ngay cả ở mức HA BT-cao

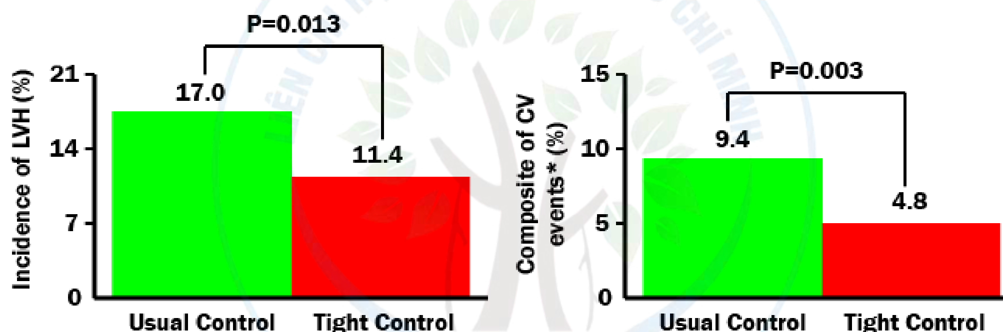
Chiến lược điều trị HA trên bệnh nhân BMV



Intensive or standard BP treatment?

Cardio-SIS Trial

1,111 patients ≥55 years with SBP ≥150 mm Hg randomized to treatment to achieve usual BP control (SBP <140 mm Hg) or intensive BP control (SBP <130 mm Hg)



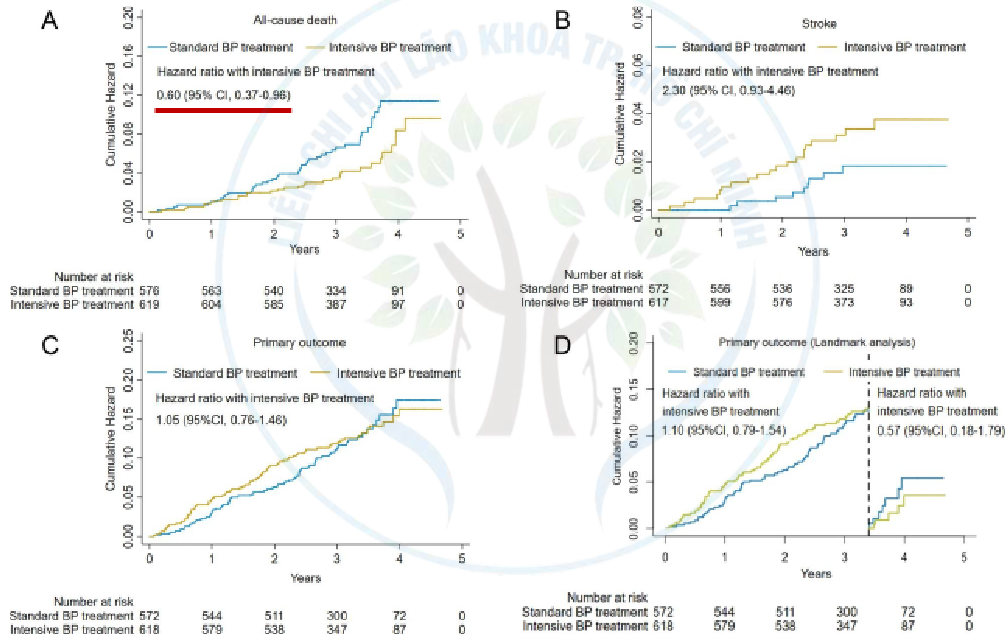
More intensive blood pressure control provides greater benefit

*Composite of death, MI, CVA, TIA, CHF, angina, new AF, revascularization, aortic dissection, PAD, and ESRD

AF=Atrial fibrillation, ESRD=End stage renal disease, CHF=Congestive heart failure, CVA=Cerebrovascular accident, LVH=Left ventricular hypertrophy, MI=Myocardial infarction, PAD=Peripheral artery disease, SBP=Systolic blood pressure, TIA=Transient ischemic attack

