



HTA systolique isolée, diastolique, nocturne isolée Comment gérer ces situations complexes ?

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I have the following potential disclosure to report

Prises en charge pour des congrès et des soirées de formation des correspondants :

- Servier, Medtronic, Novartis, Novonordisk, Bouchara-recordati, Bayer, Astrazeneca.

HTA systolique isolée : 2 tableaux opposés

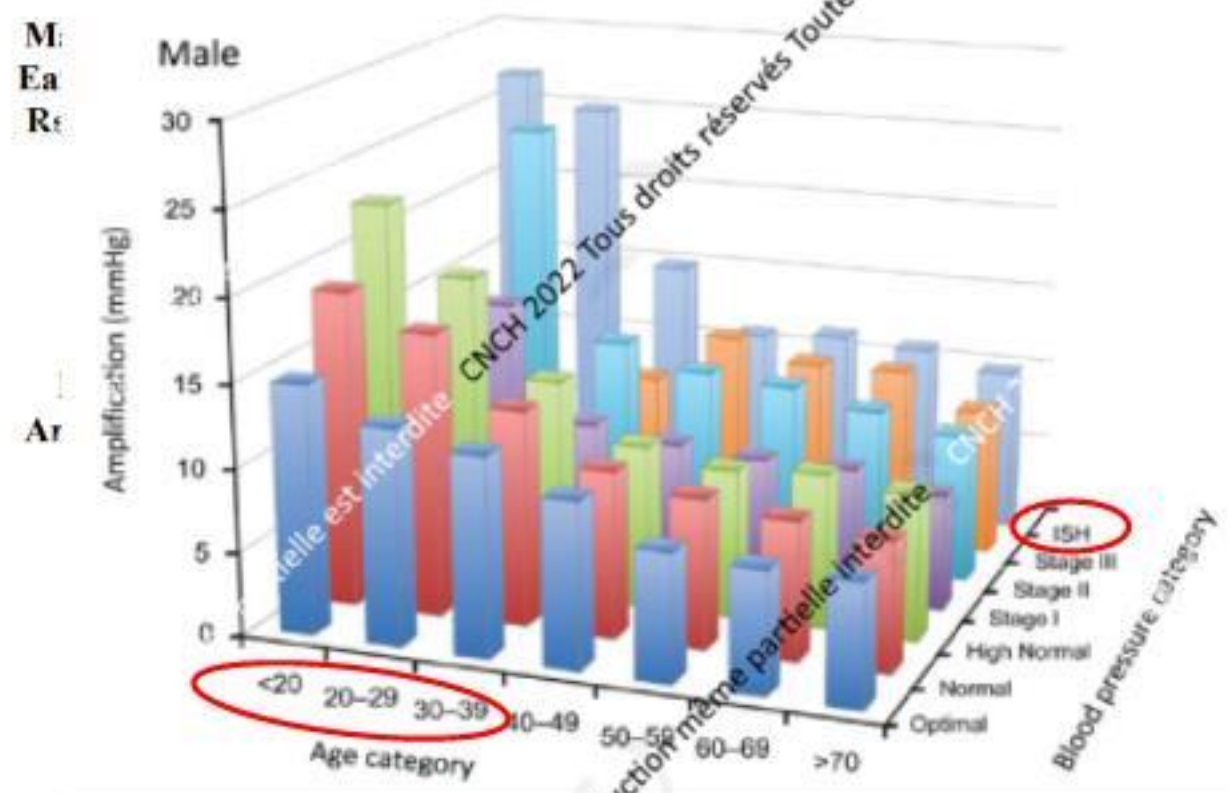


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Chez le patient jeune

: Le phénomène d'amplification

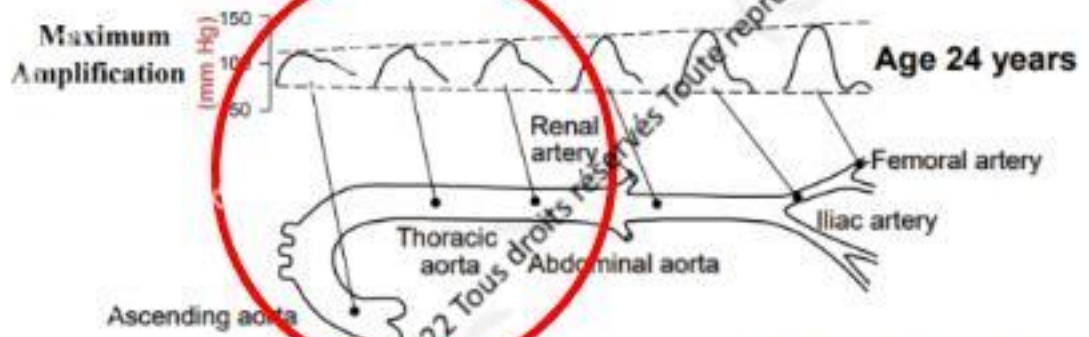


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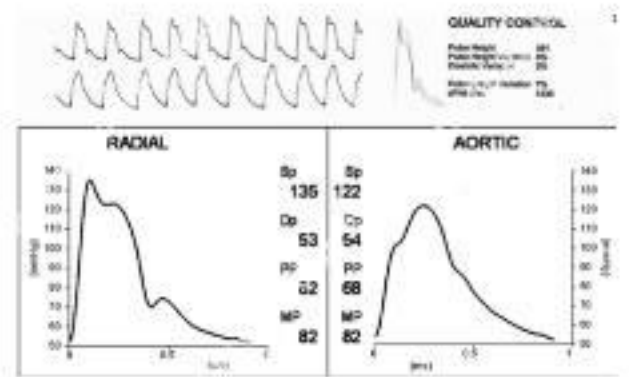


