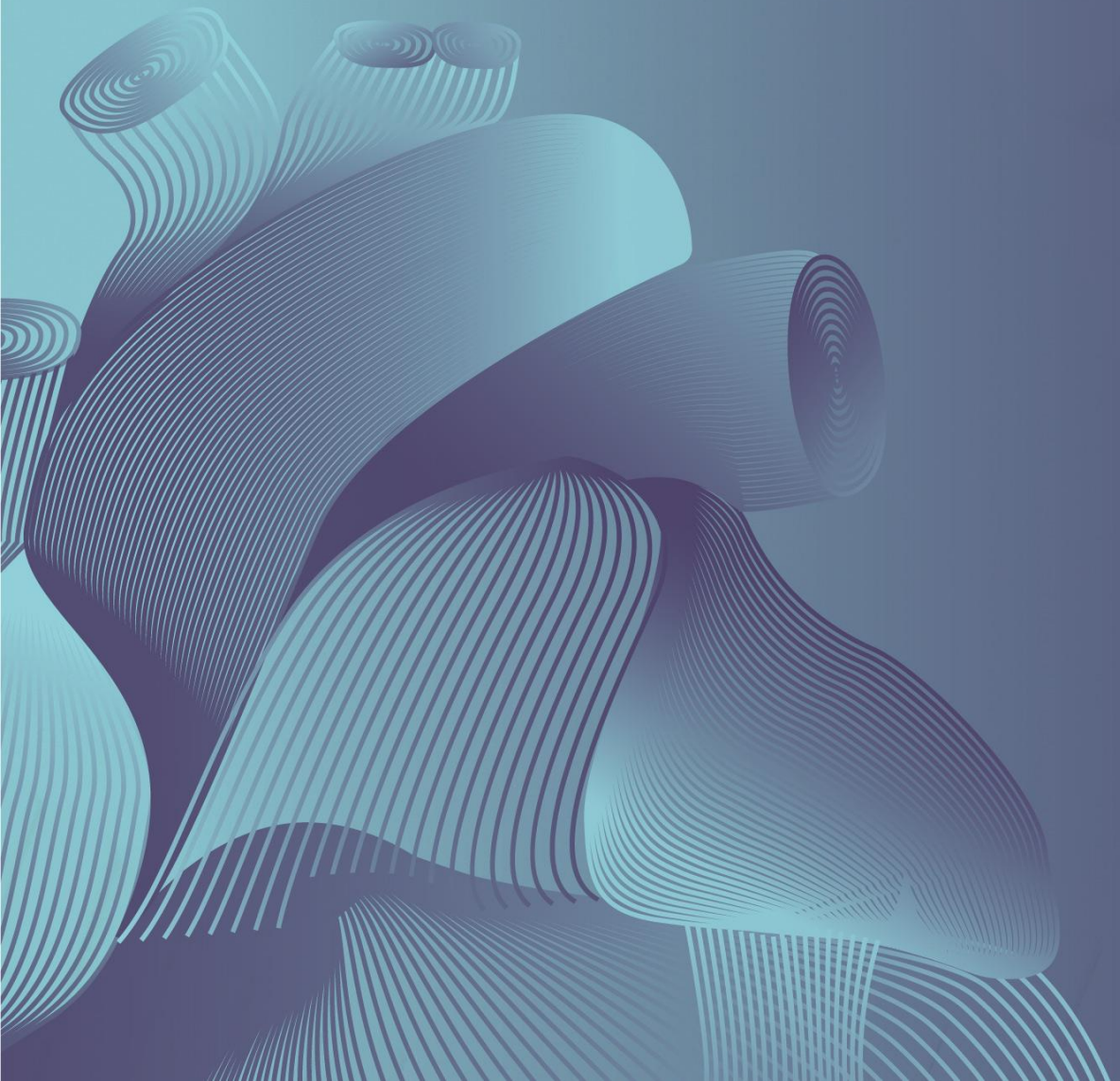
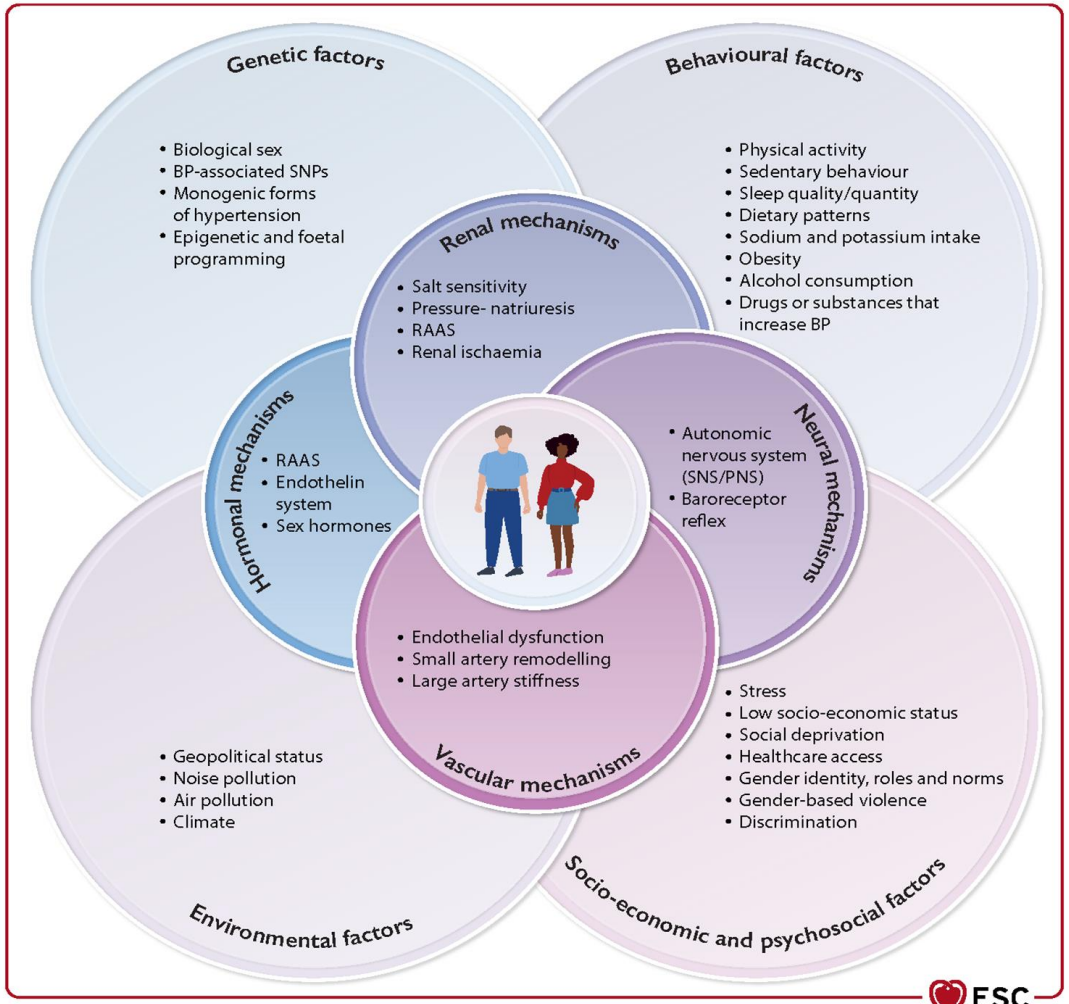
7th Advances in Heart Failure 2024
10 e 11 de Outubro
FACULDADE DE MEDICINA DA UNIVERSIDADE DO PORTO



