

**CEVAP
KİMDEN?**



Birincilik Ödülü

İ. E. ULAGAY (IE)
İLAÇ SANAYİ TÜRK A.Ş. 1983





İkincilik Ödülü

18. **ULUSAL HİPERTANSİYON VE BÖBREK HASTALIKLARI KONGRESİ**

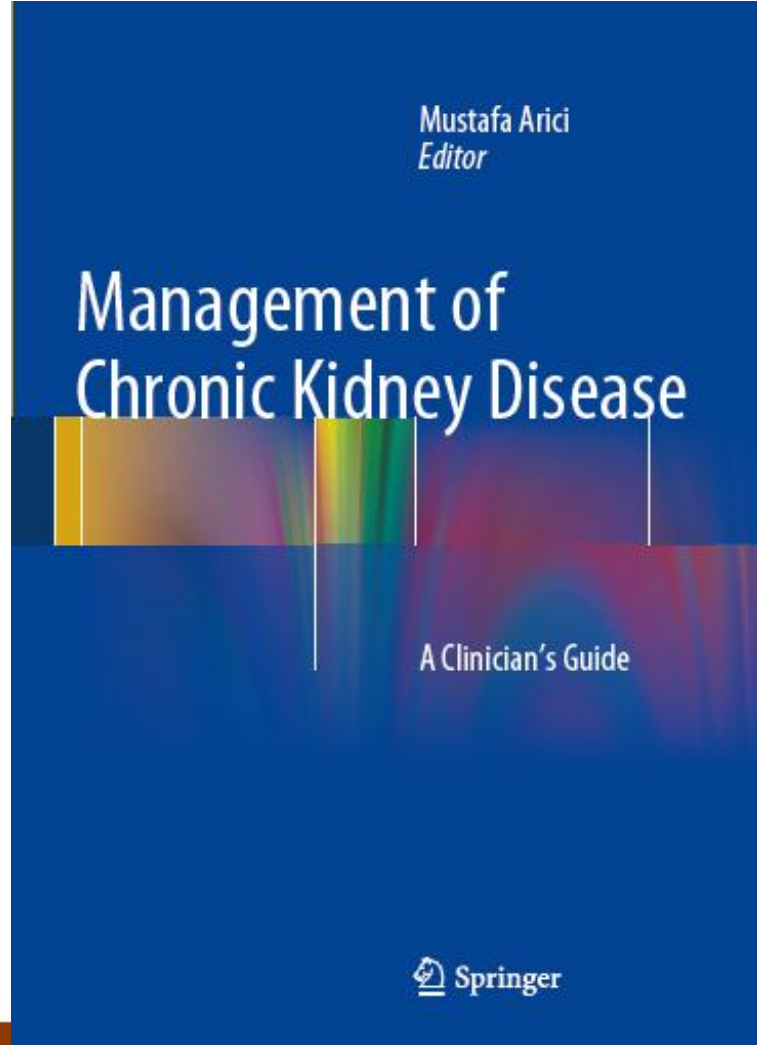
11-15 Mayıs 2016
Girne / Kıbrıs

1995
DERNEĞİ





Üçüncülük Ödülü





TÜRK
HİPERTANSİYON
UZLAŞI RAPORU

7 Mayıs, 2015 - Antalya



TÜRK
HİPERTANSİYON
UZLAŞI RAPORU

TÜRK
HİPERTANSİYON
UZLAŞI RAPORU

7 Mayıs, 2015 - Antalya





Soru 1



Türk Hipertansiyon Uzlaşı Raporuna göre hipertansiyonu olan bir diyabet hastasında kan basıncı tedavisinde hedef nedir ?

- A) $< 140/90$ mmHg
- B) $< 130/80$ mmHg
- C) $130-140/80-90$ mmHg
- D) $135-140/85-90$ mmHg
- E) $<140/85$ mmHg



- **KB > 120/80 mmHg**: Yaşam tarzı değişiklikleri kuvvetle önerilmelidir
- **KB >140/90 mmHg** ise ilaç tedavisine başlanmalı, tedavi hedefi **sistolik KB 130-139 mmHg ve diyastolik KB 80-89 mmHg** olmalıdır.



