

This is a repository copy of Blood pressure lowering for cardiovascular disease.

White Rose Research Online URL for this paper: https://eprints.whiterose.ac.uk/138098/

Version: Accepted Version

Article:

Kain, K (2016) Blood pressure lowering for cardiovascular disease. The Lancet, 388 (10040). p. 126. ISSN 0140-6736

https://doi.org/10.1016/S0140-6736(16)30974-6

© 2016 Elsevier Ltd. This manuscript version is made available under the CC-BY-NC-ND 4.0 license http://creativecommons.org/licenses/by-nc-nd/4.0/.

Reuse

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can't change the article in any way or use it commercially. More information and the full terms of the licence here: https://creativecommons.org/licenses/

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk https://eprints.whiterose.ac.uk/

Population appropriate blood pressure lowering for prevention of cardiovascular diseases

Dr Kirti Kain MD FRCP FHEA

Clinical Senior Lecturer in Cardiovascular Medicine, Division of Cardiovascular & Diabetes Research, Leeds Institute of Cardiovascular and Metabolic Medicine, University of Leeds

Dr Kirti Kain MD FRCP FHEA

Clinical Senior Lecturer in Cardiovascular Medicine Leeds Institute of Cardiovascular and Metabolic Medicine University of Leeds Clarendon Way Leeds LS2 9JT UK E: k.kain@leeds.ac.uk T: +44 (0)113 343 7745

Word count: 250

Blood pressure lowering significantly reduces vascular risk across various baseline bloodpressures and comorbidities (1). However, this will only be applicable to populations in whom the trials were conducted because the mechanisms of hypertension and hence responses might be dissimilar in different cardiovascular-diseases in diverse populations. The prevalence of hypertension and its association with cardiovascular-disease is not increased in South-Asians when compared to the Europeans. INTERHEART study had 40.5% of cases with myocardial infarction. The cases with hypertension were 40%, diabetes defined with a known history were 18.2% from other countries but figures were 29.6% for hypertension and 20% for diabetes from South-Asia. The glucose status of extra 9.6% with hypertension from South-Asia was not known as blood-tests were not carried out (2). Another UK study found that the increased risk of myocardial infarction in South-Asians with hypertension was due to higher diabetes prevalence (3). The combination of hyperglycemia and hypertension appeared particularly detrimental for South-Asians for stroke too (4). Moreover, the prevalence of decreased ankle-blood-pressure/ brachial-blood-pressure index <0.9 is lower in South-Asians compared to the Europeans (5).

Challenges

1. There is a need to research mechanisms of increasing blood-pressures in subjects with or without insulin-resistance in different cardiovascular-diseases and differential changes in these blood-pressures in different vascular-beds (greater increase in ankle-blood pressures versus brachial-blood pressures) in different populations.

2. The challenge [of creating] appropriate representation of insulin-resistant South-Asian or hypertensive Afro-Caribbean models in mice before studying mechanisms.

The above two research programmes, will facilitate hypertension management to be population appropriate.

Acknowledgement: University of Leeds Conflict of interest: None

References

- (1) Ettehad D, Emdin CA, Kiran A, Anderson SG, Callender T, Emberson J et al. Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis. Lancet 2015 December 23.
- (2) Joshi P, Islam S, Pais P, Reddy S, Dorairaj P, Kazmi K et al. Risk factors for early myocardial infarction in South Asians compared with individuals in other countries. JAMA 2007 January 17;297(3):286-94.
- (3) Patel JV, Lim HS, Gunarathne A, Tracey I, Durrington PN, Hughes EA et al. Ethnic differences in myocardial infarction in patients with hypertension: effects of diabetes mellitus. QJM 2008 March;101(3):231-6.
- (4) Eastwood SV, Tillin T, Chaturvedi N, Hughes AD. Ethnic Differences in Associations Between Blood Pressure and Stroke in South Asian and European Men. Hypertension 2015 September;66(3):481-8.
- (5) Chaturvedi N, Coady E, Mayet J, Wright AR, Shore AC, Byrd S et al. Indian Asian men have less peripheral arterial disease than European men for equivalent levels of coronary disease. Atherosclerosis 2007 July;193(1):204-12.