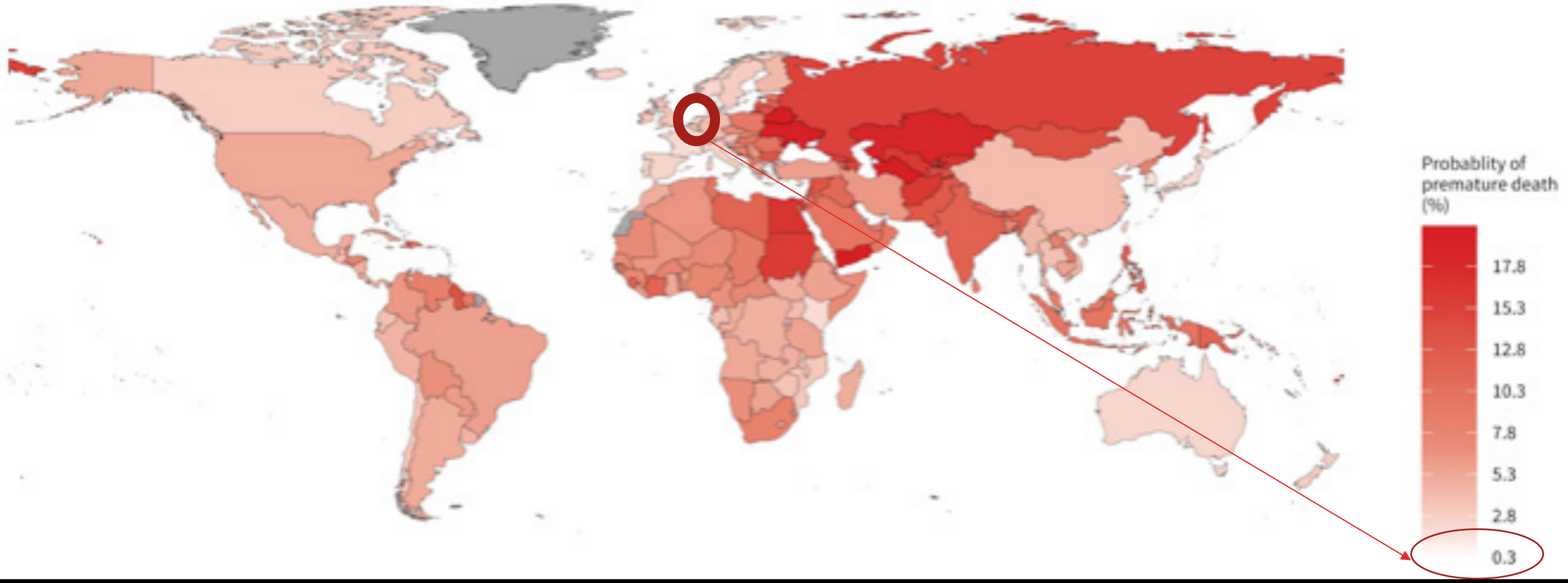
DEBAT CVRM

Karen Konings

1. BEHANDELING JONGEREN MET VEEL RISICOFACTOREN?

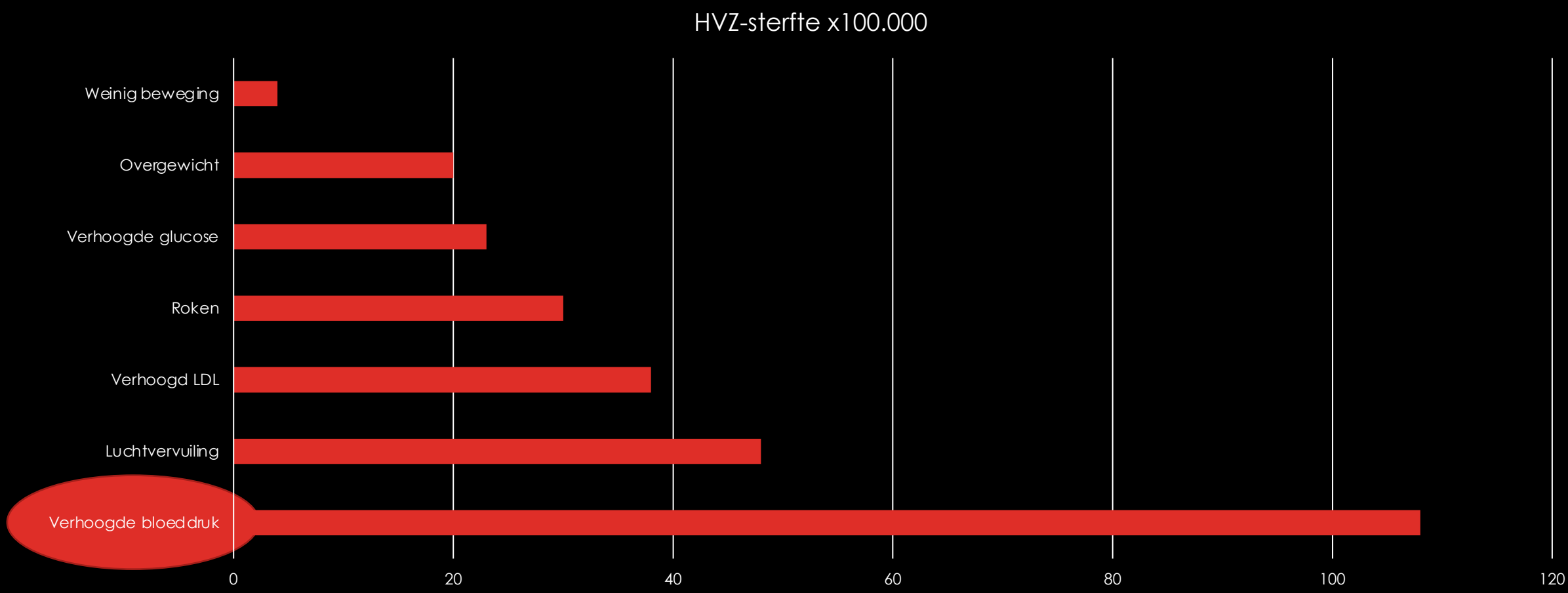
100% Leefstijl!

PREMATURE HVZ-STERFTE (30-70JR)



Bron: World Health Report 2023

RISICOFACTOREN PREMATURE HVZ-STERFTE



Bron: World Health Report 2023

SBD>140



Bron: World Health Report 2023

VERHOOGDE BLOEDDRUK & ZOUT

SBD>140



Zoutinname



Bron: World Health Report 2023

VERHOOGD CHOLESTEROL