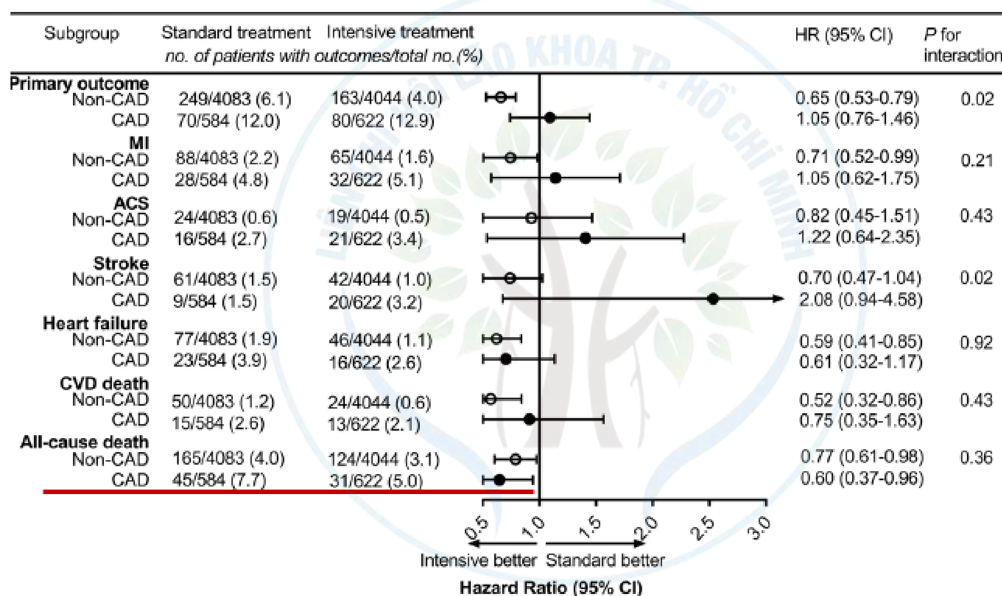
Source: Verdecchia P et al. *Lancet 2009*;374:525-533

Intensive or standard BP treatment?



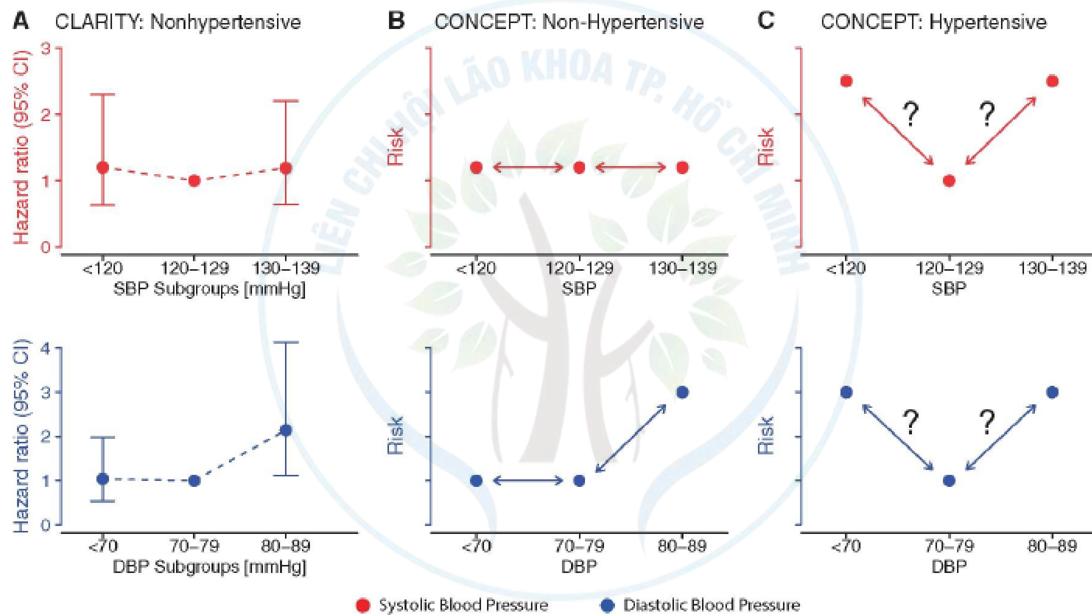
doi: 10.1038/s41371-021-00494-8. Epub 2021 Feb 15.

Intensive or standard BP treatment?



