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Resistant Hypertension in Diabetes: A Structured Diagnostic Approach

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Keywords

Hypertension; diabetes; resistant hypertension

Abstract

People with diabetes often have difficulty reaching their blood pressure target, and are labelled as having resistant hypertension. Clinicians often move quickly to screen such people for secondary causes of hypertension, however such causes are rare, and resistant hypertension usually has other explanations that are significantly more common. By using a structured approach to resistant hypertension, clinicians can assist patients to reach their target blood pressure. Step 1 is to determine an out-of-office blood pressure using home or ambulatory blood pressure monitors. Step 2 is to determine the level of adherence to prescribed medications. Step 3 is to identify interfering substances. Step 4 is to check that the prescribed medications are synergistic and optimally dosed. Finally, if all other steps fail to get the patient to their blood pressure target, we consider possible secondary causes of hypertension. This approach is particularly useful in helping people with diabetes reach their blood pressure target.

Introduction

In Canada we have well established targets for blood pressure that act as our goals when managing hypertension. These targets are evidence based and set by the Hypertension Canada and Diabetes Canada guideline committees, and in 2017 the target for people with diabetes is to achieve a blood pressure less than 130/80 mmHg.(1, 2) These guidelines are very actionable and useful to clinicians, and their development has been associated with a reduction in cardiovascular events related to hypertension in Canada.(3)

The achievement of target blood pressure levels in people with hypertension is often difficult. Hypertension is the most common reason for a Canadian to visit a physician.(4) This tremendous amount of effort by clinicians has led to steady improvements in the rate of control of hypertension. Over about 15 years, the rate of control of hypertension has improved from 13% to 65%.(5) However, control of hypertension in people with diabetes is more difficult, partly due to the lower blood pressure target in this group, and also due to issues that

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