

## KSN 2017 Abstract

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Physicians' perception of blood pressure control in patients with chronic kidney disease and the achievement rate of target BP based on the APrODiTe-2 study

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**Objectives** : Blood pressure (BP) control is the most-established method for the prevention of chronic kidney disease (CKD) progression. However, the ideal BP target for CKD patients is still in debate.

**Methods** : We performed a questionnaire survey of regular members that were registered in the Korean Society of Nephrology to determine the physicians' perception of BP control in patients with CKD. In addition, we evaluated the target BP achievement rate using data from the APrODiTe-2 study.

**Results** : Two-thirds of physicians considered the target BP for CKD to be < 130/85 mmHg. Systolic BP (SBP) thresholds for non-diabetic and diabetic CKD were  $136 \pm 5.4$  and  $131 \pm 6.2$  mmHg, respectively ( $P < 0.001$ ). The SBP thresholds for proteinuria  $\geq 300$  mg/day,  $30 \leq \text{GFR} < 60$  ml/min/1.73 m<sup>2</sup>, age < 60 years, and the presence of atherosclerotic (ASO) complications were significantly lower than the SBP thresholds of the opposite parameters. The four major hurdles to controlling BP in CKD patients were non-compliance to life style modification (21.9%) and medications (16.4%), self-report of well-controlled home BP (18.5%), and co-prescription from other specialties (14.6%). 78.6% and 97.3% of physicians prescribed home and ambulatory BP monitoring to less than 50% of their patients, respectively. The target BP achievement rates using the SBP thresholds in this survey were as follows: non-diabetic (69.3%); diabetic (29.5%); proteinuria < 300 mg/day (72.3%); proteinuria > 300 mg/day (33.7%);  $\text{GFR} \geq 60$  (76.4%);  $30 \leq \text{GFR} < 60$  (54.4%);  $\text{GFR} < 30$  (47.8%); no evidence of ASO (67.8%); and the presence of ASO (42.9%).

**Conclusions** : The target BP was lower in patients with higher cerebro-cardiovascular risks, including diabetic CKD, lower GFR, higher proteinuria, and the presence of ASO. These patient groups also showed lower target BP achievement rates. We also found a relatively lower application and clinical

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reflection rate of home or ambulatory BP monitoring.

**Keywords** : Blood pressure; Chronic kidney disease