

家庭医論文 2018

INTERNATIONAL GENERAL MEDICINE FESTIVAL 3RD
IN FUKUI
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Hypertension in Older Adults in the Wake of the Systolic Blood Pressure Intervention Trial **SPRINTが高血圧診療パラダイムシフト**

JAGS 2018

AAFP Decides to Not Endorse AHA/ACC Hypertension Guideline **今高血圧が熱い!**

Academy Continues to Endorse JNC8 Guideline

December 12, 2017 03:44 pm [Chris Crawford](#) – The AAFP has decided to **not endorse the recent hypertension guideline** from the American Heart Association (AHA), the American College of Cardiology (ACC) and nine other health professional organizations.

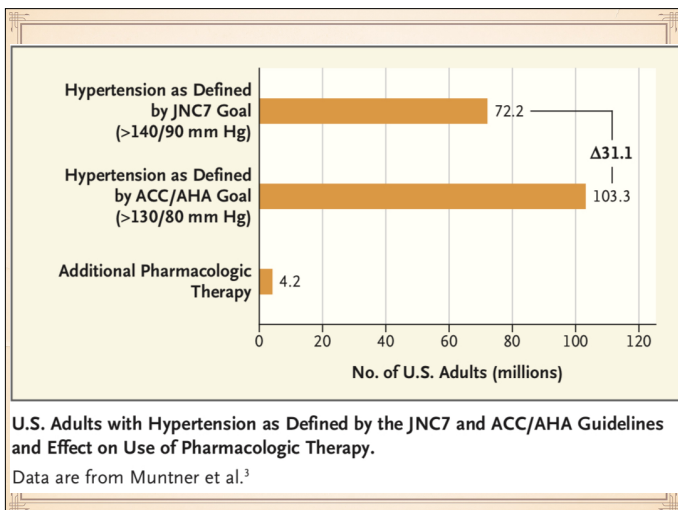
The AAFP wasn't involved in the development of the **new guideline** (hyper.ahaajournals.org) and continues to endorse the **2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults**. (jamanetwork.com) developed by panel members appointed to the Eighth Joint National Committee (JNC8).



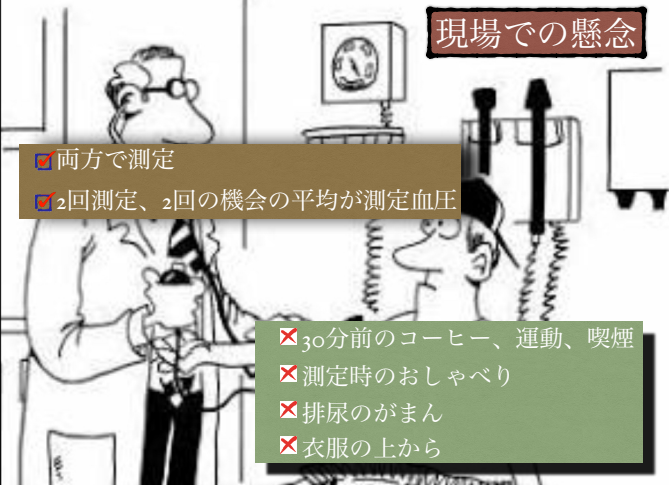
2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

注目ポイント I: 高血圧の定義が変わった!

Systolic	And/Or	Diastolic	JNC7	AHA/ACC 2017
< 120	And	< 80	Normal	Normal
120 - 129	And	< 80	PreHTN	Elevated
130 - 139	Or	80 - 89	PreHTN	HTN Stage 1
> 140	Or	> 90	HTN	HTN Stage 2