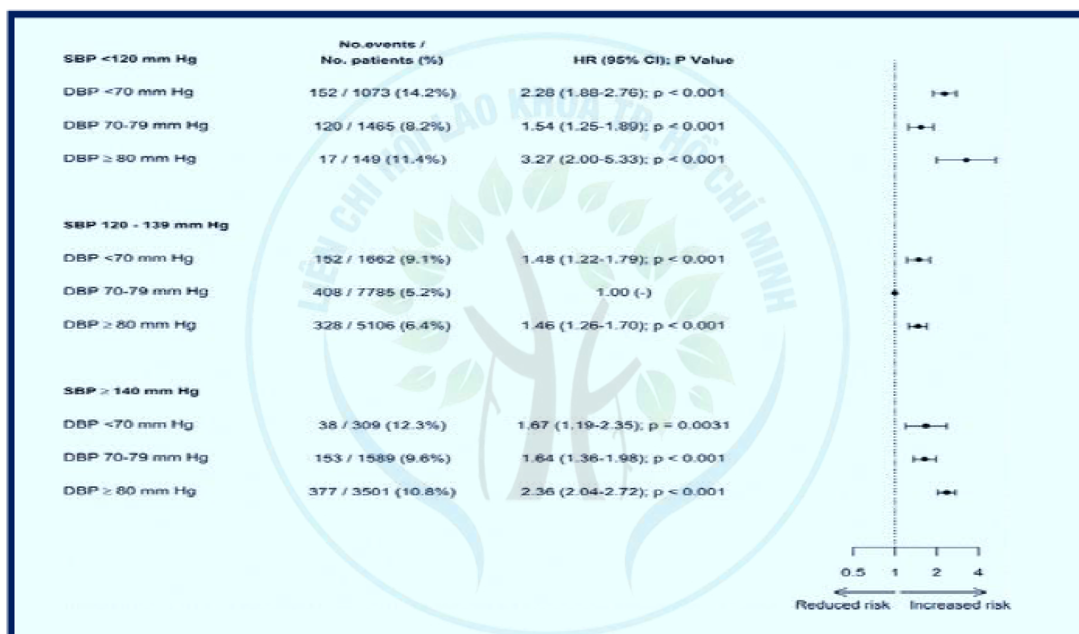
doi: 10.1038/s41371-021-00494-8. Epub 2021 Feb 15.

High blood pressure in coronary artery disease: when to start treating and what to target?



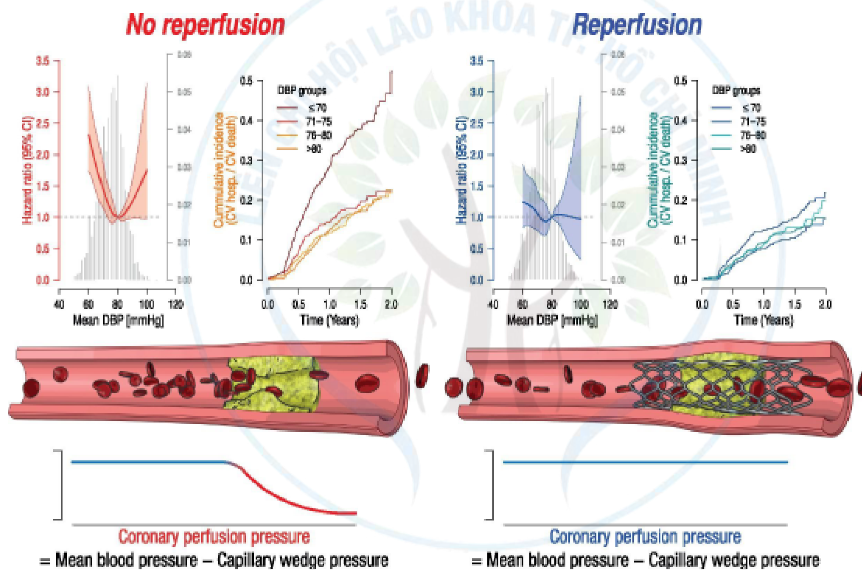
Eur Heart J, Volume 39, Issue 43, 14 November 2018, Pages 3864–3866, https://doi.org/10.1093/eurheartj/ehy553.

High blood pressure in coronary artery disease: when to start treating and what to target?



Emmanuelle Vidal-Petiot. Hypertension. Relationships Between Components of Blood Pressure and Cardiovascular Events in Patients with Stable Coronary Artery Disease and Hypertension, Volume: 71, Issue: 1, Pages: 168-176, DOI: (10.1161/HYPERTENSIONAHA.117.10204)

High blood pressure in coronary artery disease: when to start treating and what to target?



