

“ The area under the blood pressure curve will surely be more relevant than conventional blood pressure measurements, as currently expressed”

Legacy for the next generation of hypertension caregivers

by J.-J. Mourad, *France*



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The randomness of life is such that the year of my birth was also that of the publication of the first placebo-controlled trial in arterial hypertension. Very early in my studies I had the good fortune to learn at one of the schools most involved in the contemporary history of this disease, that of Prof Michel Safar in Paris. Over the last 50 years, impressive progress has been made in the understanding of the pathophysiology of hypertension, in the development and evaluation of anti-hypertensive drugs, and ultimately in improving patients' life expectancy and quality of life. We should take the time to remind ourselves just what a burden this disease was until the 1960s. Due to its high prevalence, the progressive implementation of treatments has resulted in a major and immediate improvement in the most severe forms of hypertension, but also in the long term for all hypertensive patients.

Younger physicians who have not lived all or part of this fascinating saga may not realize that the transformation of hypertension from an orphan disease that dramatically reduced life expectancy to a common risk factor has perhaps led to a tendency to trivialize the disease. In addition, pharmacological innovation in this area has almost dried up and no longer provides the stimulus needed to increase knowledge and maintain interest in the disease.

And yet, the margin for improvement is still enormous and the youngest physicians will have to find innovative solutions to overcome the identified obstacles to blood pressure control for a majority of patients. The first seeds have been planted: clarification of recommendations and simplification of titration schemes, with priority given to protection with a minimum number of tablets to be taken, with more use of combinations from the start of the treatment, but also a quicker use of single-pill combinations of three drugs, or four perhaps in the future for patients whose hypertension is still resistant to three drugs. Despite their evolution, these recommendations are still marked by the weight of the historical definition of the disease and by the historical approach to treatment derived from pioneering clinical trials.

Younger generations will have to challenge these dogmas, aided by emerging big data and connected health tools. Broader use of connected tools with direct access to the information by health care professionals (HCPs) will help to integrate the cumulative effect of blood pressure into cardiovascular risk assessment and treatment decisions (such as quantification of the risk factor of smoking), expressing the risk associated with hypertension *in mm Hg in excess x year of exposure*. The area under the blood pressure curve will surely be more relevant than conventional blood pressure measurements, as currently expressed. They will also have to find

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lasting solutions to the problem of clinical inertia, probably helped by connected tools, as HCPs are going to be able to monitor blood pressure continuously. One practical way of overcoming the dogma of monotherapies and rotations of dual therapies could be to reverse the proposed titration schemes, starting with low doses of triple therapies.

These young doctors will also have the heavy burden of convincing patients of the benefits of long-term treatment, a prerequisite for confident adherence to the prescription. There

is clearly a need to communicate with and inform patients to ensure that decision making is truly shared. As such, epidemiological data on the prevention of dementia are motivating, because they show that the increased control of hypertension since the 1960s mirrors the decline in the incidence of dementia at a given age. The challenge of better management of hypertension is individual, but also societal. This priority depends only on the involvement of younger generations of physicians. To this end, the duty of remembrance is essential. ■