

Guidelines updated for managing blood pressure in kidney patients not on dialysis

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(HealthDay)—For patients with high blood pressure (BP) and chronic

kidney disease (CKD) who are not receiving dialysis, a systolic BP of under 120 mm Hg measured by standardized technique should be targeted, according to a synopsis of the Kidney Disease: Improving Global Outcomes 2021 clinical practice guideline published online June 22 in the *Annals of Internal Medicine*.

Charles R.V. Tomson, B.M., B.Ch., D.M., from Newcastle upon Tyne Hospitals NHS Trust in the United Kingdom, and colleagues provided 11 recommendations and 20 practice points for the management of BP in [patients](#) with CKD who are not receiving [dialysis](#).

The authors recommend standardized office BP measurement in preference to routine office BP measurement for management of high BP; standardized office BP refers to measurements obtained according to recommended preparations and measurement techniques. For patients with high BP and CKD not receiving dialysis, sodium intake of under 2 g/day is recommended. Patients with high BP and CKD are advised to undertake moderate-intensity physical activity for at least 150 minutes/week or to a level compatible with their cardiovascular and physical tolerance. Adults with high BP and CKD should be treated with a target SBP of under 120 mm Hg, when tolerated. Renin-angiotensin system inhibitor (RASi) therapy is recommended for those with high BP, CKD, and severely increased albuminuria without diabetes and for those with high BP, CKD, and moderately to severely increased albuminuria with diabetes. RASi therapy is suggested for those with high BP, CKD, and moderately increased albuminuria without diabetes.

"The work group recognizes that the risks for cardiovascular disease and death are greater than the risk for kidney failure in most individuals living with CKD," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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