

Klinik kararlarınıza UpToDate'in kanıta dayalı derecelendirilmiş tavsiyelerini ekleyiniz! (graded recommendations)

UpToDate 10,500 'den fazla klinik konu içerisinde 9,700'den fazla derecelendirilmiş tedavi tavsiyesine erişim sağlamaktadır. Bu özellik kanıta dayalı tavsiyelere hızlı bir şekilde erişim sunmaktadır böylece doktorlar UpToDate kaynaklarını inceleyip en son bakım standartlarını kullanarak tedavi uyguladıklarından emin olarak tedavi uygulayabilirler.

Tavsiye bilgilerine konu içinden erişmek için aşağıdaki ekran görüntüsünde olduğu gibi ekranın sol kısmındaki "Recommendations" linkine ya da metin içerisinden konu ile ilgili linke kaydırma çubuğunu kullanarak erişebilirsiniz.

Choice of drug therapy in primary (essential) hypertension: Recommendations

SUMMARY AND RECOMMENDATIONS — The American Heart Association and the European Society of Hypertension/European Society of Cardiology (ESH/ESC), as well as various meta-analyses, all concluded that the amount of blood pressure reduction is the major determinant of reduction in cardiovascular risk in both younger and older patients with hypertension, **not** the choice of antihypertensive drug. This conclusion also applies to patients at increased cardiovascular risk as shown in the ALLHAT, VALUE, and CAMELOT trials. (See '[Importance of attained blood pressure](#)' above and '[ALLHAT trial](#)' above.)

However, this may not apply to combination therapy. In the ACCOMPLISH trial, [amlodipine](#) plus [benazepril](#) was associated with a 20 percent lower rate of cardiovascular events compared to [hydrochlorothiazide](#) plus benazepril, despite slightly higher 24-hour blood pressures in the amlodipine arm. (See '[ACCOMPLISH trial](#)' above.)

Some hypertensive patients have underlying conditions for which specific antihypertensive drugs might offer particular benefit independent of blood pressure control, such as [diltiazem](#), [verapamil](#), or a beta blocker for rate control in atrial fibrillation. The following recommendations do **not** apply to such patients. (See '[Indications for specific drugs](#)' above.)

Monotherapy — Hypertensive patients who are less than 20/10 mmHg above goal can initially be treated with monotherapy. Among such patients who do not have an indication for a specific drug, the major classes of drugs that have been used for monotherapy are a low-dose thiazide diuretic, long-acting angiotensin-converting enzyme (ACE) inhibitor/angiotensin II receptor blocker (ARB), or a long-acting dihydropyridine calcium channel blocker.

- Given the preference for an ACE inhibitor/ARB plus a dihydropyridine calcium channel blocker in patients requiring combination therapy, we suggest use of one of these drug classes as initial therapy so that the other can be added, if necessary (**Grade 2C**). If this approach is chosen, an ACE inhibitor/ARB may be more effective in younger patients, and a dihydropyridine calcium channel blocker may be more effective in elderly and black patients. (See '[Initial monotherapy](#)' above and '[Monotherapy based upon age and race](#)' above.)
- If a thiazide-type diuretic is chosen, we suggest [chlorthalidone](#) rather than [hydrochlorothiazide](#) (**Grade 2B**). Most clinicians, particularly in the United States, have limited, if any, experience with chlorthalidone, which may be somewhat more likely to induce hypokalemia than hydrochlorothiazide at the same dose. The basic principles of monitoring for hypokalemia with chlorthalidone are identical to those with hydrochlorothiazide. (See '[Choice of thiazide diuretic](#)' above and '[Issues with chlorthalidone](#)' above and '[Monitoring for hypokalemia](#)' above.)
- We recommend that patients who have a minimal or no response to the initial antihypertensive drug be treated with sequential monotherapy (**Grade 1B**). (See '[Sequential monotherapy](#)' above.)

Combination therapy

- Among patients who have an initial blood pressure more than 20/10 mmHg above goal, we recommend therapy with the combination of a long-acting ACE inhibitor/ARB plus a long-acting dihydropyridine calcium channel blocker ([benazepril](#) plus [amlodipine](#) was used in the ACCOMPLISH trial) (**Grade 1B**). (See '[ACCOMPLISH trial](#)' above and '[First-line combination therapy](#)' above.)

Yukarıdaki örnekte görüldüğü gibi dereceler 2 bölümde sınıflandırılmıştır;

- 1- sayı ile (1 ya da 2) tavsiyenin etkinliğini
- 2- harf ile (A,B ya da C) tavsiyeyi destekleyen kanıtın kalitesini göstermektedir.

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