ESC European Society of Cardiology

Eur Heart J, Volume 41, Issue 17, 1 May 2020, Pages 1673–1683, https://doi.org/10.1093/eurheartj/ehaa132

The content of this slide may be subject to copyright: please see the slide notes for details.

OXFORD UNIVERSITY PRESS

Chiến lược điều trị HA trên bệnh nhân BMV

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)

Therapeutic strategies in hypertensive patients with CAD

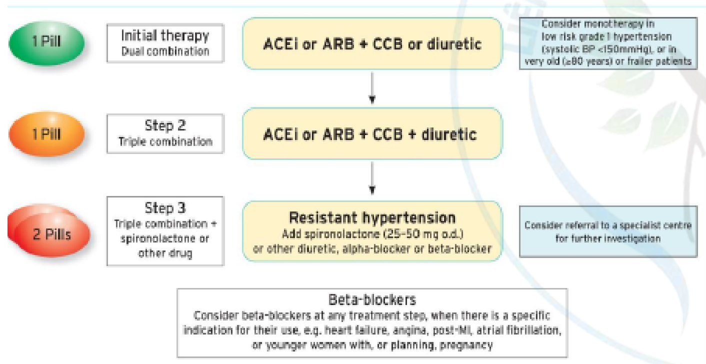
Recommendations	Class[a]	Level[b]
In patients with CAD receiving BP-lowering drugs, it is recommended:		
• To target SBP to ≤ 130 mmHg if tolerated, but not < 120 mmHg.[2,496]	I	A
• In older patients (aged ≥65 years), to target to an SBP range of 130–140 mmHg.[2,496]	I	A
• To target DBP to <80 mmHg, but not <70 mmHg.	I	C
In hypertensive patients with a history of myocardial infarction, beta-blockers and RAS blockers are recommended as part of treatment.[503]	I	A
In patients with symptomatic angina, beta-blockers and/or CCBs are recommended.[503]	I	A

©ESC/ESH 2018

Chiến lược điều trị HA trên bệnh nhân BMV

ESC European Society of Cardiology

Core drug treatment strategy for **uncomplicated hypertension**



Eur Heart J, Volume 39, Issue 33, 01 September 2018, Pages 3021–3104, https://doi.org/10.1093/eurheartj/ehy339

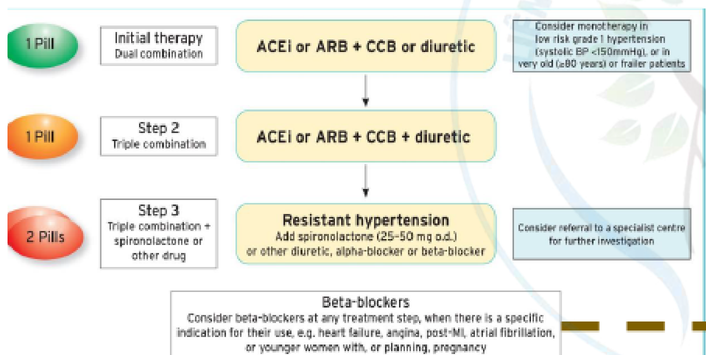
The content of this slide may be subject to copyright: please see the slide notes for details.

OXFORD UNIVERSITY PRESS

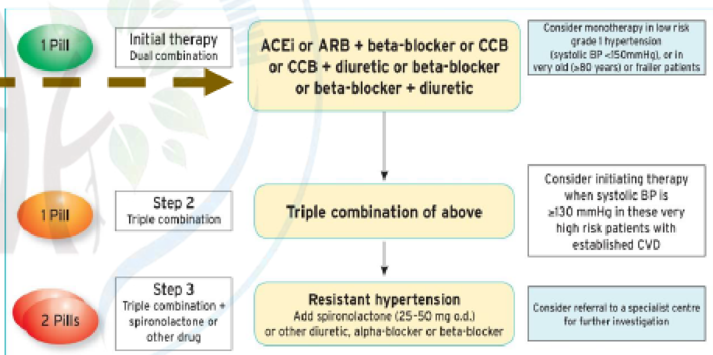
Chiến lược điều trị HA trên bệnh nhân BMV