Chez le patient jeune

Mesure de la pression artérielle centrale



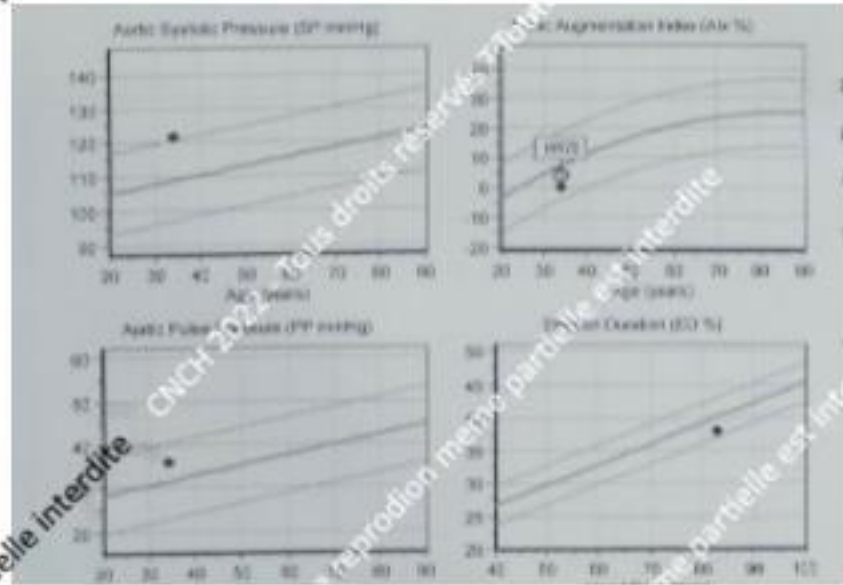
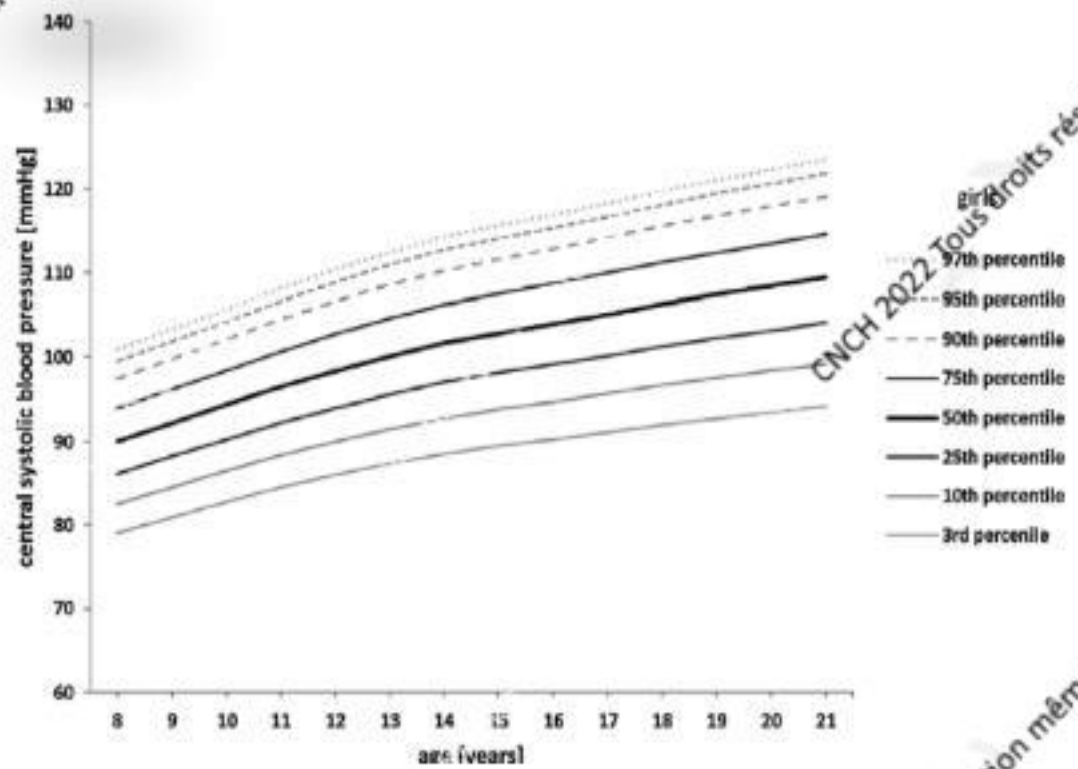
W. W. Nichols WW, et al. Arterial Vasodilation. Philadelphia, 1993;32.



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Normes



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Que disent les recommandations ?