Bron: World Health Report 2023 NB: LDL 2,6 vergelijkbaar met Non HDL 3,4

1. BEHANDELING JONGEREN MET VEEL RISICOFACTOREN?

99,9999% Beinvloedbare RF

=LEEFSTIJL

Nu gewonnen = Preventie premature HVZ

>> Preventie artrose, depressie, oncologie, DM etc.

JONG: GEEN PILLEN?

Tenzij … Behandeling ziekte!

‘Ziekte’	Pillen
FH	? (+)
DM	? (+)
HVZ	+
Genetisch	? (+)
BMI >30	? (+)

DISCUSSIE

2. BLOEDDRUK OUDEREN VERLAGEN <140 MMHG?

Gevaarlijk!

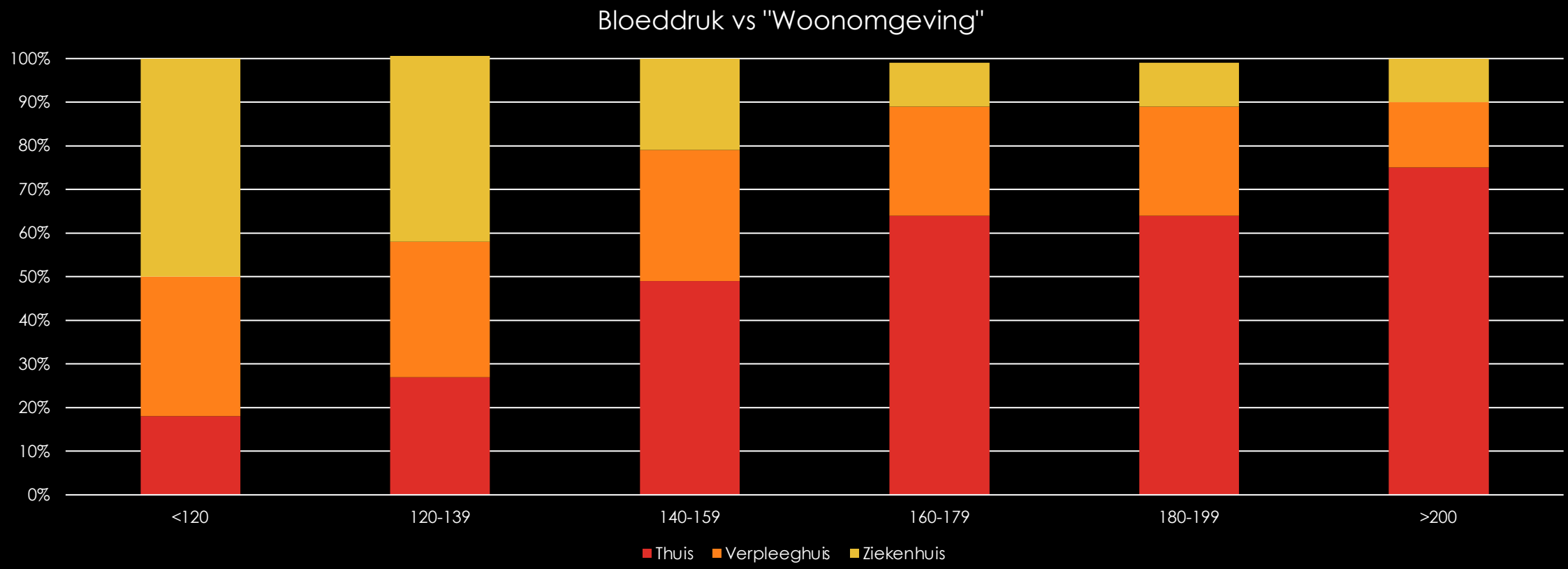
BLOEDDRUK OUDEREN?

