

cise session advises us to consider alterations on program implementation, further encouraging patients participation.

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Annual deterioration of renal function in hypertensive patients with diabetes vs without diabetes

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Background and Aims: Chronic renal disease (CKD) complicates hypertension and diabetes. Knowledge of the deterioration rate of CKD may anticipate adjustment of therapies with predominant renal elimination. We aim to evaluate the rate of annual deterioration of renal function in a large cohort of hypertensive patients either with diabetes (DM) and without it (non-DM) followed for 5 years in a reference outpatient hospital clinic of hypertension, and to relate it with BP and glycaemic control.

Materials and Methods: Out of a total of 1924 patients, 1023 patients (594 non-DM and 429 DM, 53% female, ageing 62.1±10.2 years) were evaluated during the last 5 years for the annual evolution of renal function (MDRD) ambulatory 24-h blood pressure (ABP, SpaceLabs

90207) and metabolic parameters, corresponding to the analysis of 2378 patients-years.

Results: DM and non-DM did not differ for age (60.9 ± 10.1 v 62.8 ± 10.5 years), mean 24h BP levels (134/86 ± 12/10 v 136/87 ± 11/11, nighttime 123/74 ± 16/10 v 122/73 ± 15/10 mm Hg), albuminuria (145 ± 430 vs 130 ± 370 mg/24h) and body mass index (28±6 v 29±8 Kg/m²). DM v non-DM showed a higher (qui square p > 0.01) prevalence of stage 3 CKD (24.2% v 18.1%, GFR 30-59 mL/min/1.73m²), stage 4 (5.4% v 2.7%, GFR 15- 29) and stage 5 (0.8% v 0.5%, GFR 8.0 %). Each year net GFR was reduced by 3.3 ± 8.2 in DM vs 2.4 ± 7.7 mL/min/1.73m² in non-DM (p=0.12, ns). In multivariate analysis, age, nighttime BP, the use of double inhibition of renin angiotensin system and HbA1C < 8.0 % in DM were independent factors associated with the deterioration of GFR. Also in average 16.2% of DM and 13.1% on non-DM moved each year towards the next and more severe stage of CKD (p=0.051). For initial GFR > 90 mL/min/1.73m², 24% of DM and 18% of non-DM showed a reduction per year < 10% of the previous GFR value (qui square, p=0.049).

Conclusion: A progressive deterioration of renal function for each next year is frequent in diabetics and non-diabetics with hypertension. Beyond ageing, renal deterioration may be particularly dependent on BP control particularly at nighttime, on certain therapies and on highly abnormal glucose control.

> AGENDA DE CONGRESSOS

2014

8º Fórum Nacional da Diabetes

2 de Novembro

Local: Centro de Congressos do Estoril

Informações: www.forum-diabetes.org

Congresso Internacional "Presente e Futuro: Realidade Clínica, Social e Económica na Diabetes"

14 e 15 de Novembro

Local: Salão Nobre do Instituto de Ciências Biomédicas Abel Salazar (Universidade do Porto)

Informações: <http://totusalus.org/EVENTOS%202014/EVENTOS%202014/CONGRESSO>

2015

ATTD 2015 - Advanced Technologies & Treatments for Diabetes

18 a 21 de Fevereiro

Local: Paris, França

Informações: <http://cts.vresp.com/c/?KenesInternationalAT/f3bf4dd189/9ba20ffc6a/b75aa7f121>

8º Simpósio Internacional DIP 2015: Diabetes, Hypertension, Metabolic Syndrome & Pregnancy

15 a 18 de Abril

Local: Berlim, Alemanha

Informações: <http://em-sender4.com/fb/fb/D9F89CD257914C3591E9A9B6CE623F3068A79695B9384CB7705E6A5124C769D6/show.aspx>

World Diabetes Congress 2015

30 de Novembro a 4 de Dezembro

Local: Vancouver, Canadá

Informações: <http://www.wdc2015.org>