ESC European Society of Cardiology

Core drug treatment strategy for **uncomplicated hypertension**



Drug treatment strategy for **hypertension and coronary artery disease**

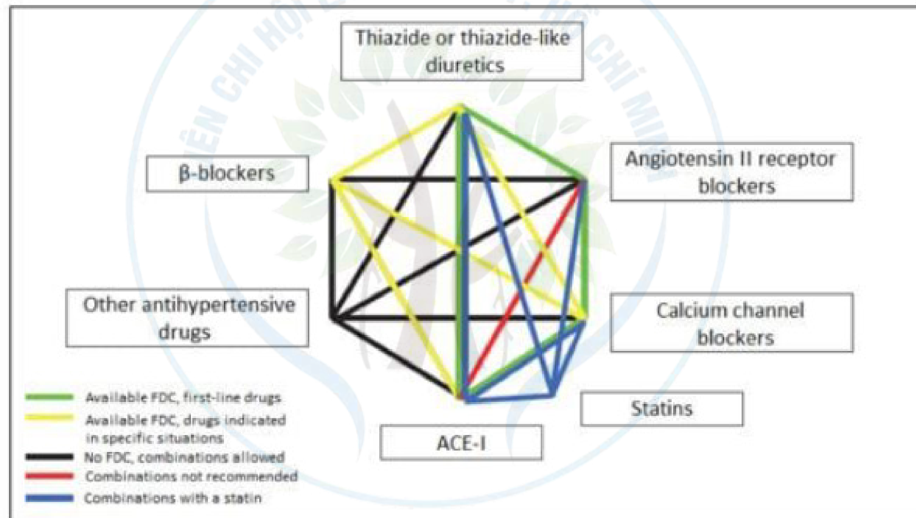


Eur Heart J, Volume 39, Issue 33, 01 September 2018, Pages 3021–3104, https://doi.org/10.1093/eurheartj/ehy339

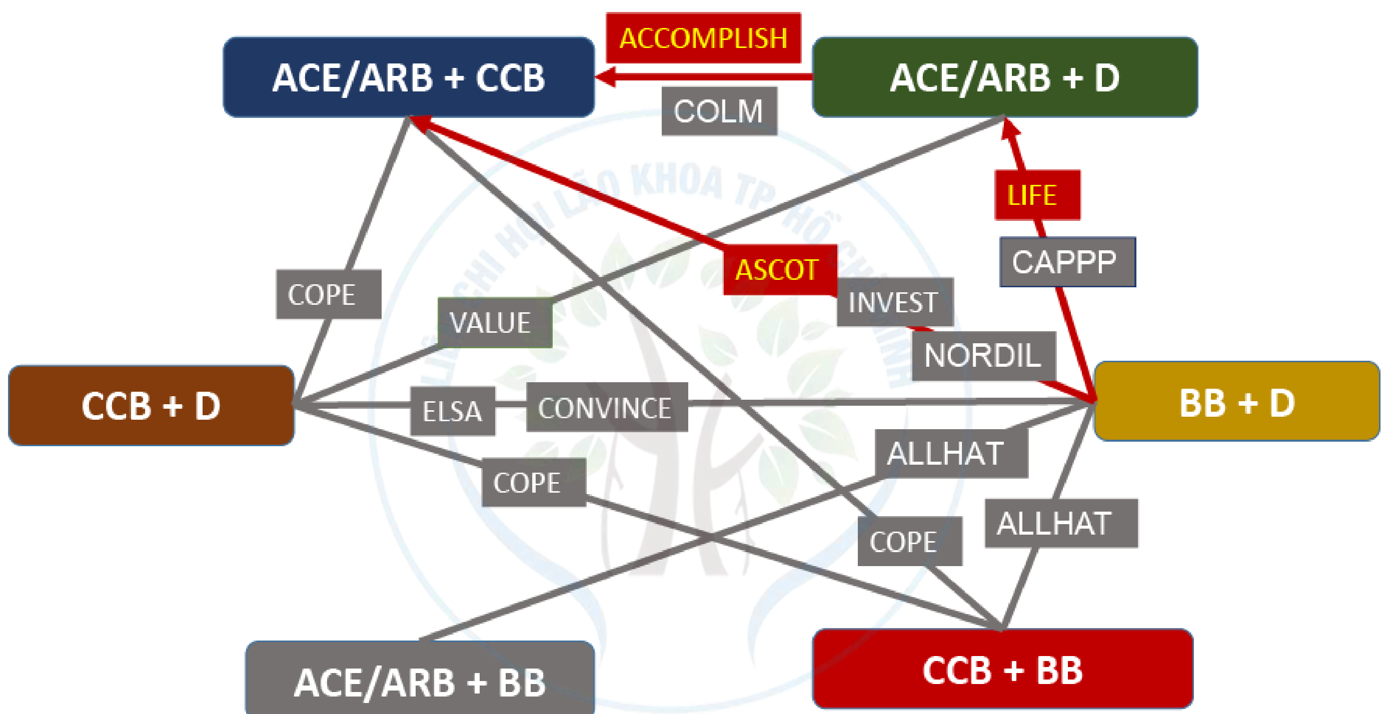
The content of this slide may be subject to copyright: please see the slide notes for details.

