

26^{ème} CONGRÈS DU CNCH

Digital & interactif

HTA

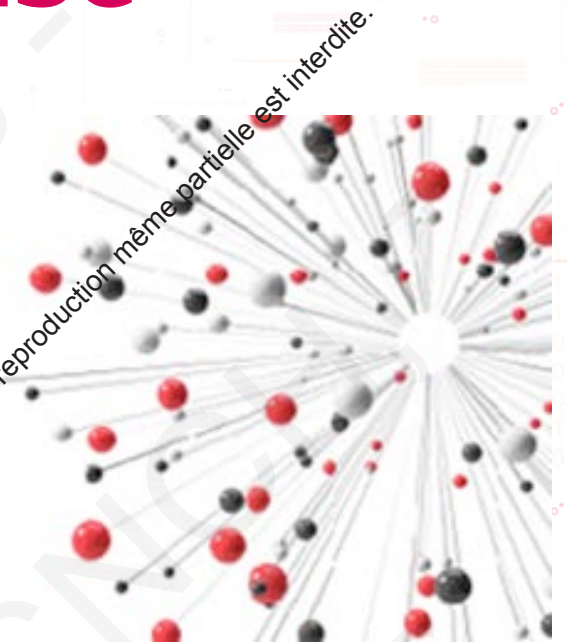
BEST de l'ESC

ESC Congress The Digital Experience

Bringing the world of cardiology together

29 August to 1 September

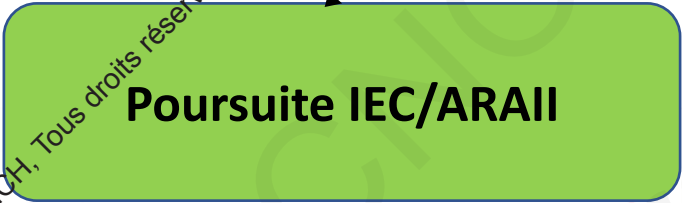
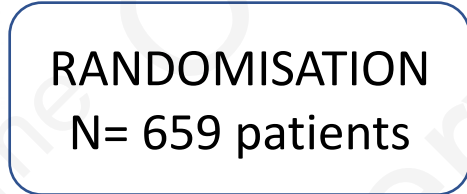
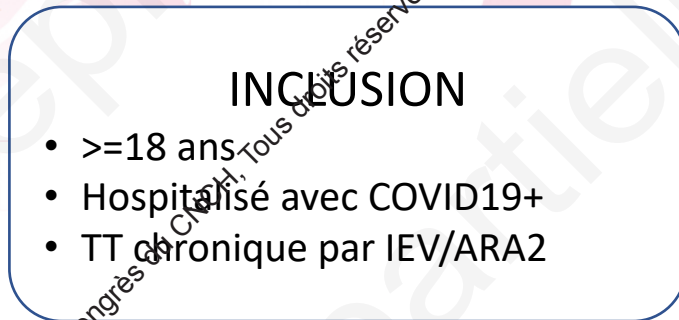
#ESCcongress



Theodora Bejan Angoulvant
MD, PU PH

Continuing versus suspending angiotensin-converting enzyme inhibitors and angiotensin receptor blockers: Impact on adverse outcomes in hospitalized patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) The BRACE CORONA Trial

