

## Mini-Symposium Highlights: Questions at the Start of Hypertension Treatment in Clinical Practice



To address the critical questions you may encounter during the start of hypertension treatment, our experts share their insights in a mini symposium chaired by **Professor Reinhold Kreutz (Germany)** and **Professor Alta Schutte (Australia)** at the **ESH-ISH 2021 Joint Meeting On-Air**.



Setting the scene for the discussion, **Professor Alta Schutte** reiterated that **ideally single pill combination (SPC) therapy** is the **first-line treatment** for most hypertensive patients when possible and available.<sup>1</sup>

### SPC therapy:

- ✓ Improves BP control<sup>2,3</sup>
- ✓ Improves treatment adherence and persistence<sup>2,4</sup>
- ✓ Simplifies treatment approach<sup>1</sup>

## Questions at the Start of Hypertension Treatment

### Which drug classes should be the backbone of anti-hypertensive therapy?



#### Prof. Philippe van de Borne

Erasmie Hospital  
Brussels, Belgium



**ACE inhibitors and ARBs** are the backbone of anti-hypertensive therapy<sup>1</sup>



**2018 ESC/ESH hypertension guidelines** recommend **ACE inhibitor or ARB (both RAASi)** antihypertensive agents for initial **dual combination therapy** and as part of the 2<sup>nd</sup> step **triple combination therapy** in various settings<sup>1</sup>



This combination strategy applies for hypertensive patients with<sup>1</sup>:

- **Uncomplicated hypertension**
- **AF**
- **CAD**
- **Heart failure**

The RAASi are also recommended for **GKD patients**, particularly **ARB therapy in T2DM patients with nephropathy** as indicated by the **IDNT trial**<sup>5,6</sup>

### Which hypertensive patients should start treatment with monotherapy?



#### Asst. Prof. Jana Brguljan

University Medical Centre Ljubljana  
Ljubljana, Slovenia



Patients with **grade 1 hypertension, young adults (<50 y.o.)** with low to moderate CV risk, high-normal blood pressure with **CAD, pregnant and menopausal women** and **frail elderly patients** can benefit from antihypertensive monotherapy<sup>7</sup>

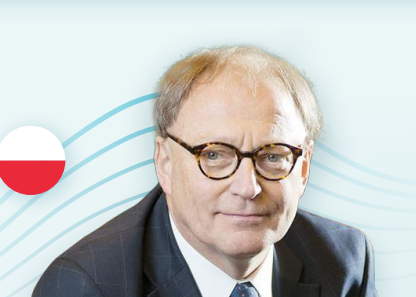


**All 5 hypertensive drug class are eligible** for monotherapy, HCPs choice depends on the **patient's present condition**<sup>7</sup>



**Confirmation of BP diagnosis** and **ABPM** should be performed to assess effectiveness of monotherapy

### Which hypertensive patients should be referred to a specialist?



#### Prof. Andrzej Januszewicz

National Institute of Cardiology  
Warsaw, Poland



Patients with suspected **grade 2 hypertension, young patients (<40 y.o.)** with **grade 2 hypertension, severe uncontrolled hypertension, resistant hypertension, sudden onset of hypertension** and **hypertension-mediated organ damage** should be referred to specialists as recommended by the **2018 ESC/ESH guidelines**<sup>1</sup>



Patients with **primary aldosteronism, sleep apnea, atherosclerotic CVD, or other concomitant conditions that cause hypertension** should also be evaluated by a specialist<sup>1</sup>

## Select the right antihypertensive therapy for the right patient at the start, to help patients achieve blood pressure control

The webinar was intended for healthcare professionals (HCPs) only. The views and opinions expressed during the webinar are of the expert and not necessarily endorsed by Sanofi. Please consult the prescribing information in your country of practice current to the date of viewing this content, in respect to medicinal products mentioned in this webinar as information may vary from country to country.

**Abbreviations:** HCP, healthcare professional; SPC, single pill combination; ESH-ISH, European Society of Hypertension-International Society of Hypertension; ACE-i, angiotensin-converting enzyme inhibitors; ARB, angiotensin II receptor blocker; ESC/ESH, European Society of Cardiology/European Society of Hypertension; CAD, coronary artery disease; T2DM, type 2 diabetes mellitus; CKD, chronic kidney disease; CV, cardiovascular; RAASi, Renin-angiotensin-aldosterone system inhibitors; BP, blood pressure; ABPM, ambulatory blood pressure monitoring

**References:** 1. Williams B, et al. Eur Heart J. 2018;39(33):3021-3104. 2. Gupta AK, et al. Hypertension. 2010;55(2):399-407. 3. Egan BM, et al. Hypertension. 2012;59(6):1124-1131. 4. Du LP, et al. J Clin Hypertens (Greenwich). 2018;20(5):902-907. 5. Lewis EJ, et al. N Engl J Med. 2001;345(12):851-860. 6. Parving HH, et al. N Engl J Med. 2001;345(12):870-878. 7. Volpe M, et al. Int J Cardiol. 2019;291:105-111.

**SANOFI**

**Sanofi-Aventis (Malaysia) Sdn Bhd (334110-P)**  
Unit TB-18-1, Level 18, Tower B, Plaza 33, No. 1 Jalan  
Kemajuan, Seksyen 13, 46200 Petaling Jaya, Selangor Darul  
Ehsan, Malaysia. Tel: 03 7651 0800, Fax: 03 7651 0805.  
[www.sanofi.com.my](http://www.sanofi.com.my)

**Sanofi-Aventis Singapore Pte Ltd**  
38 Beach Road #18-11, South Beach Tower, Singapore 189767.  
Tel: +65 6226 3836, Fax: +65 6535 5836.  
[www.sanofi.com.sg](http://www.sanofi.com.sg)

**IN A HEARTBEAT**  
Into the heart of Innovation

For Healthcare Professionals Only  
MAT-MY-2100613-1.0-05/2021