Soru 2



Perunun para birimi nedir ?

- A) Pezo
- B) Bolivar
- C) Guetzalı
- D) Lempiras
- E) Nuevo Sol





CoinMill.com - Döviz Çevirici

Peru Nuevo Sol (PEN) ve Türk Lirası (TRY) Döviz Kuru Dönüşüm Hesaplama



Peru Nuevo Sol (PEN)



Türk Lirası (TRY)

Dönüştür

<== Para Swap ==>



Soru 3

21.341 hipertansif hastanın alındığı Honest Çalışması'nda Olmesartan ile..... Kanıtlanmıştır.

- a) 1. Haftadan itibaren etki
- b) Güçlü sabah kan basıncı kontrolü
- c) Etkili klinik kan basıncı kontrolü
- d) Hepsi



Çalışmaya Alınan Hasta Profili

HONEST

Başlangıç

Yaş (yıl)	64,8 ± 11,9
Erkek / Kadın (%)	49,5 / 50,5
Sabah Ev KB (ilk kez)	151,6 ± 16,4 / 87,1 ± 11,8
Klinik KB	153,6 ± 19,0 / 87,1 ± 13,4

Hastalık Öyküsü%

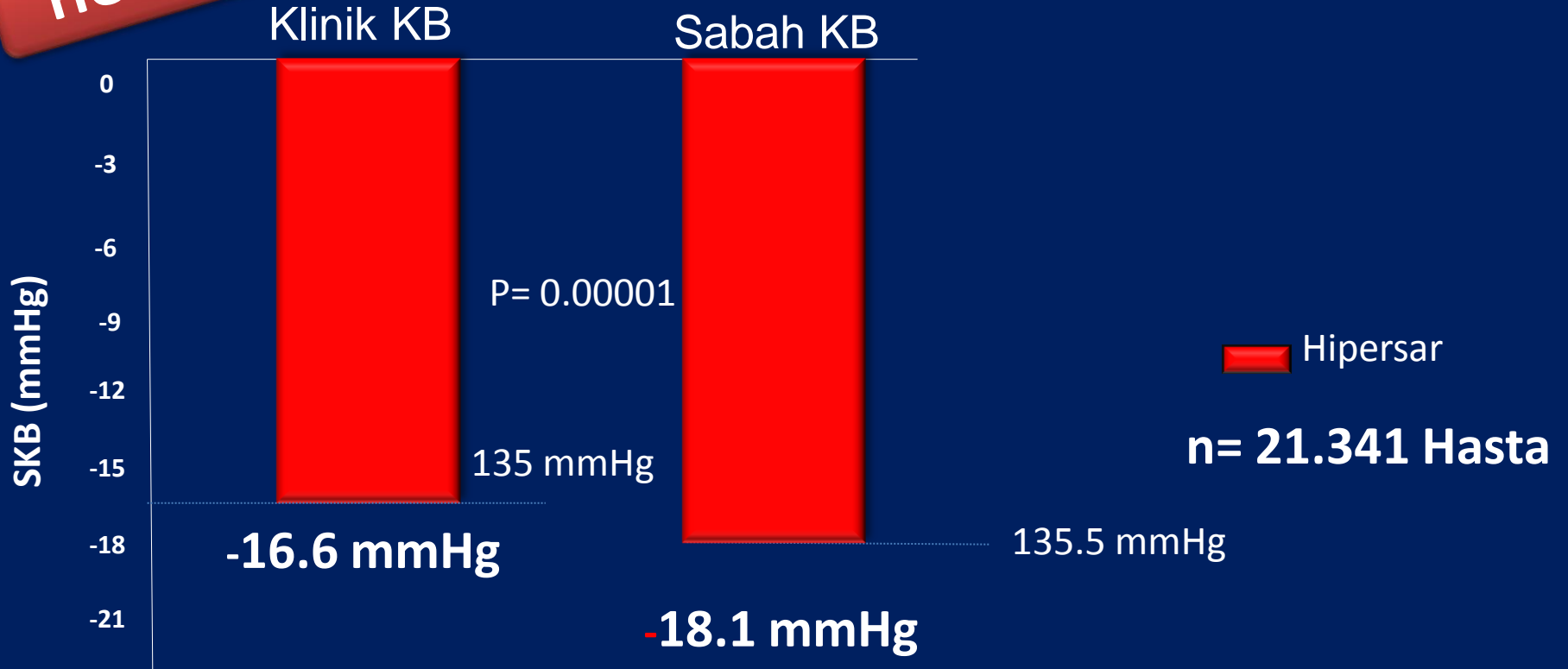
Serebral veya KV hastalık	2.242 (%10,5)
Diyabet	4.364 (%20,4)
Dislipidemi	9.484 (%44,4)
Kronik Böbrek Hastalığı	4.284 (%20,1)