Terapêuticas inovadoras na HTA

Maria João Lima
ULS S. João
Serviço Medicina Interna
Consulta Medicina-Hipertensão

Patofisiologia da HTA



McEvoy JW et al. *Eur Heart J*. 2024; 45: 3912

Terapêutica da HTA

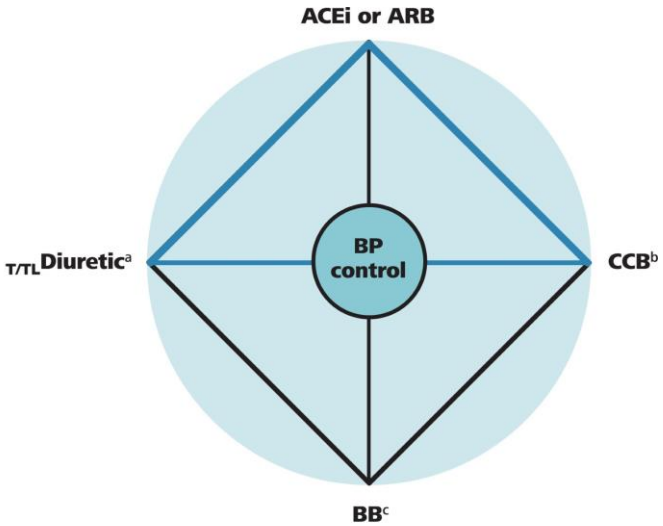
Alteração do estilo de vida

IECA e ARA II

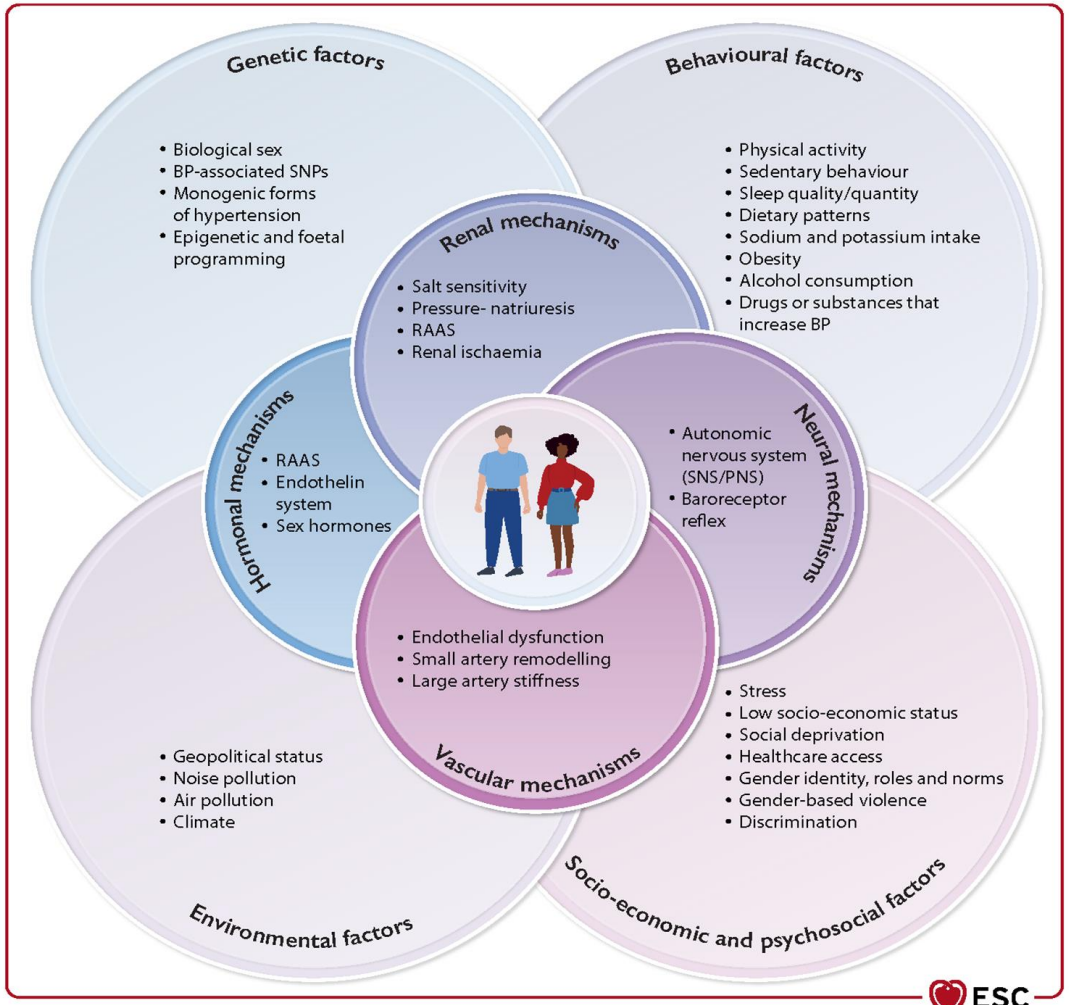
Bloqueadores dos canais de cálcio

Diuréticos (tiazidas e "tiazida-like")