Blood pressure and five year survival in the very old

KARI MATTILA, MATTI HAAVISTO, SULO RAJALA, RAUNO HEIKINHEIMO

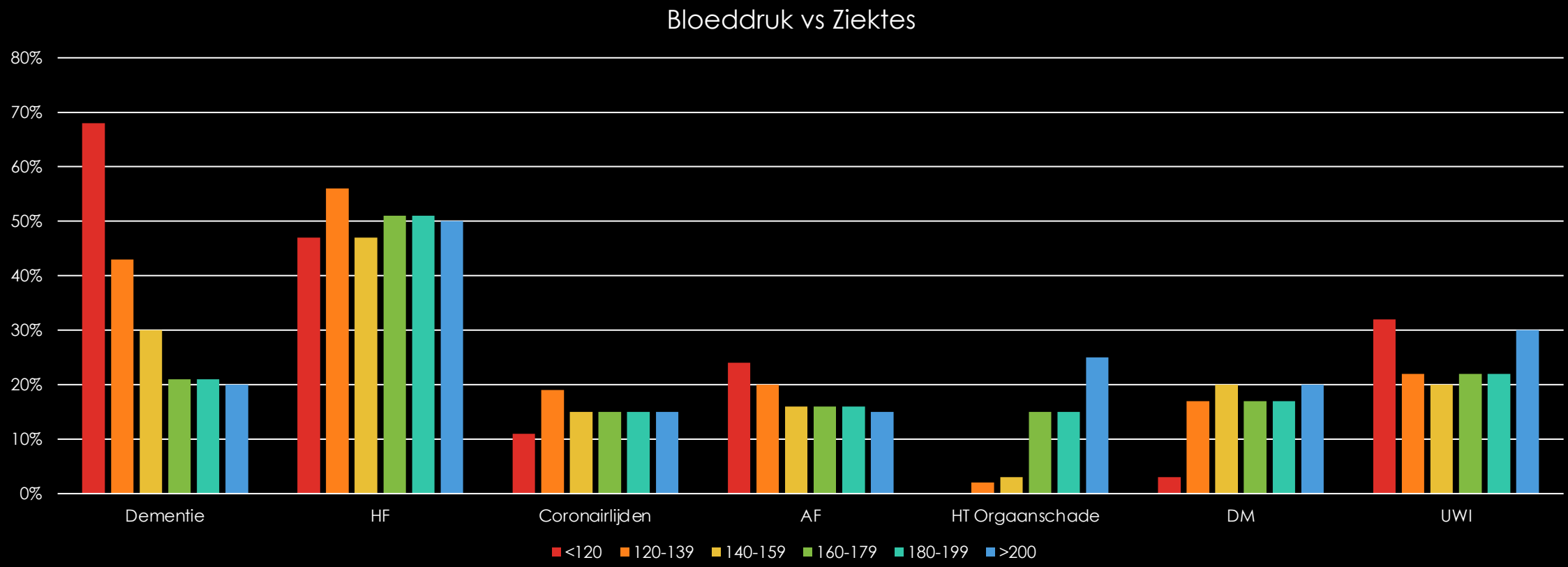
BMJ 1988;296:887-9 675 ptn gemiddelde leeftijd 88 jr

SBD: HOE LAGER HOE FRAGIELER?



