

Most people with moderate kidney disease have medication-resistant hypertension

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More than 50% of individuals with moderate kidney disease have hypertension that is resistant to medications, and those who are black or have a larger waist circumference, diabetes, or a history of heart attacks or strokes are at highest risk, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). The findings could help identify kidney disease patients who need more intensive monitoring and treatments for hypertension.

Approximately 60 million people globally have [chronic kidney disease](#) (CKD). Hypertension is common among these patients and is linked with poor health outcomes in the future. Resistant hypertension, which is particularly serious, refers to blood pressure that requires four or more classes of antihypertensive medications to achieve [blood pressure control](#). Rikki Tanner, MPH, Paul Muntner, PhD (University of Alabama at Birmingham School of Public Health) and their colleagues looked for a link between kidney function and resistant hypertension among 10,700 participants who were treated for hypertension in the REasons for Geographic And Racial Differences in Stroke (REGARDS) study.

Among the major findings:

- There was a strong, graded association between worse [kidney function](#) and the presence of resistant hypertension.
- More than 50% of individuals with moderate CKD had resistant

hypertension.

- Among people with CKD, blacks and those with a larger waist circumference, diabetes, and a history of heart attacks or strokes were more likely to have resistant hypertension.

"These data indicate that resistant hypertension is a common condition among individuals with kidney disease, suggesting the need for greater awareness of this comorbidity among clinicians," said Tanner. "The identification of individuals at high risk of developing resistant hypertension who may benefit from intensive [blood pressure monitoring](#) and early therapeutic interventions—such as treatment for secondary hypertension, referral to a hypertension specialist, and cessation of medications that increase blood pressure—should be a high priority," she added.

More information: [doi: 10.2215/CJN.00550113](https://doi.org/10.2215/CJN.00550113)

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