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Kidney and cardiovascular risk in primary hypertension

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Abstract

In patients with primary hypertension, therapeutic strategies should be based on global cardiovascular risk profile rather than on the severity of blood pressure alone. Accurate assessment of concomitant risk factors and especially of the presence and extent of subclinical organ damage is of paramount importance in defining individual risk. Given the high prevalence of hypertension in the population at large, however, extensive diagnostic evaluation is often impractical or unfeasible in clinical practice. Low cost, easy to use markers of risk are needed to improve the clinical management of patients with hypertension. Early renal abnormalities such as a slight reduction in glomerular filtration rate and/or the presence of microalbuminuria are well known and powerful predictors of cardio-renal morbidity and mortality and provide a useful, low cost tools to optimize

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