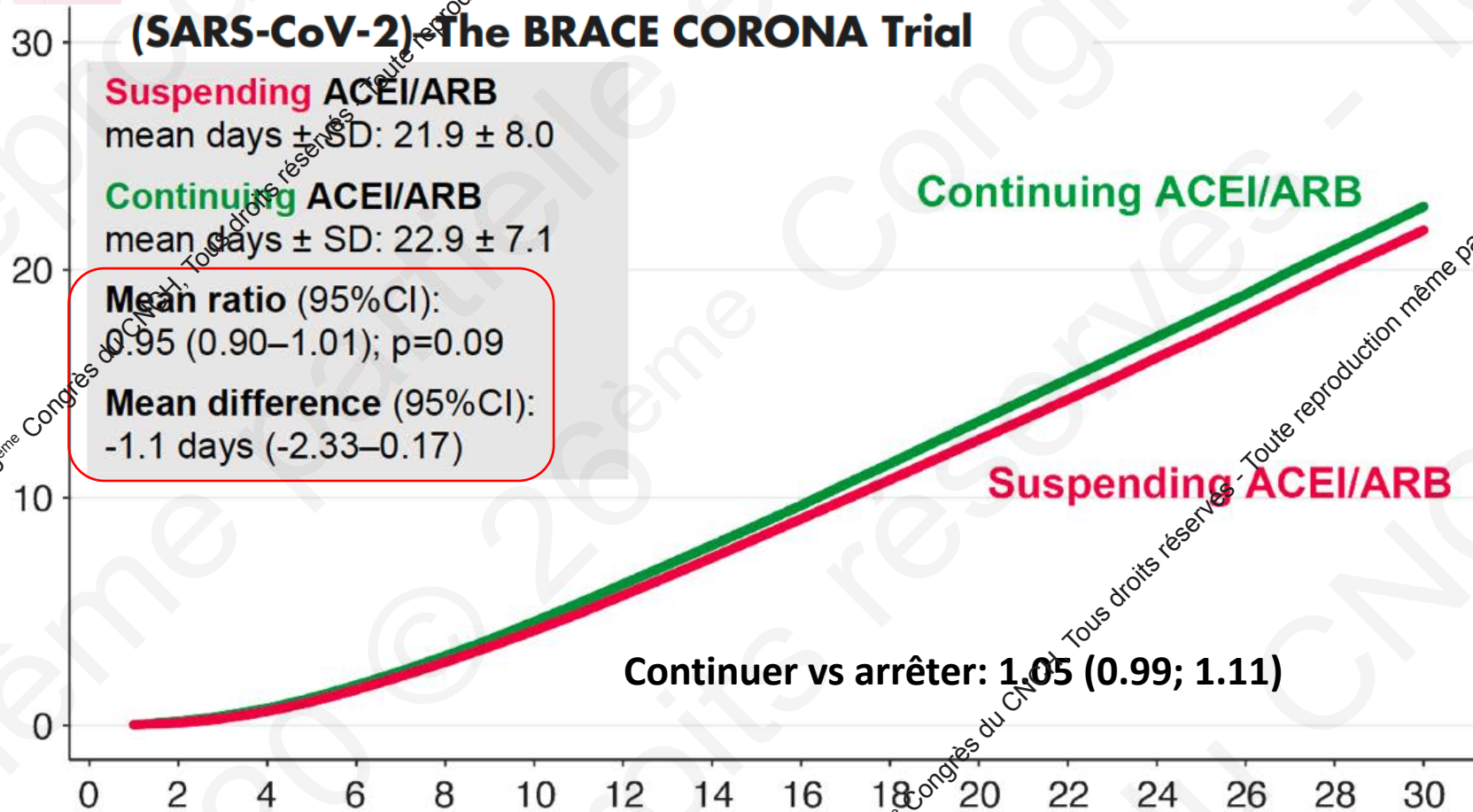
HTA et COVID



Hypothèse de supériorité de la poursuite

Continuing versus suspending angiotensin-converting enzyme inhibitors and angiotensin receptor blockers: Impact on adverse outcomes in hospitalized patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) The BRACE CORONA Trial

Days Alive and Out of the Hospital



Âge moyen 55.7 ans
40% femmes
100% Hypertendus
17% IEC / 83% ARA2

Baisse de la PA et prévention CV HTA et BPLTTC

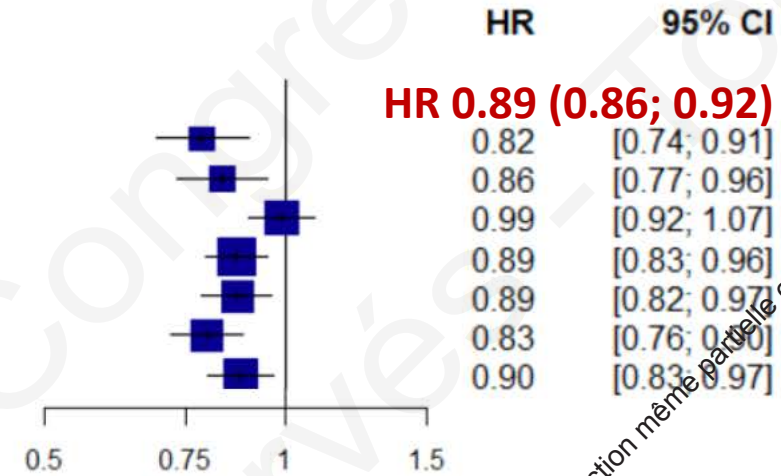
48 ECR, ~350,000 patients

Known prior CVD = 46%

Major cardiovascular events

	Intervention		Comparator	
	Events	Total	Events	Total
≤120	874	7759	1165	8634
120 to 129	816	7001	1091	8036
130 to 139	1639	13036	1906	14526
140 to 149	1620	15185	2389	17112
150 to 159	1659	12427	2134	14422
160 to 169	1276	9679	1590	10446
≥170	1532	9425	1806	10037