Önceki Antihipertansif İlaçlar %

KKB	10.732 (%50,3)
KKB	7.690 (%36)
ARB	4.535 (%21,3)
BB	1.336 (%6,3)
Diüretik	1.230 (%5,8)
ACEI	780 (%3,7)

Sabah Kan Basıncı Kontrolü

HONEST



Olmesartan 10 veya 20 mg ile 16 haftalık tedavi sonrası ortalama SKB deęerleri

Sabah Kan Basıncı Kontrolü

HONEST

Morning home BP decreased significantly after the first week of treatment. Saito *et al.*²⁸ have reported that olmesartan is safe and effective in reducing clinic BP after 1 week of treatment.

Morning home blood pressure (BP) has been worse than that of clinic BP in ambulatory BP measurements in olmesartan-naïve patients. The HONEST study (Home Blood Pressure Monitoring in Olmesartan-Naïve Patients) is a prospective observational study for olmesartan-naïve patients with hypertension. After 16-week olmesartan-based treatment, the clinic and morning home systolic BP (SBP) lowered from 151.6 ± 16.4 and 153.6 ± 19.0 mm Hg to 135.0 ± 13.7 and 135.5 ± 13.7 mm Hg, respectively ($P < 0.0001$). The achievement percentage of target Standard Target blood pressure (HONEST) study, a prospective observational study for olmesartan-naïve patients with hypertension. After 16-week olmesartan-based treatment, the clinic and morning home systolic BP (SBP) lowered from 151.6 ± 16.4 and 153.6 ± 19.0 mm Hg to 135.0 ± 13.7 and 135.5 ± 13.7 mm Hg, respectively, and the proportion of patients with well-controlled and morning home SBP (< 135 mm Hg) in all patients, those with diabetes mellitus (DM), and those with chronic kidney disease (CKD) increased from 13.5, 36.4 and 17.2% to 50.1, 47.9 and 48.8%, respectively, and the proportion of patients with masked and white coat hypertension (clinic SBP < 140 mm Hg and morning home SBP > 135 mm Hg) increased from 7.8, 62 and 10.2% to 36.9, 34.5 and 36.3%, respectively. After 16-week olmesartan-based treatment, the proportion of patients with masked and white coat hypertension changed from 11.8 to 24.2% and 5.6 to 11.9%. In conclusion, both clinic and morning home BP in all, DM and white coat patients improved with 16-week olmesartan-based treatment in the 'real world', and the results showed a sustained 24-hour BP-lowering effect of olmesartan. Decrease in clinic and home BP resulted in an increased rate of masked and white coat hypertension, and further management is needed in those patients.

Journal of Human Hypertension advance online publication, 18 July 2013; doi:10.1088/jhh.2013.68
Keywords: angiotensin receptor antagonist; clinic blood pressure; home blood pressure monitoring; morning hypertension; olmesartan medoxami

INTRODUCTION

Hypertension is a well-known risk factor for cardiovascular disease. To reduce this risk, strict control of blood pressure (BP) is recommended by various guidelines for hypertension treatment.¹⁻⁴

However, in the 24-hr Morning Hypertension Research Study (the J-MORIS study), a cross-sectional study that showed standard antihypertensive treatment under conditions of daily clinical practice in Japan, clinic BP was controlled in only 42% of the patients, and moreover, 61% of these patients had masked hypertension because of high morning BP.⁵ Cardiovascular events tend to occur most frequently in the morning along with a peak of ambulatory BP,⁶ and the morning systolic BP (SBP) is the strongest independent predictor for stroke among clinic, 24-hour, awake, sleep, evening, pre-awake and morning BP.⁷ Therefore, antihypertensive treatment for preventing hypertension is likely to offer greater benefit in preventing cardiovascular events.