Bloqueadores beta



Mancia G, Kreutz R et al. *J Hypert*, 2023; 41: 1874



McEvoy JW et al. *Eur Heart J*, 2024; 45: 3912

Terapêutica da HTA

Alteração do estilo de vida

IECA e ARA II

Bloqueadores dos canais de cálcio

Diuréticos (tiazidas e "tiazida-like")

Bloqueadores beta

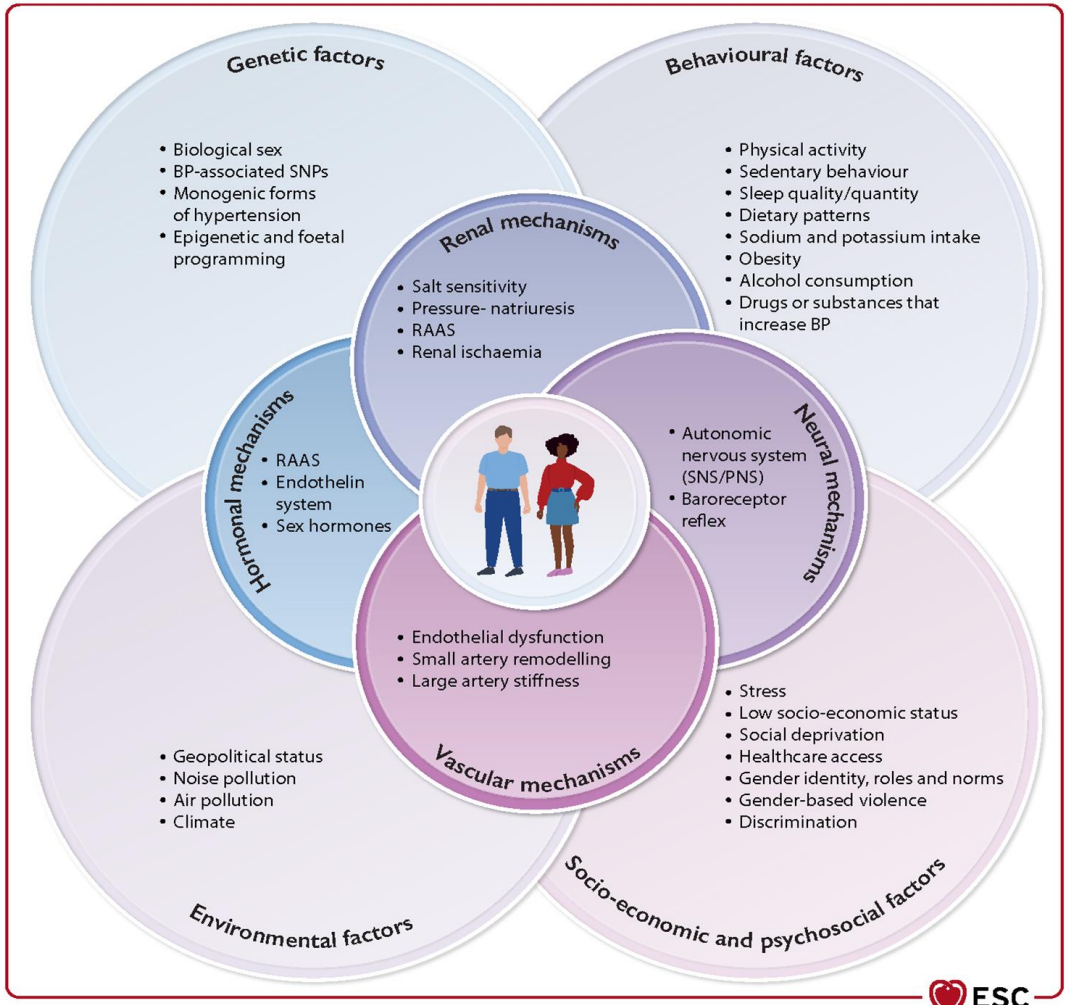
Antagonistas do recetor mineralocorticoide