p for interaction-adj=0.63
p for interaction-unadj=0.09



HR 0.89 (0.86; 0.92) / ↓5 mmHg

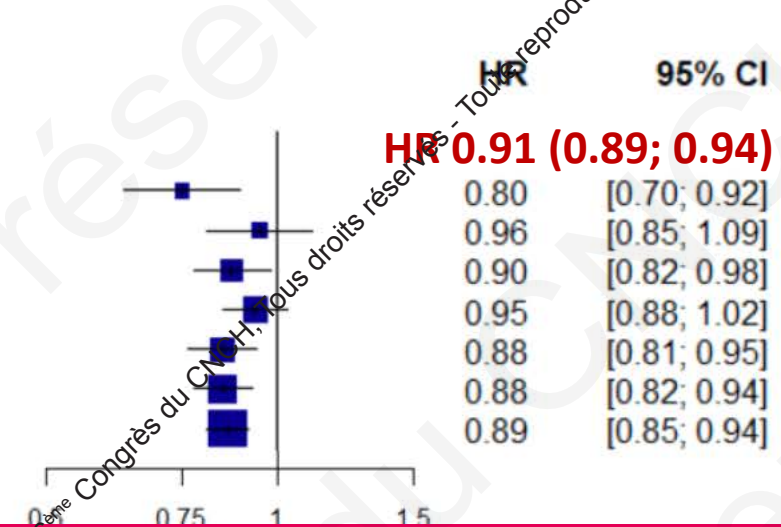
AVC -13%
IC -15%
MCI -7%
DCCV -5%
/ ↓5 mmHg

No known prior CVD = 54%

Major cardiovascular events

	Intervention		Comparator	
	Events	Total	Events	Total
≤120	404	3081	604	3625
120 to 129	502	3859	698	4714
130 to 139	1061	8711	1502	10453
140 to 149	1626	14375	2239	17084
150 to 159	1552	14805	2199	17003
160 to 169	1590	18806	2073	19846
≥170	2484	23938	3311	26610

p for interaction-adj=1.00
p for interaction-unadj=0.38



HR 0.91 (0.89; 0.94) / ↓5 mmHg

31 ECR, ~261,000 patients

	ACEi vs other	ARB vs other	BB vs other	CCB vs other	Diuretic vs other	ALL
Number of trials	13	11	4	18	6	31
Number of participants (% female)	113,026 (38%)	99,711 (38%)	34,073 (36%)	150,109 (46%)	58,185 (48%)	261,000 (41%)
Follow-up duration (years), median (IQR)	4.5 (4.0 – 5.1)	4.4 (3.1 – 4.9)	5.0 (4.5 – 5.8)	4.0 (2.8 – 5.2)	4.5 (3.7 – 5.5)	4.3 (3.0 – 5.0)

Risque de tout cancer

TT vs les autres	1.02 (0.93; 1.11)	0.98 (0.87; 1.09)	1.03 (0.90; 1.18)	1.00 (0.91; 1.10)	1.14 (1.03; 1.27)
TT vs Placebo	1.00 (0.92; 1.09)	0.99 (0.92; 1.06)	0.99 (0.88; 1.11)	1.04 (0.96; 1.14)	0.99 (0.90; 1.10)

Risque de cancer du sein, colorectal, poumon, prostate, peau: pas de sur risque clair; pas de relation temporelle

Rappel des Guidelines dans l'HTA

- **ESC/ESH Guidelines Hypertension 2018: Atul Pathak**
 - Nécessité d'agir jusqu'au contrôle de la PA et prise en compte du risque CV+++
- **HTA résistante: Michel Azizi**
 - Pseudo-résistance : Observance (>50%), Dose insuffisante (50%)
 - Secondaire : SAOS, HAP, SAR, MRC, iatrogène
 - TT: diurétiques/spironolactone/RHD
- **ESC Guidelines Diabetes 2019: Linda Mellbin**
 - aGLP1R -1.2 mmHg (LEADER) iSGLT2 -4 mmHg (EMPA REG)
 - Prise en charge multifactorielle

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