Home BP monitoring has several benefits. Compared with clinic BP, home BP measurements provide a more accurate prognosis for survival.⁷⁻⁹ Home BP measurements can also be combined with clinic BP measurements to differentiate patients with masked hypertension, white coat hypertension,

poor-controlled hypertension and well-controlled hypertension. It is important to identify patients in these groups, because masked hypertension has a cardiovascular risk at least equal to that of poor-controlled hypertension.^{10,11} Furthermore, white coat hypertension can be a risk factor for stroke in the long term, according to a pooled analysis of ambulatory blood pressure monitoring (ABPM) data from an international collaborative study.¹²

Home BP is appropriate for evaluating the sustained 24-hour BP-lowering effect of an antihypertensive drug, whereas clinic BP is not appropriate.¹³

The Home BP measurement with Olmesartan Naïve patients to Establish Standard Target blood pressure (HONEST) study is a large-scale prospective observational study following >20,000 patients involving olmesartan-based antihypertensive treatment for 2 years, time from start of treatment to first occurrence of cardiovascular events is the primary endpoint.

In the present analysis, we used measurements of morning home BP at the first measurement and clinic BP from the first 16 weeks of the HONEST study to evaluate the antihypertensive efficacy of olmesartan and the sustained 24-hour BP-lowering effect in patients with diabetes mellitus (DM) and chronic kidney

¹Division of Cardiovascular Medicine, Department of Medicine, Saito Medical University School of Medicine, Shimizu-ku, Japan; ²Toho University Health Center, Yonezawa, Japan; ³Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ⁴Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ⁵Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ⁶Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ⁷Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ⁸Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ⁹Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ¹⁰Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ¹¹Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ¹²Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan; ¹³Department of Health Research Center, Nihon University School of Medicine, Tokyo, Japan.

© 2013 Japanese Society of Hypertension
Received 19 November 2012; revised 29 April 2013; accepted 11 June 2013



Soru 4



“İnme sonrasında hipertansiyon” tedavisi dersini kim anlattı?

- A) Mehmet Akif Topçuoğlu
- B) Mehdi Yeksan
- C) Mustafa Arıcı
- D) Aydın Ünal
- E) Ali Rıza Odabaş





SEMPOZYUM
İNMEDEN ÖNCE-İNMEDEN SONRA HİPERTANSİYON
Oturum Başkanları:
Dr. Mehdi Yeksan
Dr. Ali Rıza Odabaş

15:30-16:00	İNME sırasında hipertansiyon tedavisi Dr. Mehmet Akif Topcuođlu
16:00-16:30	İNME sonrasında hipertansiyon tedavisi Dr. Aydın Ünal
16:30-16:45	Tartışma





Soru 5



Hemorajik inme ile gelen ve KB 220/140 mmHg olan hastada kan basıncı ilk birkaç saatte kaçaya düşürülmelidir ?

- A) Düşürülmemelidir
- B) Ortalama arteriyel basınç %25 düşürülmelidir
- C) <140/90 mmHg
- D) <160/100 mmHg
- E) <180/100 mmHg



Soru 6

Aşağıdakilerden hangisi nitrik oksit kaynaklı vazodilatör etki gösteren 3. jenerasyon beta blokerdir ?