Diuréticos de ansa

Bloqueadores alfa

Vasodilatadores

Fármacos de ação central



McEvoy JW et al. *Eur Heart J*. 2024; 45: 3912

Terapêuticas inovadoras

ARNi (sacubitril/valsartan)

SGLT2i (cana, dapa, empa, ertugliflozina)

ARM não esteroide (finerenona)

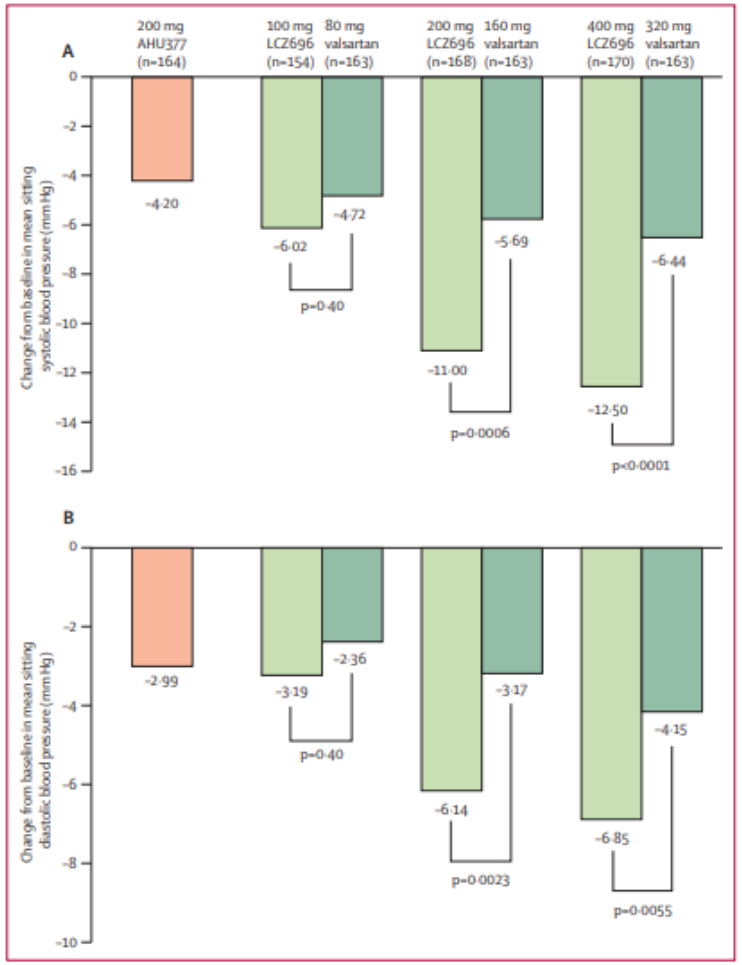
Antagonistas recetores endotelina (aprocitentan)

Inibidores aldosterona sintetase (baxdrostato e lorundrostato)