Recommendations	Class ^a	Level ^b	Ref. ^c
Prompt initiation of drug treatment is recommended in individuals with grade 2 and 3 hypertension with any level of CV risk, a few weeks after or simultaneously with initiation of lifestyle changes.	I	A	260, 265, 284
Lowering BP with drugs is also recommended when total CV risk is high because of QD, diabetes, CVD or CKD, even when hypertension is in the grade I range.	I	A	260, 284
Initiation of antihypertensive drug treatment should also be considered in grade I hypertensive patients at low to moderate risk, when BP is within this range at several repeated visits or elevated by ambulatory BP criteria, and remains within this range despite a reasonable period of time with lifestyle measures.	IIa	B	266, 267
In elderly hypertensive patients drug treatment is recommended when SBP is ≥ 160 mmHg.	I	A	141, 265
Antihypertensive drug treatment may also be considered in the elderly (at least when younger than 80 years) when SBP is in the 140–159 mmHg range, provided that antihypertensive treatment is well tolerated.	IIb	C	-
Unless the necessary evidence is obtained it is not recommended to initiate antihypertensive drug therapy at high normal BP.	III	A	265
Lack of evidence does also not allow recommending to initiate antihypertensive drug therapy in young individuals with isolated elevation of brachial SBP, but these individuals should be followed closely with lifestyle recommendations.	III	A	142

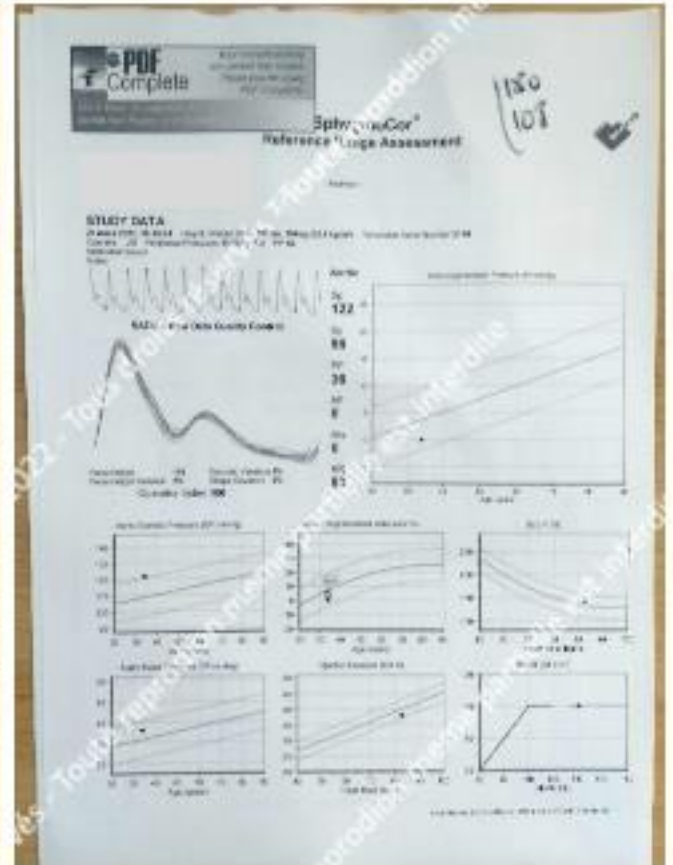
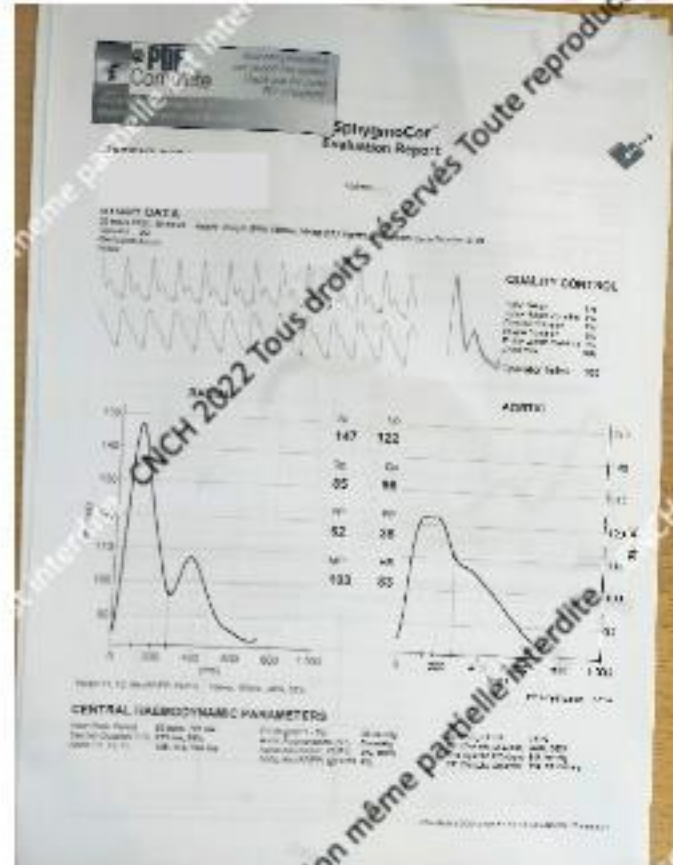


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Exemple concret

M. T, 33 ans

- 180 cm, 108 kg
- Adressé par son cardiologue
- Holter pathologique → 142/ 75 mmHg sur 24h
- Bilan d'HTA secondaire négatif



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Quelle prise en charge en pratique ?

