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CSI 2016 ROUND-UP

Hypertension Capsule—Cardiological Society of India 2016: Swallow It!

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ABSTRACT

The 68th annual conference of the Cardiological Society of India was held at Kochi, Kerala, from December 8 to 11, 2016. An overall coverage of the most important topics on hypertension is summarized.

Keywords: Cardiological society of India annual conference 2016, Hypertension, Rosuvastatin.

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INTRODUCTION

The 68th annual meeting of the Cardiological Society of India promised to be different, right from the first brochure. Being held at "Gods own country" (Kochi, Kerala), it was an invitation almost impossible to decline. Dr MS Hiremath, the scientific committee chairman, had planned for a mixture of strong dose of academics, focusing more on case discussions rather than the usual didactic lectures. Of course, the lure of the natural beauty of Kerala beaches and spicy cuisine had an attraction that could not be ignored.

I reached the venue armed with my iPad, a notebook, and a list of not-to-be-missed sessions in hypertension. Here is a capsule of what I saw and heard.

Day 1 started with the first topic aptly titled: "Hypertension nearing a century and yet unsettled." The first topic was about blood pressure (BP) goal. We were reminded that even after all the debate, we are still unsure about the correct BP goal. The Joint National Committee (JNC)7 BP goal of 130/80 for diabetes and chronic kidney disease (CKD) and 140/90 for everyone else got an interesting tweak with a new goal of 150 systolic in people aged >60 years in JNC8. The American College of Cardiology/American Heart Association statement recommended 150/90 as goal for those above age 80. The Systolic Blood Pressure Intervention Trial (SPRINT) data threw an interesting challenge by showing reduction of cardiovascular (CV) events, CV mortality, and overall mortality in patients with a systolic BP goal of 120 or below (compared with a goal of 140).

The next topic was about the logical sequence of antihypertensive drugs and combinations. While younger population in general derived maximum benefit with renin–angiotensin–aldosterone system (RAAS) inhibition, such benefit was also seen in patients with diabetes and CKD. The elderly systolic hypertensive, on the contrary, tended to benefit more by use of calcium channel blockers (CCBs) and diuretics. Blood pressure control in CKD (not an easy task) was discussed in detail. The need for multiple drug use in CKD was highlighted. The topic of BP variability generated audience interaction both in the area of definition and its implications on outcome. The available therapies that can take care of such variability (e.g., CCBs) in improving CV outcomes were deliberated. Challenges of identifying day-to-day *vs* visit-to-visit BP variability were also discussed. The topic of data on young and adolescent hypertensive showed the lack of data in this subgroup and a need to generate them.

In the afternoon session, the theoretic advantages of azilsartan, a new angiotensin receptor blocker, was lectured upon. This new molecule is going to be available in India soon. Azilsartan stands out by boasting a favorable trough-peak ratio, promising a better 24-hour BP control. Also its beneficial effects on MAS receptors might go the extra mile to improve CV outcomes in hypertension.

An entire lecture was devoted to pregnancy-induced hypertension, an often neglected but important topic. Our knowledge gap in this area in identifying predictors of high risk for eclampsia was presented. The need for home monitoring of BP in pregnancy was underlined. Safe drugs in pregnancy like labetalol, alpha methyldopa, hydralazine, and CCBs were discussed.

On day 2, Dr Salim Yusuf (Hamilton, Canada) in his usual style discussed the Heart Outcomes Prevention Evaluation–3 (HOPE-3) subset data on intermediate risk population. He elegantly showed that while rosuvastatin was uniformly effective in reducing coprimary CV events

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(CV death, nonfatal myocardial infarction, nonfatal stroke), antihypertensive agent candesartan was effective only in the subgroup where entry BP was more than 143 mm Hg systolic. In those with an entry systolic BP of 131 to 143 mm Hg, there was no benefit and those with entry BP of less than 131 mm Hg showed harm. These data proved once again that despite being the standard risk factors for atherosclerotic vascular disease, approach to treatment of lipid abnormality was so different from treatment of BP.

The last 2 days were packed with interesting array of case presentations. They ranged from simple straightforward ones to complex clinical scenario. The presenters presented the case, stopped in between by the expert panel, and threw open the case to audience for opinion and suggestions. This highly interactive pattern created enthusiasm from the attendees of these sessions. A case of resistant hypertension was discussed, teaching the attendees how to investigate such a case. The need for estimation of serum potassium and aldosterone–renin ratio was highlighted. The need for checking back on patient compliance was also impressed upon. Another case of progressive target organ damage highlighting the choice of different pharmacologic agents at different stages of hypertension, spanning a period of 30 years time, generated lots of audience interaction.

Dr HK Chopra deliberated on ambulatory blood pressure monitoring (ABPM), highlighting the need to use this technology more often to make a correct diagnosis, predict prognosis in a better way, and also tailor therapy. His comment that ABPM is to be considered as the hemoglobin A1C of hypertension drew applause from the delegates. He showed examples of lack of night-dipping pattern as well as case of hyperdippers.

The 6-minute rapid fire sessions on day 3 was interesting too. One topic was a shootout between different diuretics (thiazide, chlorthalidone, and indapamide) by Dr Sandeep Bansal (Delhi). An interesting topic titled "when to 'start-stop' RAAS inhibitors in CKD" (Dr Manoria, Bhopal) saw delegates taking notes and photographing key slides. The importance of detecting left ventricular hypertrophy (LVH) by electrocardiogram and its long-term prognosis was another interesting topic. The options of therapy in regression of LVH including RAAS inhibitors and mineralocorticoid receptor antagonists were presented.

The morning yoga was refreshing, the academics invigorating, the 10 km marathon tiring, and the "tiger prawn" Kerala cuisine was sublime.

The academic capsule was easy to swallow with no bitter aftertaste.