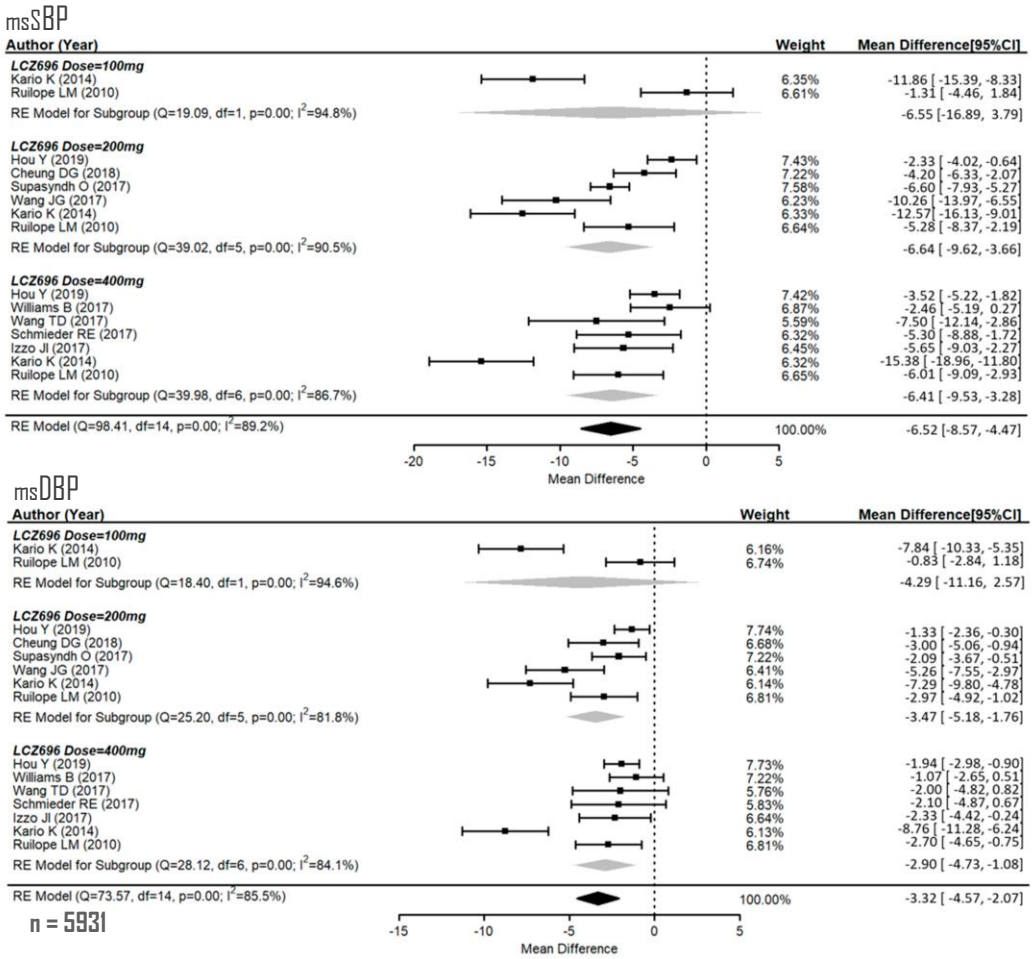
Agente de interferência no RNA (zilebesiran)

Procedimento invasivo (desnervação renal)

