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REVIEW

A critical appraisal of the guidelines from France, the UK, Europe and the USA for the management of hypertension in adults

Lecture critique des recommandations pour la prise en charge de l'hypertension artérielle de l'adulte, françaises, anglaises, européennes et nord-américaines

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Target

Summary Hypertension is the leading cause of death in developed countries; its management is the subject of guidelines that are regularly reviewed and updated. However, the guidelines from France, the UK, Europe and the USA differ. Some recommendations are graded, whereas others are not. All recommendations emphasize the role of alternative methods for clinical measurement of blood pressure, such as ambulatory blood pressure measurement (ABPM) or self-measurement. The UK guideline recommends that the diagnosis of hypertension should be established by ABPM. The USA guideline recommends a target of ≤ 150/90 mmHg for patients aged > 60 years. The French guideline recommends that the target blood pressure remains at < 140/90 mmHg, with < 150 mmHg for patients aged > 80 years. Systolic blood pressure between 130 and 139 mmHg and diastolic blood pressure < 90 mmHg are recommended for diabetic patients and those with chronic kidney disease. The French Society of Hypertension (SFHTA) guideline is unique in recommending a dedicated consultation to announce the diagnosis

Abbreviations: ABPM, ambulatory blood pressure monitoring; ACE, angiotensin-converting enzyme; ARB, angiotensin II type 1 receptor blocker; DBP, diastolic blood pressure; ESH, European Society of Hypertension; HAS, French National Authority for Health (Haute Autorité de Santé); JNC-8, Eighth Joint National Committee; NICE, National Institute for Health and Care Excellence; SBP, systolic blood pressure; SFHTA, French Society of Hypertension (Société française d'hypertension artérielle).

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to the patient. In the French and European guidelines, diuretics, beta-blockers, calcium antagonists, angiotensin-converting enzyme (ACE) inhibitors and angiotensin II type 1 receptor blockers (ARBs) remain indicated as first-line therapy for hypertension; if the target blood pressure is not achieved, they recommend combining two active substances. The UK guideline recommends ACE inhibitors or ARBs as first-line therapy for patients aged < 55 years; calcium antagonists are advised for patients aged > 55 years and for black patients. The USA guideline advises treating non-black patients, including those with diabetes, with thiazides, calcium antagonists, ACE inhibitors or ARBs; for black patients, including those with diabetes, it recommends thiazide and calcium antagonists.

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MOTS CLÉS
Hypertension ;
Recommandations ;
Cible

Résumé L'hypertension est la principale cause de décès dans les pays développés. Sa prise en charge fait l'objet de recommandations qui sont régulièrement réactualisées. Cependant, les recommandations françaises, britanniques, européennes et nord-américaines diffèrent notablement. Certaines recommandations sont gradées d'autres ne le sont pas. Toutes les recommandations soulignent l'intérêt de méthodes alternatives à la mesure clinique de la pression artérielle telle la mesure ambulatoire ou l'auto-mesure. Pour les recommandations anglaises, le diagnostic de l'hypertension doit être établi par mesure ambulatoire de la PA. Aux États-Unis, le JNC-8 recommande une cible de ≤ 150/90 mmHg pour les patients de plus de 60 ans. Pour les recommandations françaises, la PA cible recommandée reste < 140/90 mmHg et < 150 mmHg pour les plus de 80 ans, une PAS comprise entre 130 et 139 mmHg et une pression artérielle diastolique < 90 mmHg sont recommandées chez les diabétiques et insuffisants rénaux. La recommandation française est unique en proposant une consultation dédiée à l'annonce du diagnostic au patient. Selon les directives françaises et européennes, les diurétiques, bêtabloquants, inhibiteurs calciques, inhibiteurs de l'enzyme de conversion de l'angiotensine (IEC) et bloqueurs des récepteurs de l'angiotensine 2 (ARA2) restent indiqué comme traitement de première intention de l'hypertension. Si la PA cible n'est pas atteinte, il est recommandé de combiner deux substances actives. Au Royaume-Uni, IEC ou ARA2 sont recommandés comme traitement de première intention pour les patients âgés de moins de 55 ans. Les antagonistes calciques sont conseillées pour les patients âgés de plus de 55 ans ou des personnes noires. La recommandation US conseille le traitement des patients non noirs, y compris les diabétiques, avec les diurétiques thiazidiques, antagonistes calciques, IEC ou ARA2. Pour les patients noirs, y compris les diabétiques, thiazidiques et antagonistes calciques sont recommandés.
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Background

According to the author Paul Valéry, 'everything simple is false, everything complex is unusable'. This maxim sums up the difficulty facing any team tasked with developing a guideline: if they aim for simplicity, they will probably leave out many special cases; and if all cases are covered, the result becomes so complex that nobody can understand how it works. In other words, there are no miracle solutions or magic formulae. Guidelines on the management of hypertension are no exception. The 2-year period from 2013 to 2014 saw the publication of new hypertension guidelines in France by the French Society of Hypertension (Société Française d'Hypertension Artérielle [SFHTA]) [1], in Europe by the European Society of Hypertension (ESH) [2], and in the USA by the Eighth Joint National Committee (JNC-8) [3]. In the UK, the guidelines were updated in 2011 by the National Institute for Health and Care Excellence (NICE) [4]. These guidelines differ in both content and form. As the leading cause of death worldwide, the management of this condition is as important as ever, yet the advice differs between countries and continents. This critical appraisal summarizes the key recommendations of these guidelines, highlighting points on which they agree and disagree, as well as unique features.

A leaflet or a book?

The ideal length for a guideline is a thorny issue. A short document is easy to read and use, but inevitably simplistic, while an intentionally exhaustive document that exceeds 50 pages is difficult to use in routine practice. The French and European guidelines sit at opposite ends of this spectrum: the French guideline is just four pages long and contains 39 references, while the European document runs to 77

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