- a) Nebivolol
- b) Metoprolol
- c) Bisoprolol
- d) Karvedilol



Nebivolol Endotel kaynaklı Nitrik Oksit (NO) salınımı yapar

RESEARCH



Different Pharmacological Properties of Two Enantiomers in a Unique β -Blocker, Nebivolol

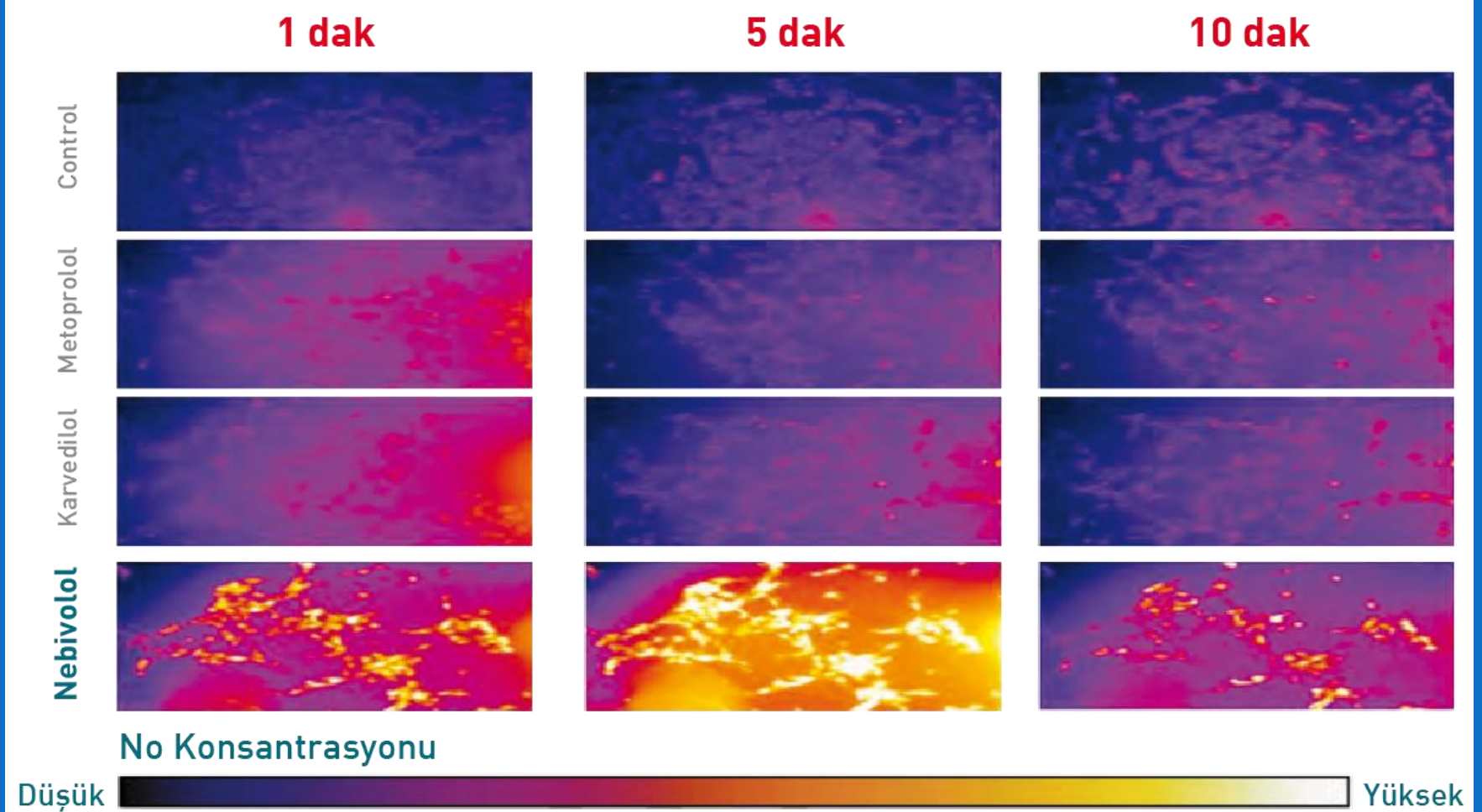
Louis J. Ignarro

Department of Medical and Molecular Pharmacology, University of California Los Angeles School of Medicine, Center for Health Sciences, Los Angeles, California, USA

Conclusions

In conclusion, nebivolol is a unique, fixed-combination cardiovascular drug. The active ingredients, d-nebivolol and l-nebivolol, each have different and independent pharmacologic effects that synergistically concur to beneficial clinical effects with a profile that differs noticeably from that of conventional β -blockers.