- **Sur-risque d'HTA**
 - Surveillance régulière
 - Traitement ? Ajustement

- **Sur-risque CV global**
 - Amélioration à long terme



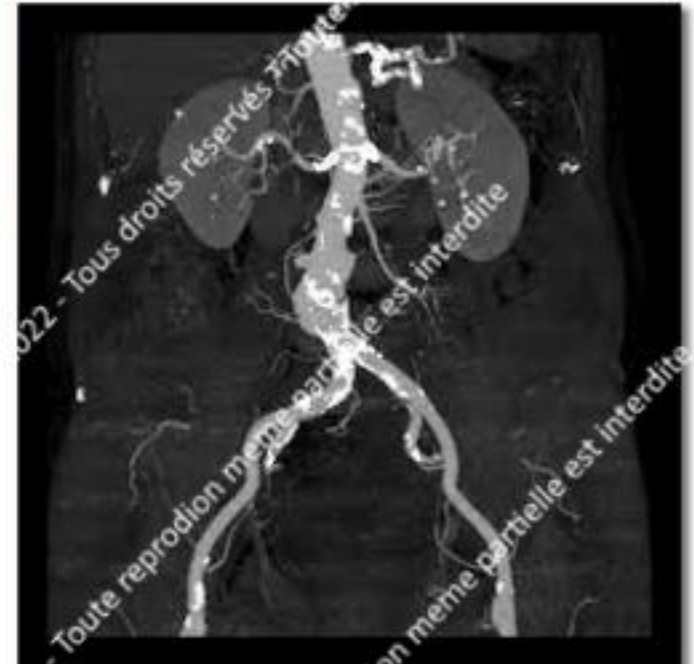
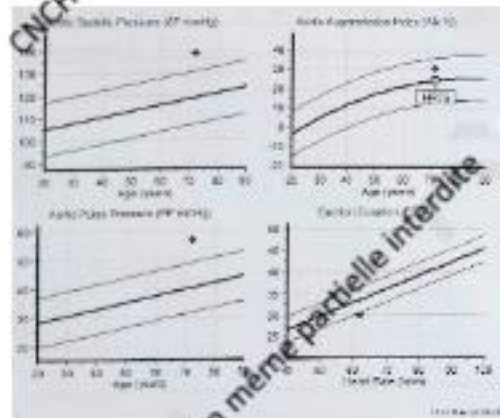
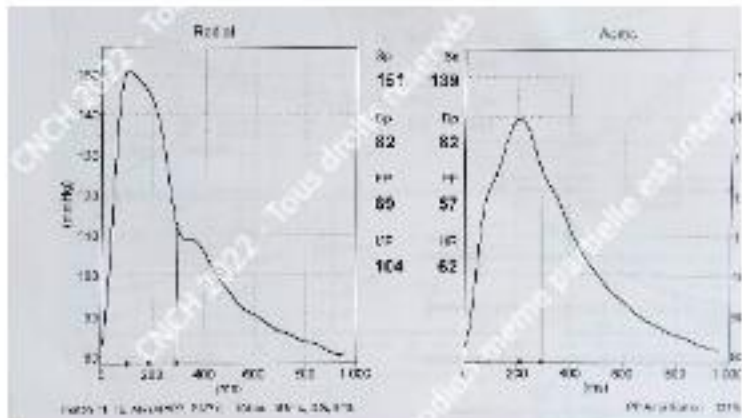
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Chez le patient plus âgé : un tableau opposé !