現場での懸念



- 両方で測定
- 2回測定、2回の機会の平均が測定血圧

- 30分前のコーヒー、運動、喫煙
- 測定時のおしゃべり
- 排尿のがまん
- 衣服の上から

Key Steps for Proper BP Measurements	Specific Instructions
Step 1: Properly prepare the patient	<ol style="list-style-type: none"> 1. Have the patient relax, sitting in a chair (feet on floor, back supported) for >5 min. 2. The patient should avoid caffeine, exercise, and smoking for at least 30 min before measurement. 3. Ensure patient has emptied his/her bladder. 4. Neither the patient nor the observer should talk during the rest period or during the measurement. 5. Remove all clothing covering the location of cuff placement. 6. Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria.
Step 2: Use proper technique for BP measurements	<ol style="list-style-type: none"> 1. Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically.* 2. Support the patient's arm (e.g., resting on a desk). 3. Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum). 4. Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used (Table 9). 5. Either the stethoscope diaphragm or bell may be used for auscultatory readings (5, 6).
Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/hypertension	<ol style="list-style-type: none"> 1. At the first visit, record BP in both arms. Use the arm that gives the higher reading for subsequent readings. 2. Separate repeated measurements by 1-2 min. 3. For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20-30 mm Hg above this level for an auscultatory determination of the BP level. 4. For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds.
Step 4: Properly document accurate BP readings	<ol style="list-style-type: none"> 1. Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number. 2. Note the time of most recent BP medication taken before measurements.
Step 5: Average the readings	Use an average of ≥ 2 readings obtained on ≥ 2 occasions to estimate the individual's level of BP.
Step 6: Provide BP readings to patient	Provide patients the SBP/DBP readings both verbally and in writing.

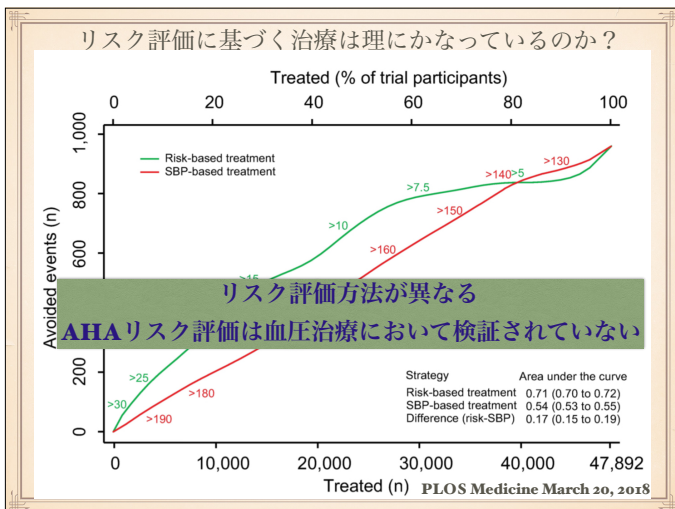
注目ポイント 2 リスクによって早期薬剤治療

130 - 139 Or 80 - 89 PreHTN HTN Stage 1

CVD 10年リスクが10%以上は薬物治療を推奨

現場での懸念

白人・黒人のコホートで作られたリスク評価ツール
65歳以上で約8割、75歳以上ならほぼ全員が対象
もともとリスクを過剰評価



SYNCOPE, HYPOTENSION, AND FALLS IN THE TREATMENT OF HYPERTENSION: RESULTS FROM RANDOMIZED CLINICAL SYSTOLIC BLOOD PRESSURE INTERVENTION TRIAL

副作用は大丈夫？

JAGS 66:679-686, 2018

年齢によって副作用が増えるのか？

SPRINTデータを検証する

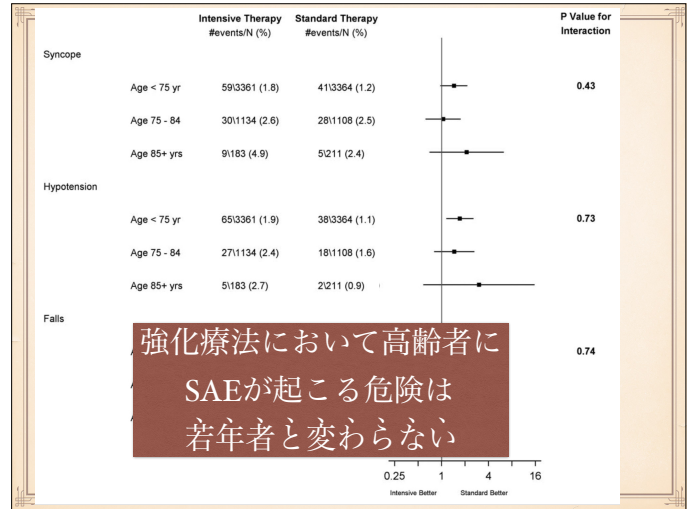
Severe Adverse Events (SAEs)

