CARDIOVASCULAR DISORDERS AND HYPERTENSION 2025: FROM GUIDELINES TO MANAGEMENT

PODCAST & INFOGRAPHIC

Re-visiting resistant hypertension

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Overview

Resistant hypertension, with a prevalence of approximately 5% in unselected hypertensive populations but rising to 60% in patients with chronic kidney disease or albumin/creatinine ratio ≥300 mg/g [An, 2022; Verdecchia, 2023], is associated with high rates of morbidity and mortality due to CVD and stroke [Carey, 2020; Doumas, 2020]. Resistant hypertension is defined by the failure of combined drug therapy, such as triple therapy, to control BP [Sorte, 2023; Verdecchia, 2023]. However, it is important to distinguish true resistant hypertension from secondary or apparent-resistant hypertension and its causes [Verdecchia, 2023]. The recent ESH guidelines [Mancia, 2023] define resistant hypertension as SBP ≥130 mmHg or diastolic BP ≥80 mmHg in a patient, despite a 3-drug combination at maximum, recommended and tolerated doses, elevated BP confirmed by ambulatory BP monitoring or home BP, and causes of apparent-resistant hypertension excluded e.g poor adherence, drugs, secondary hypertension [Verdecchia, 2023]. The management of true resistant hypertension combines lifestyle changes, discontinuation of interfering substances, rationalisation of current treatment and the sequential addition of antihypertensive drugs to the existing triple combination [Mancia, 2023]. The ESC 2024 guidelines recommend beta-blockers after spironolactone/eplerenone treatment [McEvoy, 2024; McCarthy, 2025]. There is the option for renal denervation in specific cases as an additive or alternative to increasing medication [Verdecchia, 2023; Whelton, 2023; McEvoy, 2024]. Due to the significant co-morbidities associated with resistant hypertension, it is also recommended that due to the complexity of the required treatment, patients be referred to specialist centres with recognised expertise in the management of patients with hypertension.

Learning Objectives

At the end of the podcast, learners should be able to:

1. Have knowledge of the updates and latest ESH 2023 and ESC 2024 guidance
2. Be familiar with the new guidance on positioning of beta-blockers in CVD management

Target Audience

Clinicians (including cardiologists, internists, and general practitioners), nurse practitioners and other HCPs who manage patients with CVD and hypertension.

Language

English with voice-over into Russian and Chinese.

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Programme

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