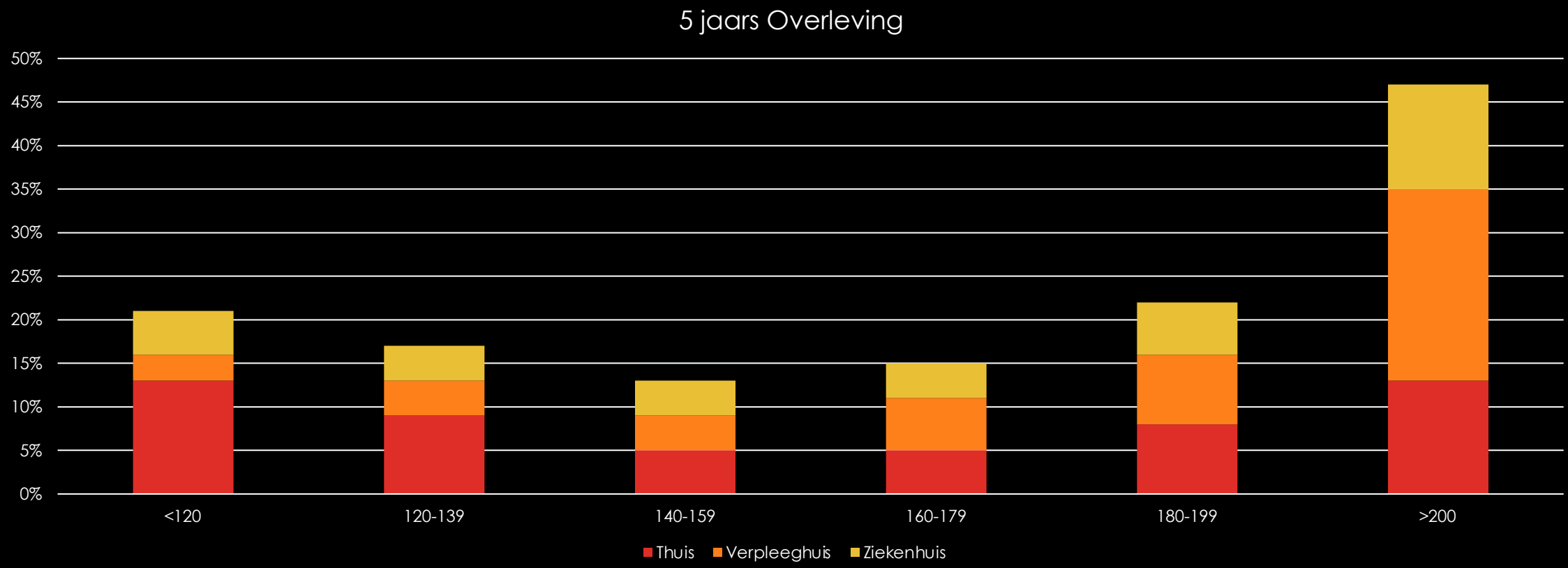
BMJ 1988;296:887-9 Tabel 2

HOE LAGER HOE DEMENTER?



BMJ 1988;296:887-9 Tabel 2

HOGER = LANGER LEVEN?



BMJ 1988;296:887-9 Tabel 4

DILLEMMA BLOEDDRUK VERLAGEN 80+

- Lager = meer Bijwerking
- Lager = minder HVZ
- Lager = geen effect levensverwachting

- Hoger = meer HVZ
- Hoger = minder Bijwerking
- Hoger = gunstig effect levensverwachting?

- J-curve???

Bronnen: ESC, SPRINT, HYVET

OPLOSSING BLOEDDRUK VERLAGEN 80+?

- Individuele streefwaardes!