入院になった

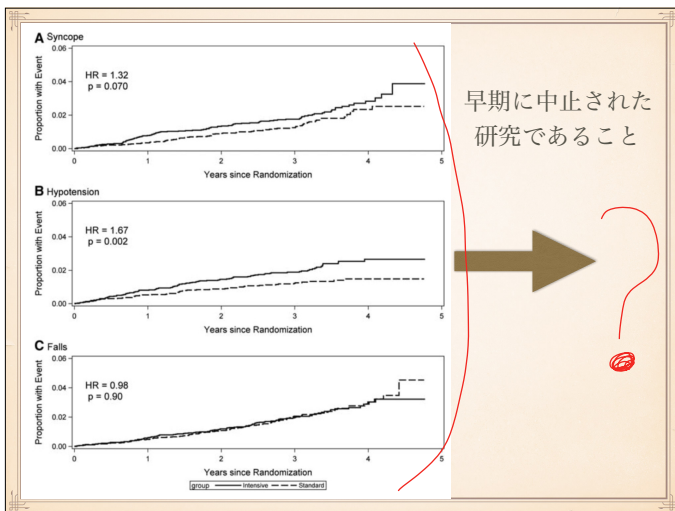
低血圧：症状ない場合は含まない
意識消失：めまい感などは含まない
転倒：意識消失は含まない

	意識消失	低血圧	転倒
イベント数	172(1.8%)	155(1.7%)	203(2.2%)
年齢	1.51 (1.30-1.76)	1.26 (1.07-1.47)	3.00 (2.57-3.50)
Frail	1.45 (1.06-1.98)	2.47 (1.8-3.39)	2.39 (1.81-3.16)
強化療法	1.32 (0.98-1.79)	1.67 (1.21-2.32)	0.98 (0.75-1.29)

年齢はやはりリスクファクター
血圧をより下げること、意識消失・低血圧が増える



強化療法において高齢者に
SAEが起こる危険は
若年者と変わらない



SPRINTでは、すでに降圧薬を飲んでいる人が対象
85歳以上は少なく、本当にリスクが同等か不明

TAKE HOME MESSAGE

- ☆ 2017 AHA/ACCガイドラインがリスクx血圧で治療推奨
至適な測定方法・リスク評価方法はまだ疑問
非薬物治療について強くなる必要あり
- ☆ 高齢だから、強化療法で副作用が多いわけではないかも
治療薬導入時・超高齢ではまだまだ注意必要

SUGGESTED READINGS

1. A Randomized Trial of Intensive versus Standard Blood-Pressure Control N Engl J Med 2015
2. Blood pressure-lowering treatment based on cardiovascular risk: a meta-analysis of individual patient data Lancet 2014; 384: 591-98
3. Effects of intensive blood pressure lowering on cardiovascular and renal outcomes: updated systematic review and meta-analysis Lancet 2016; 387: 435-43
4. Initial Treatment of Hypertension N Engl J Med 2018;378:636-44

All Level A Recommendation

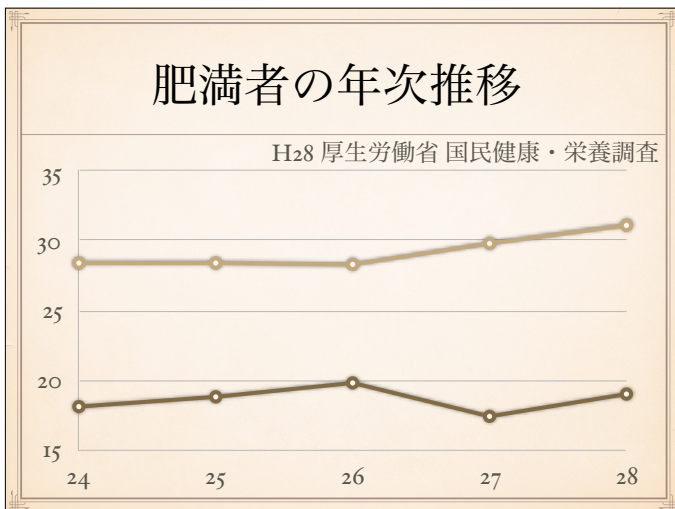
体重過剰・肥満の場合は体重減少
健康食（例：DASH）で理想的な体重を
塩分制限（Na 1500mg/日）
禁忌（CKD/Med）がなければカリウム補給
運動プログラムで身体活動量を増やす
飲酒は、適切量を守る