OXFORD UNIVERSITY PRESS

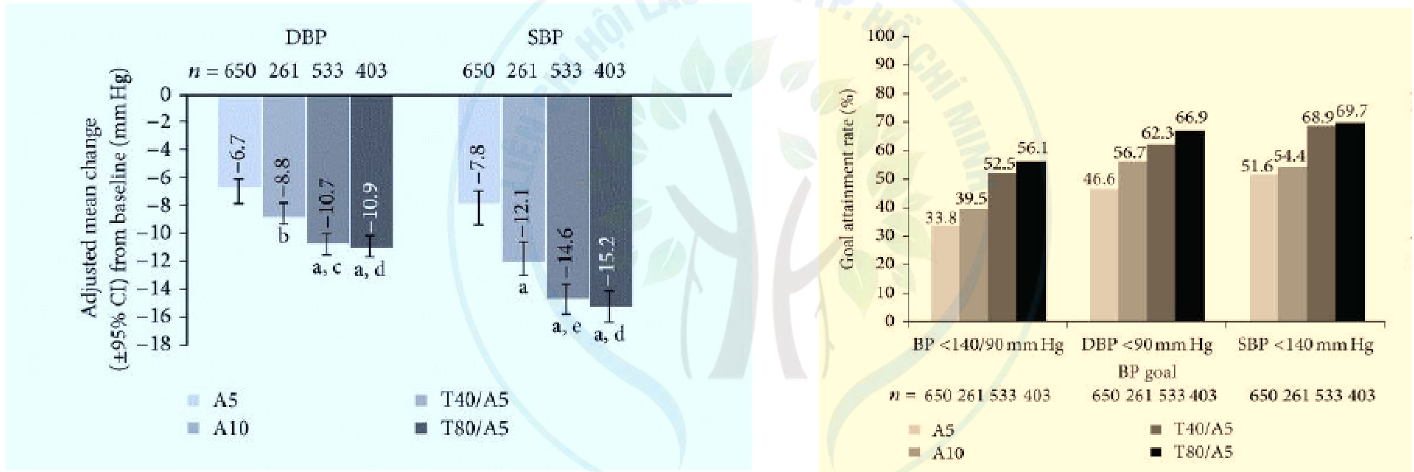
Phối hợp các nhóm thuốc trong THA



https://doi.org/10.3390/ijerph19074156

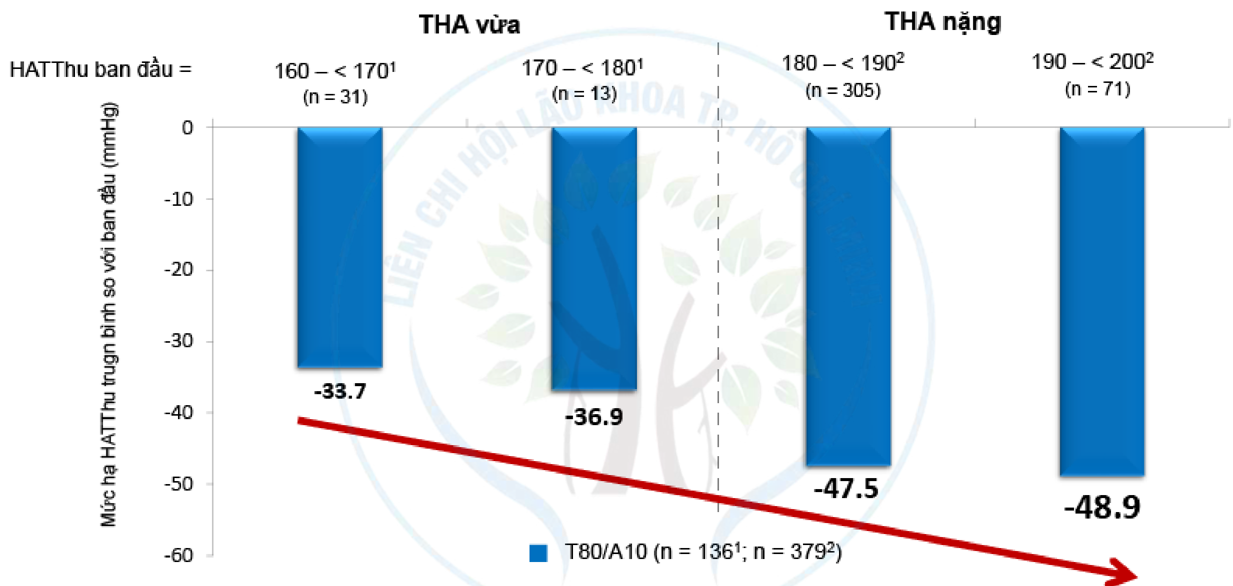


ACE/ARB + CCB



Int J Hypertens. 2013. doi: 10.1155/2013/627938

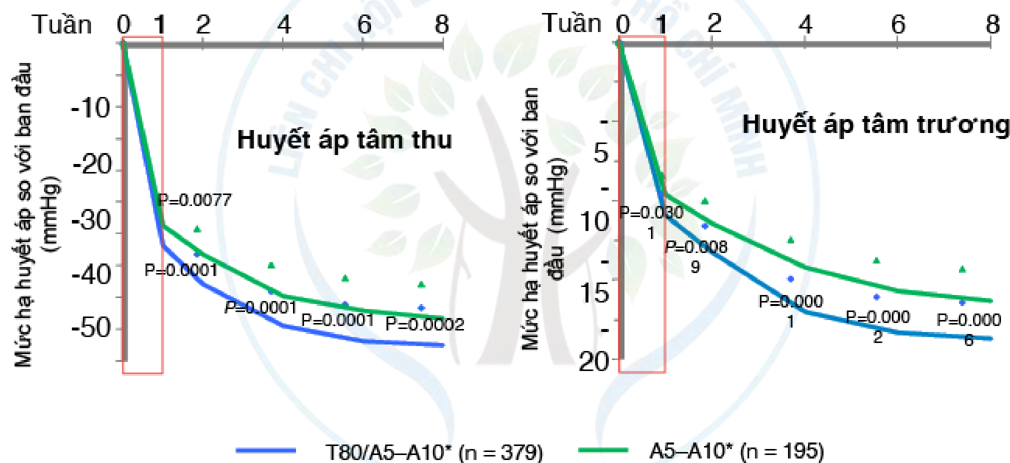
Telmisartan/amlodipine hiệu hạ áp hiệu quả ở mọi mức độ tăng huyết áp



1. Littlejohn et al. *J Clin Hypertens*. 2009;11:207–213; 2. Neutel et al. *J Clin Hypertens*. 2010: In press; ASH 2010 poster presentation (LB-PO-10) & data on file

Phối hợp telmisartan/amlodipine hạ áp hiệu quả sau 1 tuần điều trị

Hiệu quả hạ HA ở bệnh nhân tăng huyết áp nặng (SBP ≥180 mmHg và DBP ≥95 mmHg)



Neutel JM, et al. J Clin Hypertens 2010;12(7):537.ASH 2010, poster LB-PO-10.

T = Telmisartan; A = Amlodipin

Tóm tắt

- THA & BMV quan trọng và thường gặp, bệnh nhân BMV có THA ở mức "nguy cơ rất cao" ngay cả ở ngưỡng huyết áp bình thường-cao; Cần xem xét điều trị sớm và tích cực THA ở những bệnh nhân này.
- Đích HA cần đạt ở BN THA/BMV 120-130 mmHg/70-80mmHg; Phối hợp ưu tiên là UCMC/UCTT + chẹn kênh canxi và chẹn bêta.
- ACE/ARB có chứng cứ mang lại nhiều lợi ích cho bệnh nhân mạch vành (nhóm nguy cơ cao). Phối hợp thuốc liều cố định ACE/ARB+ CCB là phối hợp hiệu quả trong kiểm soát HA, tăng sự dung nạp và tuân trị cũng như giảm các tác dụng bất lợi của thuốc.