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## **Hypertension fact sheet: screening for kidney damage among Korean hypertensive patients**

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Hypertension is not only the most important modifiable risk factor for cardiovascular and cerebrovascular diseases, but also the most contributable factor of the disease burden in the world. In Korea, total medical cost for hypertension was estimated to 2850 billion Korean won which accounts for 13.4% of medical cost due to all chronic disorders. This means that controlling the hypertension is crucial to reducing the overall burden of disease in society and improving quality of life. Thus, in 2018, the Korean Society Hypertension (KSH) – Hypertension Epidemiology Research Working Group analyzed national representative datasets to overview of the magnitude and management status of hypertension and their trends between 1998 and 2016 in Korea. There has been no significant change in crude prevalence of hypertension, and age-adjusted prevalence of hypertension has been decreasing very slowly. However, there has been important changes in the management of hypertension. Hypertension awareness increased from 24% to 66%. Treatment rate increase from 20% to 62%. The hypertension control rate among the hypertensive patients using antihypertensive medication increased from 24% to 73%, even among the all hypertensive people, control rate increased from 5% to 46%. The number of people ever-using antihypertensive medication and the number of people who persistently using antihypertensive medication gradually increased too. As a result, the average SBP level among the hypertensive people decreased by over 20 mmHg, and DBP also decrease by over 10 mmHg. This change lead BP reduction in the entire Korea population, by 10 mmHg decrease of SBP and 4 mmHg decrease of DBP. These improvements in hypertension management contributed to a dramatic decrease in cardiovascular mortality, particularly in stroke mortality. Although hypertension management has improved much in general, there is still room for further improvement. Awareness, treatment and control rates were still very low in younger patients with hypertension than in older patients. Another important problem is that the frequency of tests for kidney complications in hypertension patients does not increase much, even though guidelines for treatment of hypertension recommend routine screening for kidney complications. Thus the National Health Insurance Service-Health Screening (NHIS-HEALS) cohort was analyzed to investigate whether prescribing blood creatinine or urine protein tests can lower the future risk of cardiovascular disease among people who newly started antihypertensive medication. The preliminary results will be presented.