! Insuffisance aortique

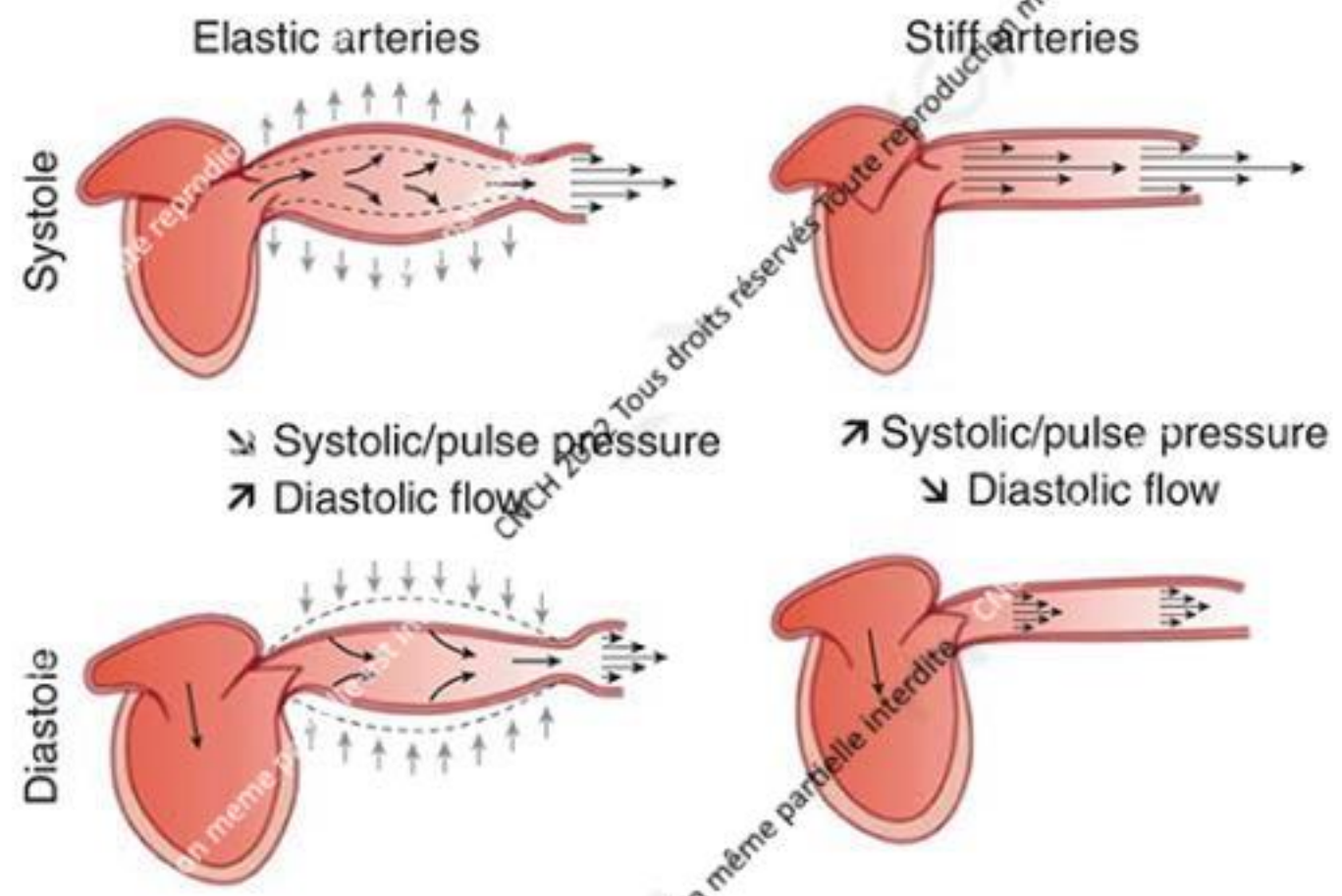
	Jour et nuit (66)								N (58)								O (8)							
	Sys	Dia	Myo	Diff	FC	QdA	CS		Sys	Dia	Myo	Diff	FC	QdA	PSC	Sys	Dia	Myo	Diff	FC	QdA	PSC		
min	70	53	61	10	50	167	111		79	53	61	10	50	163	111	131	68	99			57	182	113	
max	186	128	168	110	127	201	188		186	128	168	110	127	261	188	179	123	141			81	226	182	
med	153	77	110	76	69	191	135		152	76	109	76	69	190	133	163	83	114			80	65	197	143
meds	156	76	108	78	67	188	133		154	75	108	77	67	187	133	160	77	114			81	62	194	143
mean	19	12	15	19	11	16	13		20	11	15	20	11	16	12	15	12	12			8	13	19	
std	127	80	96	47	85	190	135		85	102	50	90	200	120	75	90	80	180			50	30	150	
%	95	24	95	92	6	44	42		97	5	100	26	0	100	100	100	100	100			0	100	100	25



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Tableau opposé : la rigidité artérielle

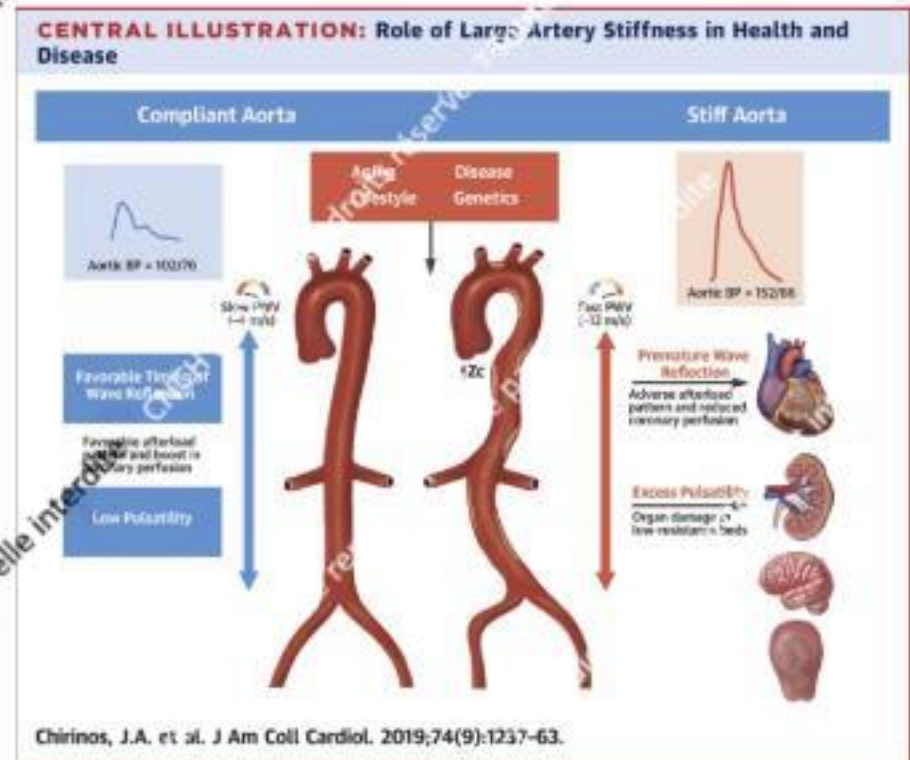


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HTA systolique isolée = Danger !!

