

## 慢性腎疾病病患的高血壓治療

What should we do in patients with chronic kidney disease?

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The 2015 Guidelines of the Taiwan Society of Cardiology and the Taiwan Hypertension Society for the Management of Hypertension have the following recommendations on threshold and target for patients with CKD in stages 2-4: For patients without albuminuria, BP targets are <140/90 mmHg. In patients with CKD stages 2-4, but with albuminuria, BP targets are <130/80 mmHg.

For patients with ESRD (stage 5 CKD), the following recommendations applied: For those with CKD stage 5, BP targets are <150/90 mmHg. In those receiving maintenance dialysis, BP targets are <140/90 mmHg before dialysis, and <130/80 mmHg after dialysis, respectively.

Regarding drugs of preference, ACE inhibitors and ARBs are preferentially indicated in patients with CKD. Because ARBs are well-tolerated and have effects and benefits similar to ACE inhibitors, they are now generally preferred over ACE inhibitors. But ARBs should not be combined with ACE inhibitors, because both its side effects and acute renal impairment were higher than in monotherapy with ACE inhibitor or ARB.

After the publication of our Taiwan guidelines, no substantial revision involved CKD in major guidelines worldwide. However, results of a recent clinical trial, named SPRINT, provide new data for consideration of revision. SPRINT randomly assigned 9361 persons with a SBP of 130 mm Hg or higher and an increased cardiovascular risk, but without diabetes or prior stroke, to a SBP target of less than 120 mm Hg (intensive treatment) or a target of less than 140 mm Hg (standard treatment). This trial enrolled more than 1300 participants with CKD (eGFR 20 to less than 60 /minute/1.73 m<sup>2</sup>) in each group. The primary composite outcome, myocardial infarction, other acute coronary syndromes, stroke, heart failure, or death from cardiovascular causes, is lower in the intensive treatment group (HR, 0.75; 95% CI, 0.64 to 0.89; P<0.001). The benefits are also seen in the CKD subgroup (HR, 0.89; 95% CI, 0.42–1.87), though acute kidney injury (increment 71%) and other adverse events increased.