約4000mg 約1300mg

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA
Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

EFFECT OF LOW-FAT VS LOW-CARBOHYDRATE
DIET ON 12-MONTH WEIGHT LOSS IN
OVERWEIGHT ADULTS AND THE ASSOCIATION
WITH GENOTYPE PATTERN OR INSULIN
SECRETION.
THE DIETFITS RANDOMIZED CLINICAL TRIAL

JAMA. 2018;319(7):667-679



本当の死因は？

Am J Life Med Vol.8 No.5 2014

タバコ
非健康的な食習慣
運動不足

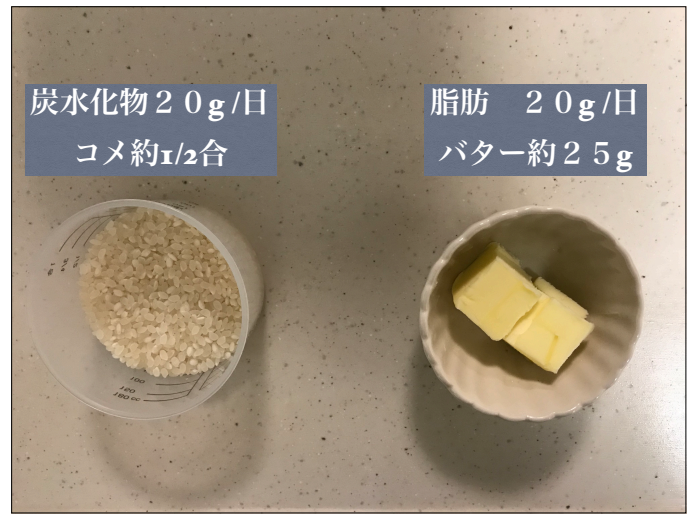
糖質制限?? 低脂肪??

Doctors Don't Know Diets

エビデンスがあると勘違いしているケース 51%

LOW FAT VS LOW CARB

Final Conclusion!



炭水化物 摂取平均量

	Low Fat	Low Carb
Baseline	241.8	246.5
3m	205.2	96.6
6m	211.2	113.2
12m	212.9	132.4

脂肪 摂取平均量

	Low Fat	Low Carb
Baseline	87	92.6
3m	42	88.8
6m	50.3	86.6
12m	57.3	86.2

WHAT WAS EFFECTIVE?


カロリー制限なし
野菜を最大限たべる

精製粉は極力避ける

MyHealthNewsDaily
www.MyHealthNewsDaily.com


Different Kinds of Fat

Fatty acids, which are the building blocks of fat, are long chains of carbon and hydrogen atoms. Essential fatty acids are those needed by the human body that can only be obtained through food. Some fats are harmful, however.




UNSATURATED FATS
The so-called "good" fats can be found in nuts, avocados and other vegetables. The molecular structure of unsaturated fat causes it to be lower in calories than other fats.

Molecular structure of unsaturated fat shows spaces available for hydrogen atoms to bond.



SATURATED FATS
These fats are found mostly in animal products. It is recommended that people reduce their consumption of saturated fats in order to stay healthy.

In a molecule of saturated fat every space for hydrogen is filled (that is, the fat is "saturated" with hydrogen).



TRANS FATS
Trans fats are unsaturated (good) fats which have been partially saturated with hydrogen to extend their shelf life. Unfortunately, these trans fats are found to elevate "bad" cholesterol and should be avoided.

Molecular structure of trans fat

SOURCES: UC-CLEMSON COLLEGE; ALLIANCE FOR A HEALTHIER GENERATION; DREAMSTIME
KARL TATE / © MyHealthNewsDaily.com



TAKE HOME MESSAGE

☆ 脂肪制限・糖質制限はどちらでもよい！

野菜摂取を最大限にする
 添加砂糖、精製粉、トランス脂肪酸を極力避ける
 食材そのままの摂取・自宅で調理

カロリー制限なし
 運動は普通程度
 モチベーション維持・行動変容の促し