- ❗ Lourdes comorbidités (HTA sévère ancienne, insuffisance rénale, diabète)
- ❗ Forte charge en athérome, haut risque cardiovasculaire
 - AVC, infarctus, AOMI, AAA, ...
- ❗ HTA résistante fréquente
 - Alternant les poussées hypertensives et hypotension





Concrètement, pour la pratique

- ❗ **La pression pulsée a une valeur pronostique très forte !**
 - Utilisable au quotidien (VOP, pression centrale, ...)
- ❗ **Eliminer l'insuffisance aortique**
- ❗ **Dépister tous les territoires artériels et traiter agressivement tous les facteurs de risque CV**
- ❗ **Attention au rapport bénéfice risque**
 - Hypotension orthostatique
 - Pression artérielle diastolique (Etude ARIC)
 - Fonction rénale

Sundström et al. BMJ. 2011

HTA diastolique isolée : un tableau classique

Intervalle de validité des mesures
 50 = Systole
 30 = Diastole = 150

10 < Diffé. systole < 150 et Systole < 120
 15 < Diffé. systole < 150 et Systole > 120

25 < Fréquence < 250
 100 = Qd4 = 300

Qd4(100,60) théorique : 21% var

Qd4(100,60) observé : 234 ms (110,50%)

Cycle circadien : 20% Extrem dipper (>=20%)

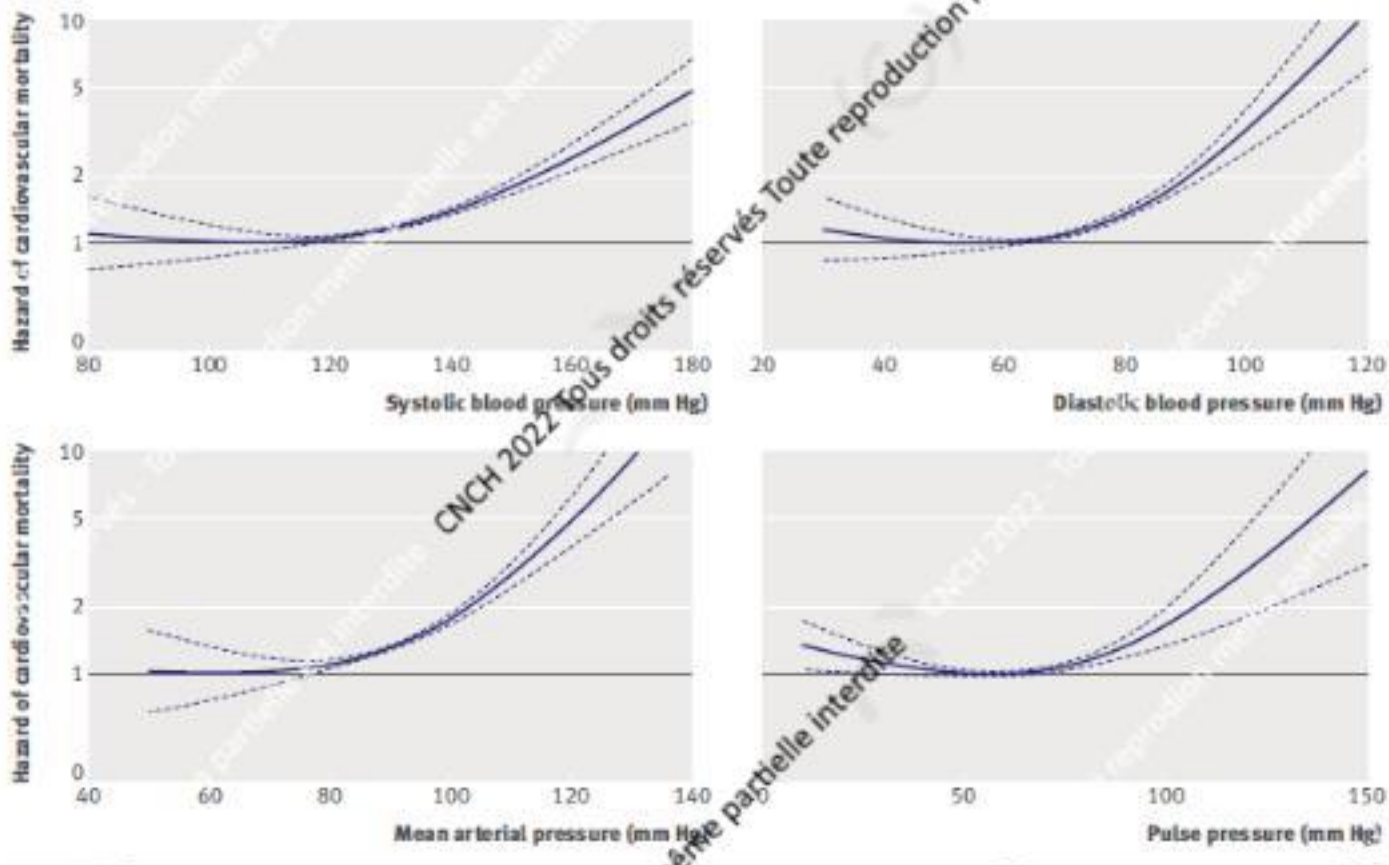
	Jour et nuit (85)							(29)							(55)						
	Sys	Dia	Med	Diff	FC	Qd4	PSC	Sys	Dia	Med	Diff	FC	Qd4	PSC	Sys	Dia	Med	Diff	Qd4	PSC	
max	92	65	76	12	7	155	88	93	65	76	14	37	202	88	92	68	76	14	59	155	92
max	127	127	133	64	125	247	162	133	100	11	43	92	247	133	127	127	133	64	125	245	162
med	124	93	103	31	85	209	125	109	83	97	27	69	225	111	132	98	103	34	94	201	132
min	126	94	105	31	88	210	128	108	83	97	27	68	225	110	134	100	103	32	93	200	136
min	17	13	17	11	16	22	17	8	6	6	7	9	13	9	15	11	12	12	11	21	16
%	49	85	60	9	55	79	40														



