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Original article

Impact of the application of the JNC 8 and KDIGO-2013 guidelines on hypertension and lipid control in a nephrology outpatient clinic☆

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ABSTRACT

Objective: Observational retrospective study with consecutive patients with CKD to assess the degree of accomplishment of the therapeutic objectives in hypertension and dyslipidaemia recommended by JNC 8 and KDIGO-2013 CKD guidelines the impact of their implementation compared with previous guidelines.

Results: 618 patients were included, mean age 67 ± 15 years, 61.33% male. Mean eGFR was 45.99 ± 18.94 ml/min, with median albumin/creatinine 26 (0–151) mg/g. A total of 87.6% received antihypertensive treatment and 50.2% received statins. According to KDIGO guidelines, 520 patients (84.14%) should receive statins, but only 304 (58.46%) were receiving them. Patients on statin treatment had more diabetes and hypertension, and a greater cardiovascular history and lower levels of total and LDL-cholesterol.

A total of 97.7% of patients were under 60 years of age or had eGFR < 60 ml/min/1.73 m^2 or were diabetic, so according to the JNC 8 report, they should have a target blood pressure < 140/90 mmHg. A total of 289 patients did (47.85%). According to the JNC 7 report, this group had a tighter target blood pressure < 130/90 mmHg, reducing the number of patients who fulfilled the target: 136 (22.52%). Patients reclassified were older, had a greater cardiovascular history and less DM.

Conclusion: The new KDIGO guidelines for dyslipidaemia treatment increase the indication of statin therapy, especially in patients at high cardiovascular risk. The JNC 8 guidelines improve the percentage of patients with controlled blood pressure, especially the elderly and patients with increased cardiovascular risk, in whom the target blood pressure is currently controversial.

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Impacto de la aplicación del 8.º JNC y de las guías KDIGO-2013 en el control de la hipertensión arterial y los lípidos en una consulta de Nefrología

Palabras clave:
Hipertensión arterial
Hiperlipidemia
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Enfermedad renal crónica

R E S U M E N

Objetivo: Estudio observacional retrospectivo con pacientes consecutivos con ERC para valorar el grado de cumplimiento de los objetivos terapéuticos en hipertensión arterial y dislipidemia recomendados por las guías JNC 8 y KDIGO-2013 ERC, y el impacto de su aplicación con respecto a las guías previas.
Resultados: Se recogieron 618 pacientes, edad media 67 ± 15 años, el 61,33% varones. El FGe medio era 45,99 ± 18,94 ml/min, la mediana de albúmina/creatinina 26 (0-151) mg/g. Un 87,6% recibían tratamiento antihipertensivo y un 50,2% estatinas. Según las guías KDIGO, 520 pacientes (84,14%) deberían recibir estatinas, pero solo 304 (58,46%) las recibían. Los pacientes en tratamiento con estatinas tenían más DM e hipertensión arterial, más antecedentes cardiovasculares y menor nivel de colesterol total y colesterol-LDL.
El 97,7% de los pacientes eran menores de 60 años o tenían FGe < 60 ml/min/1,73 m^2 o diabéticos, grupo que según el informe JNC 8 tiene objetivo de presión arterial < 140/90 mmHg. Cumplían dicho objetivo 289 pacientes (47,85%). Según el JNC 7, estos pacientes tenían un objetivo más exigente, <130/90 mmHg, lo que reduciría el número de pacientes cumplidores a 136 (22,52%). Los pacientes reclasificados eran mayores, tenían más antecedentes cardiovasculares y menos DM.
Conclusión: Las nuevas guías KDIGO de tratamiento de la dislipidemia suponen un incremento en la indicación del tratamiento con estatinas, sobre todo en pacientes con elevado riesgo cardiovascular. Las guías JNC 8 mejoran el porcentaje de pacientes con la presión arterial controlada, sobre todo a expensas de los pacientes más mayores y con mayor riesgo cardiovascular, en los que en la actualidad las cifras objetivo de la presión arterial son controvertidas.

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Introduction

In 2013, the Kidney Disease: Improving Global Outcomes (KDIGO) foundation published its clinical practice guideline for lipid management in chronic kidney disease (CKD).[1] This guideline modified the previous recommendations, widening the indications for statin therapy to improve the prevention of cardiovascular (CV) disease in patients with CKD. Statin therapy was recommended to all patients over 50 years of age with CKD and to certain subgroups of patients between 18 and 49 years of age with CKD (Table 1). Lipid profile assessment was also recommended in all adults with newly identified CKD, but without specifying new follow-up measures in most patients.

In 2014, the panel of members of the Eighth Joint National Committee (JNC 8) published the evidence-based guideline for the management of high blood pressure (HTN) in adults.[2] This guideline differed notably on the point of HTN management compared to the previous report by the Seventh Joint National Committee (JNC 7).[3] The new guideline changed the target blood pressure (BP), making them less stringent. In adult patients <60 years of age, with an estimated glomerular filtration rate (eGFR) < 60 ml/min and/or diabetes, the target BP was changed from <130/80 mmHg to <140/90 mmHg, and in patients >60 years, the target BP was changed from <140/90 mmHg to 150/90 mmHg.

In a nephrology outpatient clinic, we monitored incident and prevalent patients with CKD, in whom it is important to study the various CV risk factors and risk factors for CKD progression. Taking into account these recent updates on lipid and high blood pressure management, we designed this study to assess the suitability of the various clinical practice guidelines in a sample of patients from our outpatient practice, as well as the impact of the changes to guideline targets in our population.

Material and methods

Study design

A retrospective, descriptive, cross-sectional study was conducted on 652 consecutive, non-screened patients from the nephrology outpatient clinic when they attended a clinical revision at the nephrology outpatient clinic of the Hospital General Universitario Gregorio Marañón between June and December 2012.

Patients

The patients were men and women between 17 and 90 years of age with stage 1–5 CKD and at least 6 months' previous

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