

Multicentric study on the management of acute hypertensive events

According to the ESC guidelines, a hypertensive crisis is defined as an acute and severe increase of blood pressure (BP) levels ($> 180 / 120$ mmHg). When this large BP elevation is accompanied by impending or progressive target organ damage, the event is characterized as hypertensive emergency, while when it is not accompanied by severe symptoms or progressive target organ damage, it is characterized as hypertensive urgency (1).

The hypertensive crisis events represent approximately 3% of all cases admitted in an emergency department (ED). About 24% of these events are emergencies (hypertensive emergencies) and 76% urgencies (hypertensive urgencies) (2).

In addition to these two forms of acute hypertensive events, there is also the case of false hypertensive crisis that is usually a result of situations that cause stress or pain. In countries such as Greece with deficiencies in the primary health system, most of these events arrive to the ED of hospitals providing tertiary care.

In the latest edition of the ESC guidelines for hypertension, there is poor mention on hypertensive crisis, while there is a small number of publications concerning the prevalence and treatment of these events in the ED.

OBJECTIVE:

Assessment of:

1. the prevalence of acute hypertensive episodes (hypertensive crises and false hypertensive crises),
2. the epidemiological and clinical characteristics of patients,
3. the management of these episodes.

STUDY DESIGN:

It is a multicentric, non-invasive study, conducted in the ED (TBC) of outpatient clinics (cardiology or internal medicine department) in hospitals of large cities of the country where the respective Centers of Excellence are located.

STUDY POPULATION

The population of the study consists of patients > 18 years old who are admitted in the ED of the above hospitals, either due to increased BP levels or other reasons and who present elevated BP that requires further assessment (e.g. epistaxis with elevated BP), in a six month period (or a year).

STUDY PROTOCOL

(Attached)

REFERENCES

1. 2013 ESH/ESC Guidelines for the management of arterial hypertension
2. Zampaglione B., Pascale C., Marchisio M., Cavallo-Perin P. Hypertensive Urgencies and Emergencies. Prevalence and Clinical Presentation. Hypertension. 1996 Jan;27(1):144-7.