- Femme jeune, antécédent de pré éclampsie
- Patient jusqu'à 50 ans, métabolique



HTA diastolique isolée : ce que l'on sait





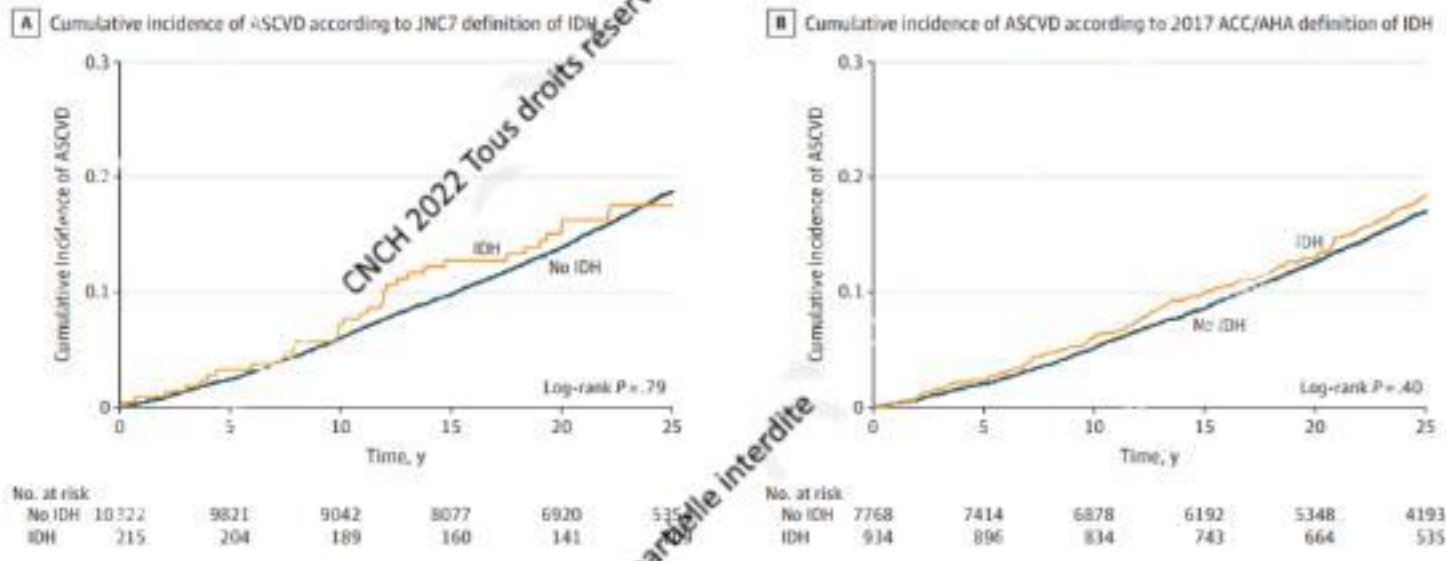
Research

JAMA | Original Investigation

Association of Isolated Diastolic Hypertension as Defined by the 2017 ACC/AHA Blood Pressure Guideline With Incident Cardiovascular Outcomes

John W. McEvoy, MBBCh, MEd, MHS; Nalake Daya, MPH; Faisal Rahman, MD; Ron C. Hoogeveen, PhD; Roger S. Blumenthal, MD; Amir M. Shah, MD; Christie M. Ballantyne, MD; Josef Coresh, MD, PhD; Elizabeth Selvin, PhD, MPH

Figure 1. Cumulative Incidence of Cardiovascular Events in the Atherosclerosis Risk in Communities (ARIC) Study, According to Both 2003 Joint National Committee (JNC7) and 2017 American College of Cardiology (ACC)/American Heart Association (AHA) Definitions of Isolated Diastolic Hypertension (IDH)



A. The median follow-up in the sample testing the JNC7 definition was 25.1 years (interquartile range [IQR], 16.6-26.4) in the no IDH group and 25.1 years (IQR, 14.6-26.4) in the IDH group. B. The median follow-up in the sample testing

the 2017 ACC/AHA definition was 25.2 years (IQR, 17.4-26.5) in the no IDH group and 25.4 years (IQR, 17.9-26.6) in the IDH group. ASCVD indicates atherosclerotic cardiovascular disease.