Nebivolol Endotel kaynaklı Nitrik Oksit (NO) salınımı yapar



NO salınımı diaminoflorasan (DAF)* kullanılarak ölçümü.

İnsan umbilikal veni endotel hücrelerinde nebivolol aracılı vazodilatasyon mekanizmalarının araştırıldığı ve metoprolol ve karvedilol ile karşılaştırıldığı çalışma.



Soru 7



Böbrek hastalarında görüntülemelerde hangi tetkikin istenmesine gerek yoktur ?

- A) Intravenöz pyelografi
- B) Ultrasound
- C) Kontrastsız CT
- D) Kontrastlı CT
- E) MR Anjiyografi





Soru 8



Türk Hipertansiyon Uzlaşı raporuna göre hipertansif bir hastada aşağıdaki tetkiklerden hangisinin istenmesine gerek yoktur ?

- A) Urik asit
- B) Telekardiyografi
- C) Potasyum
- D) Elektrokardiyografi



- Sekonder hipertansiyon ve hedef organ hasarını arařtırmak ve kardiyovasküler riski deęerlendirmek amacıyla:
 - Tam kan sayımı,
 - Tam idrar tetkiki,
 - Açlık kan glukozu,
 - Kanda sodyum, potasyum, kreatinin ve ürik asit
 - Lipit profili,
 - Tahmini glomerüler filtrasyon hızı (estimated GFR=eGFR)
 - 12 derivasyonlu elektrokardiyografi (EKG).

