

Hot from the hypertensive press

Short analysis of clinical studies that may change our practices in the field of hypertension 02/2023

Joint statement for assessing and managing high blood pressure in children and adolescents: Chapter 1. How to correctly measure blood pressure in children and adolescents.

Lurbe E, Mancia G, Calpe J, Drożdż D, Erdine S, Fernandez-Aranda F, Hadjipanayis A, Hoyer PF, Jankauskiene A, Jiménez-Murcia S, Litwin M, Mazur A, Pall D, Seeman T, Sinha MD, Simonetti G, Stabouli S, Wühl E. Front Pediatr. 2023 Apr 11;11:1140357. doi: 10.3389/fped.2023.1140357.

Joint statement for assessing and managing high blood pressure in children and adolescents: Chapter 2. How to manage high blood pressure in children and adolescents.

Wühl E, Calpe J, Drożdż D, Erdine S, Fernandez-Aranda F, Hadjipanayis A, Hoyer PF, Jankauskiene A, Jiménez-Murcia S, Litwin M, Mancia G, Mazur A, Pall D, Seeman T, Sinha MD, Simonetti G, Stabouli S, Lurbe E. Front Pediatr. 2023 Apr 12;11:1140617. doi: 10.3389/fped.2023.1140617.

Importance of childhood hypertension:

- 1. The joint statement is a synergistic action between HyperChildNET and the European Academy of Pediatrics about the diagnosis and management of hypertension in youth, based on the European Society of Hypertension Guidelines published in 2016 with the aim to improve its implementation.
- 2. The first and most important requirement for the diagnosis and management of childhood hypertension is an accurate measurement of office blood pressure that is currently recommended for screening, diagnosis, and management of high blood pressure in children and adolescents.
- 3. Blood pressure levels should be screened in all children starting from the age of 3 years. In those children with risk factors for high blood pressure, it should be measured at each medical visit and may start before the age of 3 years.
- 4. Twenty-four-hour ambulatory blood pressure monitoring is increasingly recognized as an important source of information as it can detect alterations in circadian and short-term blood pressure variations.
- 5. Early hypertension-mediated organ damage may already occur in childhood.
- 6. The duration of existing hypertension plays an important role in risk assessment, and structural and functional organ changes may still be reversible or postponed with timely treatment.
- 7. Lifestyle measures should be recommended in all hypertensive children and adolescents, including a healthy diet, regular exercise, and weight loss, if appropriate.
- 8. If lifestyle changes in patients with primary hypertension do not result in normalization of blood pressure within six to twelve months or if secondary or symptomatic hypertension or hypertension-mediated organ damage is already present, pharmacologic therapy is required.

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