

New DH-BSC Recommendations on Optimal Management of Hypertension in Diabetics

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One of the missions of Scientific Societies is to facilitate the transfer of knowledge from its origin (basic research laboratory, centers specializing in clinical research, etc.) to the professionals who put the results of the research into practice, i.e. clinicians in daily practice. A patient with a specific problem always expects the best advice and treatment option available, all of which requires constant updating. The huge amounts of scientific articles published daily in national and international journals makes it impossible, in practice, for clinicians to access and learn all the contents on offer. Therefore, it is the duty of expert groups to classify, prioritize, order, synthesize and disseminate the results of the best research, while at the same time discarding unnecessary or irrelevant information.

To fulfill this mission, Scientific Societies have different tools available: congresses, symposia and scientific meetings allow personal transfer of knowledge from experts to their audience, while facilitating discussion and interaction between professionals. However, physicians who regularly attend such meetings make up only a very small part of the clinicians attending patients on a daily basis. Therefore, additional tools, such as clinical guidelines for the management of specific diseases, are required. These are usually prepared and published every three to six years, depending on the amount and importance of new findings published in the scientific literature. In the specific field of hypertension, the European Society of Hypertension (ESH) and the European Society of Cardiology (ESC)¹ released their latest guidelines on June 15th 2013, six years after the publication of the last guidelines² in 2007. However, due to the amount of new information available and the long period between the two guidelines, an intermediate reappraisal³ was released in 2009. Another tool available is the publication of a position statement on a specific topic, such as the first such statement made by the

Departamento de Hipertensão Arterial da Sociedade Brasileira de Cardiologia on the subject of hypertension and diabetes mellitus, which is published in this issue of the *Arquivos Brasileiros de Cardiologia*⁴.

Cardiovascular disease induced by the coexistence of hypertension and type 2 diabetes mellitus devastates not only developed but also emerging countries due to the current high prevalence of both conditions worldwide. Scientific evidence shows that this is not a casual association: rather, the two conditions are linked by common epidemiological, pathophysiological and clinical nexus. Between 70% and 80% of patients with diabetes mellitus have hypertension, while diabetes mellitus is found in up to 40% of hypertensive patients, especially those who are older. The most preoccupying thing is that the prevalence of the two diseases is increasing for different reasons: when this is added to the progressive aging of the population and increased longevity, this association can be seen as one of the greatest future public health challenges in the overwhelming majority of countries⁵⁻⁶.

The current position statement, which has been drawn up by 34 experts in hypertension from the *Sociedade Brasileira de Cardiologia* covers various aspects of the association between hypertension and diabetes, from the epidemiological factors to the therapeutic options, and includes the clinical evaluation, the global cardiovascular risk stratification, silent and clinical lesions in different organs, and the treatment of all associated factors⁴. However, therapeutic aspects occupy the central and most-essential part of the statement, covering therapeutic strategies for hypertension in diabetics, glycemic control, the treatment of dyslipidemia, and, finally, aspects related to the interventional treatment of arterial disease in diabetics. All these factors are addressed practically but with scientific rigor. The position statement includes 80 up-to-date references (the reference to the 2013 ESH/ESC Hypertension Guidelines could not be included as they were not released before the scheduled publication date³). However, the recommendations of this position statement do not differ substantially from those of the new European guidelines, except for the blood pressure targets that should be reached when treating diabetic patients with hypertension which, in this position statement, are based primarily on the American Diabetes Association (ADA) criteria⁷, which recommends that levels of <130/80 mmHg should be achieved, while the 2013 ESH/ESC Hypertension Guidelines is less stringent, advising a reduction to <140/85 mmHg, as they suggest there is no Class I/Level A evidence that justifies the fundamentally empirical recommendation of the ADA⁷.

It only remains for me to congratulate the *Departamento de Hipertensão Arterial da Sociedade Brasileira de*

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Cardiologia for this initiative and encourage the authors to similarly confront other problems related to hypertension and cardiovascular disease prevention in the near future by publishing new statements that will, without doubt, be of great utility for physicians from various

specialties engaged in the care of hypertensive patients. Our mission is to provide the rigorous, information to medical professionals which, together with clinical logic, will enable them to take correct decisions when treating hypertensive patients.

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