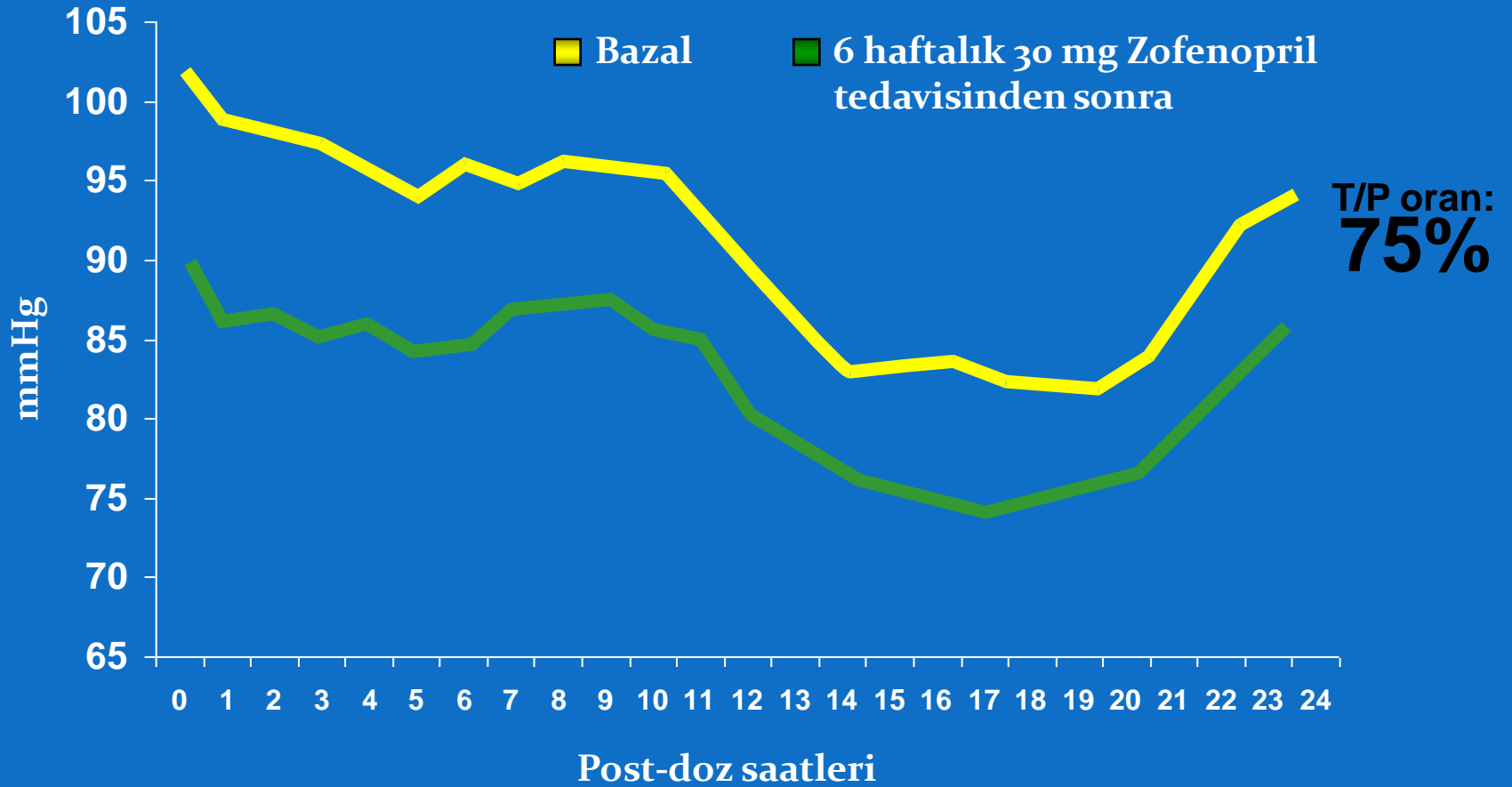
Soru 9

Zofenopril' in vadi tepe oranı kaçtır?

- A) %75
- B) %40
- C) %45
- D) %30



Zofenopril Yüksek Vadi-Tepe Oranına sahiptir*



* Malacco E. *et al.*; Am J Hypertens. 1998; 11 (4): D007

Randomized, double-blind, parallel-group, placebo-controlled multicenter trial conducted on 211 patients with mild to moderate hypertension. Patients were randomized to receive zofenopril at the doses of 7.5, 15, 30 and 60 mg or placebo once daily for 6 weeks.



Soru 10



ACEI veya ARB tedavisi alan hastaların yüzde kaçında birinci yılın sonunda bazale göre plazma aldosteron değerleri hastaların yüzde kaçında artar ?

1. A) % 23
2. B) % 33
3. C) % 43
4. D) % 53
5. E) % 63



The incidence and implications of aldosterone breakthrough

Andrew S Bombback* and Philip J Klemmer

Aldosteron kaçıışı “escape” bazal değere göre aldosteron artışı; 6. ayda % 10, 1. yılda % 53

Table 1 Overview of studies reviewed during preparation of this article.

Study	Subjects	Congestive heart failure	Chronic kidney disease	Renin-angiotensin-aldosterone system blockade	Definition of aldosterone breakthrough	Incidence of aldosterone breakthrough
Lee <i>et al.</i> (1999) ²⁷	22	Yes	No	ACE inhibitor titrated to maximum tolerated dose for 18 months	Aldosterone >80 pg/ml ^a after 18 months	23% (5/22)
MacFadyen <i>et al.</i> (1999) ⁶	91	Yes	No	“Stable ACE inhibitor therapy” for at least 4 weeks	Aldosterone >144 pg/ml ^a after at least 4 weeks	38% (35/91)
Sato and Saruta (2001) ³²	75	No	No	ACE inhibitor for 40 weeks	Aldosterone ≥baseline levels after 40 weeks	51% (38/75)
Cicoira <i>et al.</i> (2002) ²⁸	141	Yes	No	ACE inhibitor for at least 6 months	Aldosterone >0.42 nmol/l ^a after at least 6 months	10% (14/141)
Tang <i>et al.</i> (2002) ²⁹	75	Yes	No	Enalapril 2.5 mg twice per day or 20 mg twice per day for 6 months	Aldosterone ≥160 pg/ml ^a after 6 months	35% (26/75)
Sato <i>et al.</i> (2003) ³⁰	45	No	Yes	Trandolapril titrated to goal blood pressure of 130/85 mmHg for 40 weeks	Aldosterone ≥baseline levels after 40 weeks	40% (18/45)
Schjoedt <i>et al.</i> (2004) ⁴	63	No	Yes	Losartan 100 mg per day for 24–42 months	Aldosterone ≥baseline levels after 24–42 months	41% (26/63)
Horita <i>et al.</i> (2006) ³¹	43	No	Yes	Temocapril 1 mg per day, losartan 12.5 mg per day, or both, for 12 months	Aldosterone ≥baseline levels after 12 months	53% (23/43)