ARNi – sacubitril/valsartan – efeito na PA

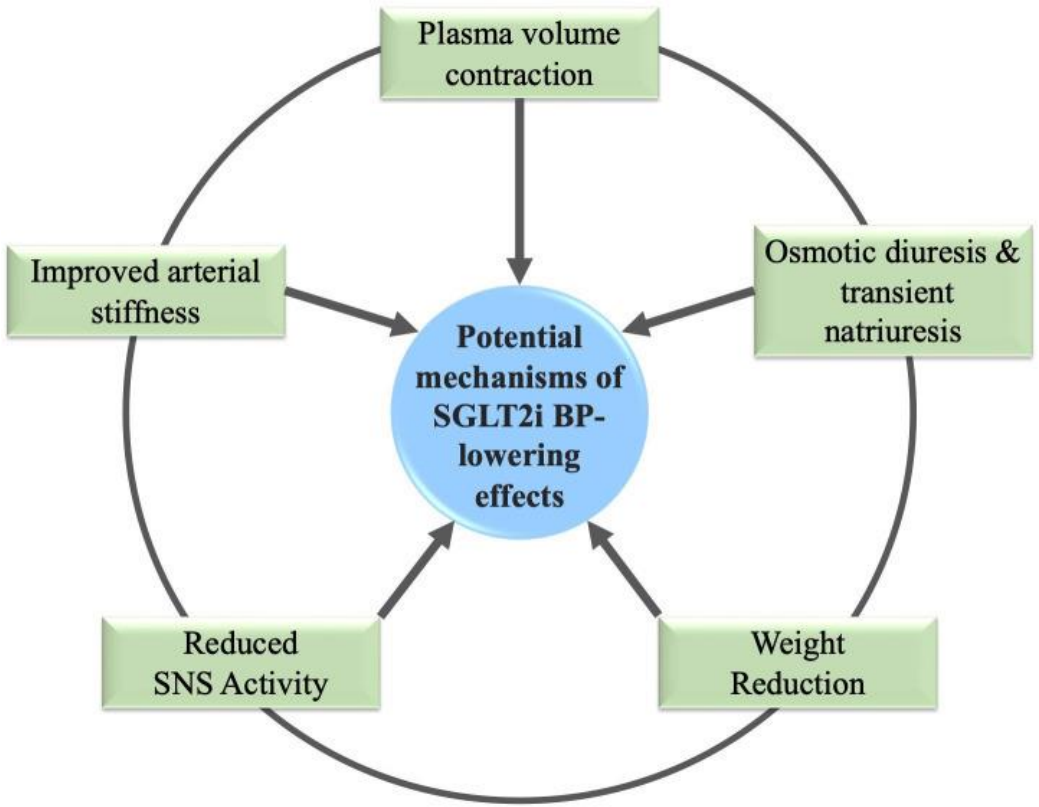


Ruilope LM et al. *Lancet*, 2010; 375: 1255



Chua SK et al. *J Clin Med*, 2021; 10: 2824

iSGLT2 – efeito na PA

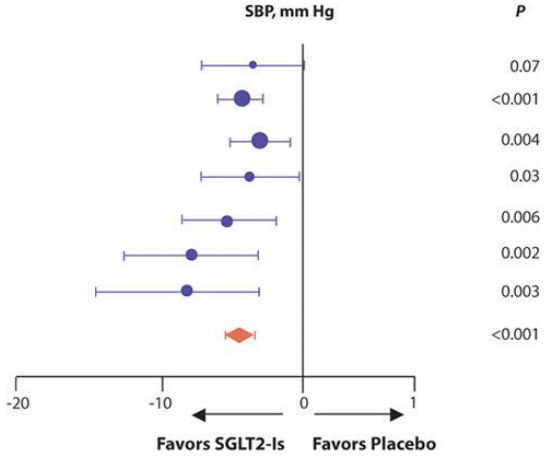


Nasser SA et al. *Rev Cardiovasc Med*, 2022; 23: 411

A

Author	SGLT2-Is No.	SGLT2-Is Δ (SD)	Placebo No.	Placebo Δ (SD)	ΔΔ (95% CI)	P
Lambers Heerspink, 2013	24	-5.6 (11.6)	25	-0.7 (9.2)	-3.3 (-6.8, 0.2)	0.07
Tikkanen, 2015	276	-3.7 (8.3)	271	0.5 (8.2)	-4.2 (-5.5, -2.8)	<0.001
Weber, 2015	267	-9.6 (20.0)	263	-6.7 (20.3)	-2.9 (-4.9, -0.9)	0.004
Amin, 2015	36	-3.5 (7.0)	36	0.1 (6.6)	-3.6 (-6.9, -0.3)	0.03
Townsend, 2016	56	-6.2 (10.5)	56	-1.2 (10.5)	-4.9 (-8.4, -1.5)	0.006
Kario, 2018	68	-10.0 (14.1)	63	-2.4 (14.0)	-7.7 (-12.5, -2.8)	0.002
Ferdinand, 2019	78	-10.3 (16.3)	72	-1.9 (16.5)	-8.4 (-13.7, -3.0)	0.003
Total	805		786		-4.4 (-5.5, -3.4)	<0.001

