

Renal denervation treats resistant hypertension in real world patient populations

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Renal denervation successfully treats patients with resistant hypertension in real world patient populations, according to a study presented at ESC Congress 2012. The findings were presented by Dr Darren Mylotte from France.

Transcatheter renal [denervation](#) represents a [novel therapy](#) for treating patients with treatment resistant hypertension, a condition which greatly increases the risk of [myocardial infarction](#) and stroke.

"The Symplicity Hypertension I and II studies have suggested that this procedure significantly lowers blood pressure in these patients with few remaining options in terms of treatment," said Dr Mylotte. "However, patients included in clinical trials are often highly selected, and therefore may not reflect the patient encountered by physicians on a day-to-day basis. As such, the results of these trials may not be applicable to less-selected patient populations."

In light of this potential problem, the investigators sought to evaluate the effect of transcatheter renal denervation in a group of patients with resistant hypertension in their own clinical practice at The Institut Cardiovasculaire de Paris Sud, Paris, France.

They intended to perform transcatheter renal denervation on 35 consecutive patients referred to the service with resistant hypertension.

The study used the same definition as the Symplicity trials to define resistant hypertension (1).

Among these patients, 36.5% were female, 36.4% were diabetic, and 15.2% had [kidney dysfunction](#). Baseline office blood pressure (BP) was 181.1 ± 21.9 / 100.8 ± 16.8 mmHg, despite an average of 4.6 ± 1.0 medications per patient. Successful bilateral sympathetic denervation was performed in 33 out of 35 patients (1 patient was not treated due to a [stenosis](#) of the [renal artery](#); 1 patient had treatment on one side only, as multiple small renal arteries were found on the other side). No procedural complications occurred.

At 6-months follow-up, the average office BP reduction from baseline was 30.3 ± 21.1 / 14.6 ± 15.3 mmHg (P

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