^aIn normal subjects with normal sodium intake, values for plasma aldosterone range from 50 to 150 pg/ml (0.139 to 0.416 nmol/l). Abbreviation: ACE, angiotensin-converting enzyme.

Soru 11

Aşağıdakilerden hangisi Menari'nin merkezi olan Floransa şehri ile kardeş şehirdir?

- a- Ankara - İzmir
- b- Şanlıurfa- İstanbul
- c- Gaziantep -İstanbul
- d- Antalya- Malatya





Kardeş şehirler ve dostluk paktları^[3] [kaynağı değiştir]

Floransa şu kentlerle kardeş şehir (KŞ) ve dostluk pakti (DP) bağlantısı kurmuştur:

• Avrupa:

-  Reims, Fransa (KŞ)
-  Kassel, Almanya (KŞ)
-  Edinburgh, İskoçya (KŞ)
-  Kiev, Ukrayna (KŞ)
-  Dresden, Almanya (KŞ)
-  Turku, Finlandiya (KŞ)
-  Riga, Letonya (KŞ)
-  Tirana, Arnavutluk (KŞ)
-  Atina, Yunanistan (KŞ)
-  Valladolid, İspanya (KŞ)
-  Budapeşte, Macaristan (KŞ)
-  Kraków, Polonya (DP)
-  İstanbul, Türkiye (DP)
-  Gaziantep, Türkiye (KŞ)
-  Malmö, İsveç (DP)
-  Cannes, Fransa (DP)
-  Saraybosna, Bosna-Hersek (DP)
-  Olomouc, Çek Cumhuriyeti (DP)
-  Porto-Vecchio, Fransa (DP)
-  Tallinn, Estonya (DP)

• Diğer dünya şehirleri

-  Fes, Fas, Fas (KŞ)
-  Philadelphia, Pennsylvania, ABD (KŞ)
-  Kyoto, Japonya (KŞ)
-  Nankin, Çin (KŞ)
-  Salvador, Brezilya (KŞ)
-  Sydney, Avustralya (KŞ)
-  Kuveyt, Kuveyt (KŞ)
-  Nasıra, İsrail (KŞ)
-  İsfahan, İran (KŞ)
-  Puebla, Meksika (KŞ)
-  Gifu, Japonya (DP)
-  Providence, Rhode Island, ABD (DP)
-  Jeonju, Güney Kore (DP)
-  Hébron, Filistin (DP)
-  Ningbo, Çin (DP)
-  Arequipa, Peru (DP)



Soru 12



Ambulatuvar kan basıncı ölçümlerinden hangisinin tekrarlanabilirliği (reproducibility) en azdır ?

- A) Gündüz ortalaması
- B) Gece ortalaması
- C) 24 saatlik ortalama
- D) Gündüz gece oranı
- E) Sabah yükselmesi



Temptation to overanalyze data: Multiple potential parameters

Parameter	Time	Reproducibility
Average	<i>24-hour</i>	++++
	<i>Daytime</i>	++++
	<i>Nighttime</i>	+++
	<i>Pulse pressure</i>	++
Variability	<i>Day-night ratio</i>	++
	<i>SD</i>	++
	<i>Morning surge</i>	+
AUC		?

Key issue for clinical utility

**Sonuçlar az
sonra....**



**9 Mayıs
sabah 08:30'da
yine, yeniden,
burada....**



**CEVAP
KİMDEN?**

