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Session Topic : Blood Pressure Management in Specific Conditions

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## **Optimal Blood Pressure Management in the Acute Care Setting**

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There is an abundance of high-quality evidence available for the diagnosis and management of elevated blood pressure (BP) in the outpatient setting. In contrast, despite the high prevalence of elevated BP in the acute care setting (emergency department (ED) and hospital inpatient), there is a lack of comparable evidence to guide patient care. Elevated inpatient BP is common and can manifest either as asymptomatic or with signs of new or worsening target-organ damage, a condition referred to as hypertensive emergency. Hypertensive emergency involves acute target-organ damage and should be treated swiftly, usually with intravenous antihypertensive medications, in a closely monitored setting. However, the risk-benefit ratio of initiating or intensifying antihypertensive medications for asymptomatic elevated inpatient BP is less clear. Despite this ambiguity, clinicians prescribe oral or intravenous antihypertensive medications in approximately one-third of cases of asymptomatic elevated inpatient BP. Recent observational studies have suggested potential harms associated with treating asymptomatic elevated inpatient BP, which brings current practice into question. Despite the ubiquity of elevated inpatient BPs, few position papers, guidelines, or consensus statements have focused on improving BP management in the acute care setting. In this lecture, I would like to synthesize the available evidence, provide suggestions for best practice, identify gaps in managing elevated inpatient BP, and highlight areas needing further research.

**Keywords:** blood pressure, acute care setting, elevated inpatient BP, emergency department, hospital inpatient