

Abstract No. **14**

Category: **Prevention**

Title: **Arterial Hypertension Control Opportunities With Calcium Channel Blockers Combined: The Case of Nifedipine and Diltiazem.**

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**Abstract:**

Background: hypertension (HTA) is the most world common risk factor, potentially modifiable with good control to prevent cardiovascular disease. HTA guidelines suggest therapy combination when target is not reached, american guidelines don't take in count a possible association between two calcium channel blockers (CCB) nifedipine and diltiazem

Methods: In a high complexity hospital in Cali southwestern Colombia, all patients that received the combination nifedipine diltiazem (N+D) were analyzed in a retrospective study, collecting information about indications, control and adverse reactions

Results: A total of 117 patients was found with average age of 41 years old, 52.9% females, 40.17% had chronic kidney disease (CKD) 29% in dialysis, 19.6% diabetics. Before this combination, 50% received angiotensin receptor blocker, 21.3% beta blocker, 37% alfa blocker, 9% hydrochlorotiazide, 11% minoxidil, and 44% nifedipine or 36% diltiazem. To reach the HTA target, the indication for N+D were, bad control (46.1%), recently kidney transplantation 20.5%, HTA in dialysis (20.5%), Hypertensive urgency 10.2%. At 48 hours of started, majority patients reach the HTA goal, (Table 1). In any patient hospitalary adverse reactions including rhythm disturbances were present.

Conclusion: Nifedipine and diltiazem together can be an feasible and secure option in patients with HTA target difficult to reach, no matter the renal function, dialysis state or kidney transplanted without hospitalary adverse reactions.