

Profile of elderly hypertensive patients in nephrology consultation: About 61 cases

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Abstract

Background: Hypertension is a cardiovascular risk factor and a cause of morbidity and mortality, especially in elderly population. The aim of this work was studying the profile of elderly hypertensive patients, the associated risk factors and the proposed therapeutic modalities.

Methods: It was a retrospective descriptive study conducted in nephrology consultation from January 2020 to January 2022. Hypertensive patients over 65 years were included. Cardiovascular risk was stratified according to the ESC2019 recommendations. Chronic kidney disease (CKD) stage was defined according to the KDIGO classification. Therapeutic target was defined as Systolic Blood Pressure (SBP) <150mmHg.

Results: Sixty-one patients were included, mean aged 72.5 years with a sex ratio M/F 1.25. The average age at the time of discovery of hypertension was 60.12 years [38-85]. Fifty-five patients were followed for nephropathy (90.2%). The dominant stages of CKD were 3 and 4 (in 28 and 12 patients respectively). Among our population, thirty-four patients were diabetic (55.73%), 21 were dyslipidemic (34.42%) and 12 patients had coronary disease.

Among the diabetic patients, hypertension was considered as a diabetic macroangiopathy in 15 patients (44.11%). Metabolic syndrome was found in 21 patients (34.42%). Thirteen patients were classified as very high cardiovascular risk, 34 as high risk, and 9 as moderate risk. The mean SBP was 140mmHg+/-24.28. Vascular nephropathy was found in 28 patients (45.9%) and left ventricular hypertrophy in 3 patients (4.91%).

The therapeutic target was achieved in 42 patients (68.85%) of whom 24 were on a calcium channel blocker, 28 were on a Renin-angiotensin-aldosterone blocker, 15 on a combination containing a loop diuretic and 10 on a central antihypertensive.

Conclusion: Hypertension in the elderly is associated with multiple comorbidities mainly diabetes. Regular follow-up of this population with adaptation of treatment is necessary to reduce mortality rate and prevent complications related to hypertension and treatment.