Concrètement, pour la pratique

- Pas de sur-risque CV évident
- Chouchouter les femmes !
- Être agressif sur règles HD
- Surveillance rapprochée (HTA précoce)



Risques de l'hypertension diastolique



Hypertension France

791 abonnés

S'abonner



64



Partager



Télécharger

La playlist sur Spotify



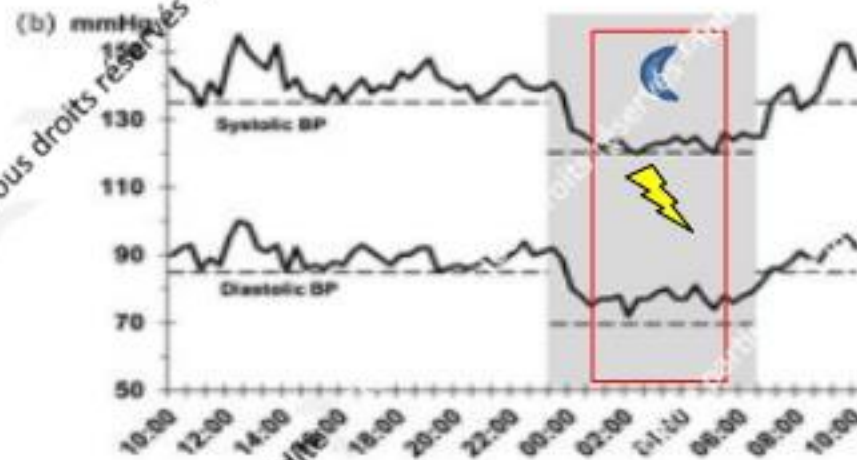
Titre	Durée
21. Les risques de l'hypertension diastolique	3:04
22. Diabète chez l'hypertendu	2:23
23. Conseils en cas de tension variable	4:12
24. Suivi des hypertendus	3:23



HTA nocturne isolée : la chronothérapie

Table 2. Criteria for Hypertension Based on Office-, Ambulatory (ABPM)-, and Home Blood Pressure (HBPM) Measurement

	SBP/DBP, mm Hg
Office BP	≥ 140 and/or ≥ 90
ABPM	
24-h average	≥ 130 and/or ≥ 80
Day time (or awake) average	≥ 135 and/or ≥ 85
Night time (or asleep) average	≥ 120 and/or ≥ 70
HBPM	≥ 135 and/or ≥ 85



HTA nocturne isolée : que faire ?

Circulation



Prognostic Value of Ambulatory and Home Blood Pressures Compared With Office Blood Pressure in the General Population: Follow-Up Results From the Pressioni Arteriose Monitorate e Loro Associazioni (PAMELA) Study
Roberto Sega, Rita Facchetti, Michele Bombelli, Giancarlo Cesana, Giovanni Corrao, Guido Grassi and Giuseppe Mancini

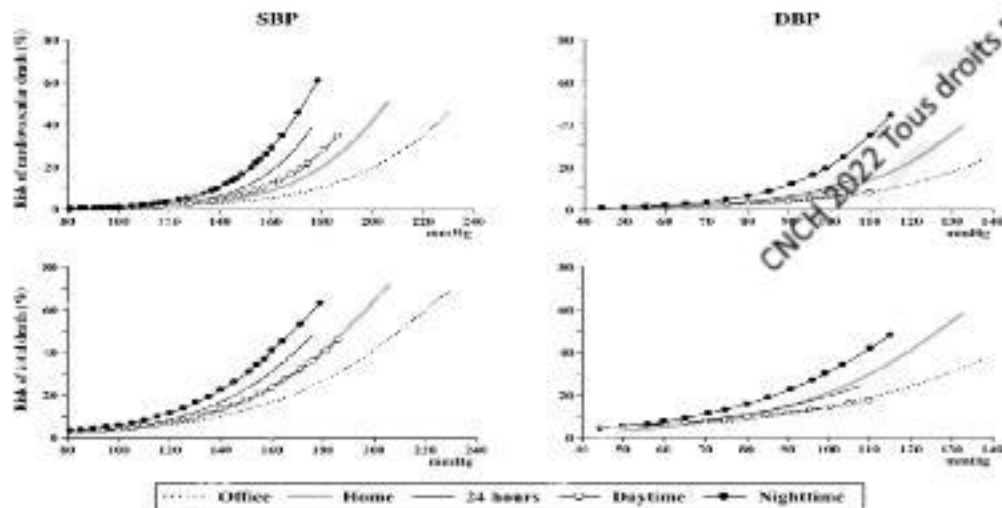


Figure 3. Office, home, 24-hour, daytime, and nighttime systolic (S) and diastolic (D) BP as predictors of 31-year risk of cardiovascular or all-cause deaths.

Circulation. 2005;111:1777-1783

- Dépister un SAOS
- Etre agressif sur les RHD
- Mettre les traitements le soir
- Si moyenne des 24 heures normales, viser plus bas
- Réévaluer la MAPA
 - Mesure de pression artérielle sans brassard ?

Conclusion

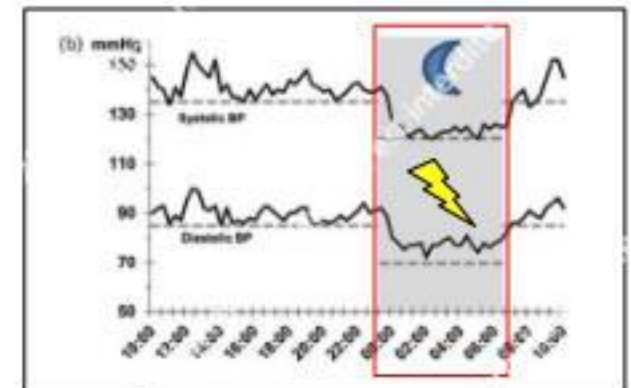
HTA systolique isolée



HTA diastolique isolée



HTA nocturne isolée



Ca vous a plu ?



Ca vous a plu ?



Infos@tension d'octobre : genre et tension

- Les conseils du Pr Xavier Girard : pourquoi je ne prends en charge de la même façon l'hypertension artérielle chez l'homme et chez une femme ?