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## Hypertension and Diabetes: An update in current recommendations for lowering blood pressure in patients with diabetes

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## Abstract

Hypertension is common among patients with diabetes, with the prevalence depending on type and duration of diabetes, age, sex, race/ethnicity, BMI, history of glycemic control, and the presence of kidney disease, among other factors. The prevalence of hypertension is higher in patients with diabetes than in the general population. Current estimates are that  $\sim$ 74% of adult patients with diabetes have elevated blood pressure (BP) $\geq$ 140-90 mmHg.

Furthermore, hypertension is a strong risk factor for atherosclerotic cardiovascular disease (ASCVD), heart failure, and microvascular complications (nephropathy and retinopathy) ASCVD—defined as acute coronary syndrome, myocardial infarction (MI), angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin—is the leading cause of morbidity and mortality for individuals with diabetes and is the largest contributor to the direct and indirect costs of diabetes. There is evidence that ASCVD morbidity and mortality have decreased for people with diabetes since 1990, likely due in large part to improvements in blood pressure control.

The treatment of hypertension in type 2 diabetes is of great importance in avoiding costly complications and human suffering. The question, however, is how low we should go with blood pressure reduction to achieve the best therapeutic benefits without significant side effects from antihypertensive therapy. Although we are witnessing a proliferation of guidelines and recommendations suggesting optimal blood pressure targets in the diabetes population, there is little scientific evidence to support aiming at lower targets such as <130/80 mmHg.

The objective of this presentation is to summarize the most recent hypertension management guidelines in diabetics, with particular attention to the origins and evidence behind these recommendations and the blood lowering results of the novel antidiabetic drugs.



## Biography:

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