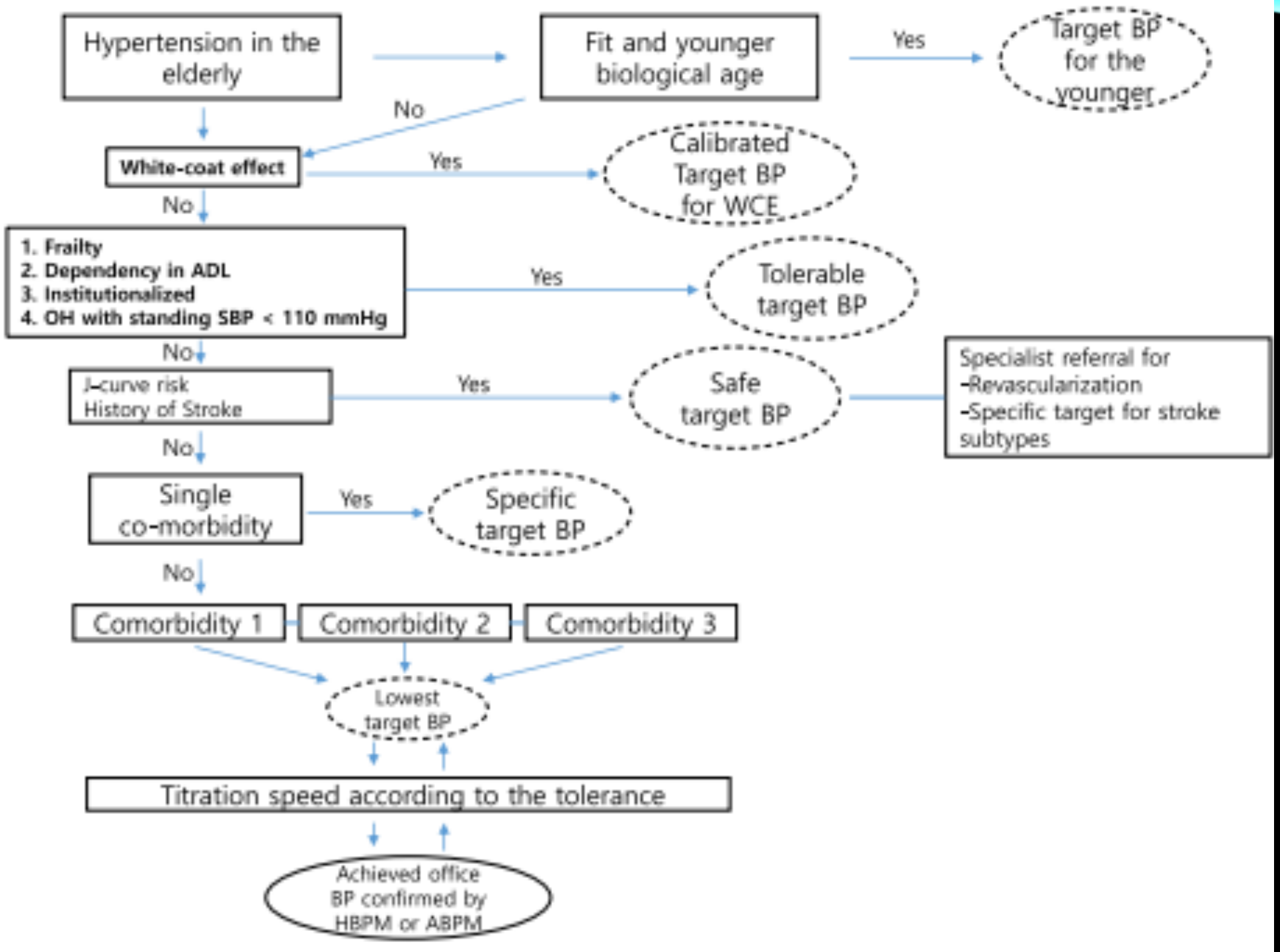
Shin and Kim *Clinical Hypertension* (2022) 28:17
https://doi.org/10.1186/s40885-022-00202-9

Clinical Hypertension

REVIEW Open Access

A clinical algorithm to determine target blood pressure in the elderly: evidence and limitations from a clinical perspective

Jinho Shin[1] and Kwang-il Kim[2,3*]


Hypertension in the elderly
Fit and younger biological age
Yes
Target BP for the younger
No
White-coat effect
Yes
Calibrated Target BP for WCE
No
1. Frailty
2. Dependency in ADL
3. Institutionalized
4. OH with standing SBP < 110 mmHg
Yes
Tolerable target BP
No
J-curve risk
History of Stroke
Yes
Safe target BP
Specialist referral for
-Revascularization
-Specific target for stroke subtypes
No
Single co-morbidity
Yes
Specific target BP
No
Comorbidity 1
Comorbidity 2
Comorbidity 3
Lowest target BP
Titration speed according to the tolerance
Achieved office BP confirmed by HBPM or ABPM

STREEFWAARDE 80+?

		Streefwaarde
Fit	Biologisch jonger	<140
Gewoon		<150
Kwetsbaar	ADL afhankelijk / instelling / orthostase	Laagst verdragen
Multi orgaan HVZ	>2 events	<130
Wittejas		Corrigeer 5-10 mmhg

2. BLOEDDRUK OUDEREN VERLAGEN <140 MMHG?

NEE dus!

Tenzij … FIT òf multi HVZ

DISCUSSIE