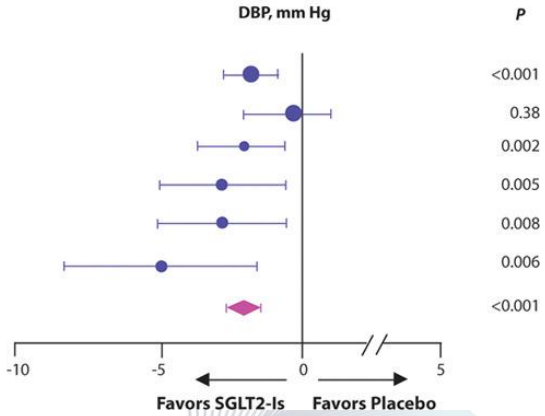
Heterogeneity (Q=5.10, I^2= 0.0%, P=0.53)



B

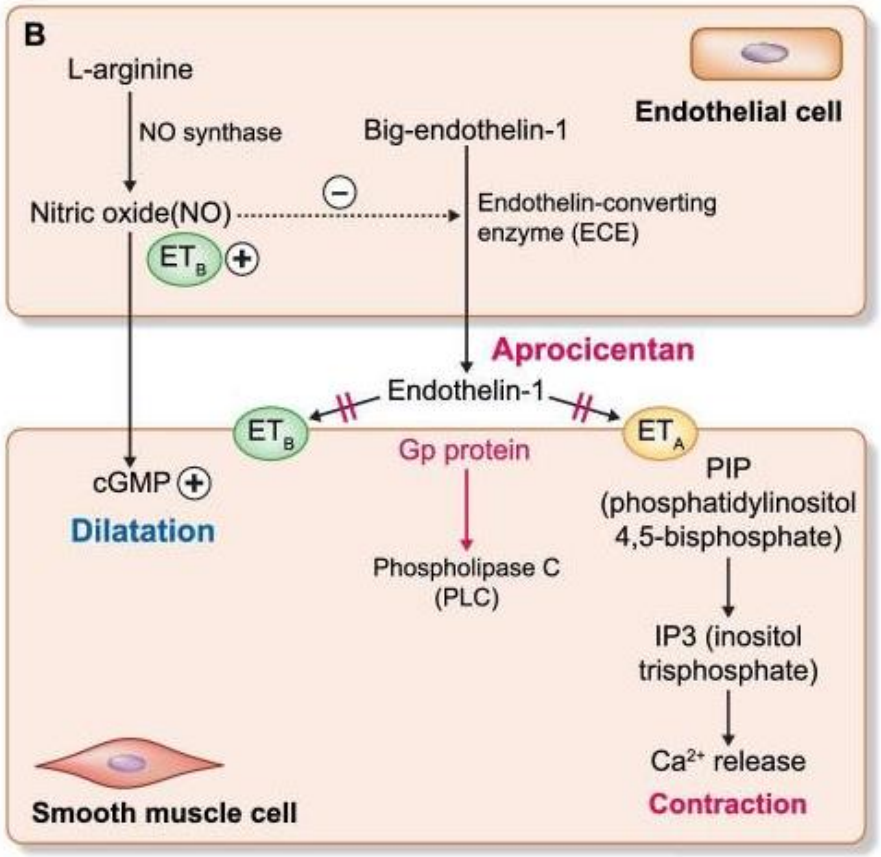
Author	SGLT2-Is N°	SGLT2-Is Δ (SD)	Placebo N°	Placebo Δ (SD)	ΔΔ (95% CI)	P
Tikkanen, 2015	276	-1.4 (5.3)	271	0.3 (5.1)	-1.7 (-2.5, -0.9)	<0.001
Weber, 2015	267	-6.2 (13.8)	263	-5.5 (13.7)	-0.6 (-2.0, 0.7)	0.38
Amin, 2015	36	-1.5 (4.7)	36	0.8 (4.7)	-2.2 (-3.6, -0.8)	0.002
Townsend, 2016	56	-3.2 (6.0)	56	-0.3 (6.0)	-2.9 (-5.0, -0.9)	0.005
Kario, 2018	68	-3.5 (6.1)	63	-0.7 (6.1)	-2.9 (-5.0, -0.8)	0.008
Ferdinand, 2019	78	-5.0 (11.7)	72	-2.6 (11.3)	-4.9 (-8.4, -1.5)	0.006
Total	781		761		-1.9 (-2.6, -1.2)	<0.001

Heterogeneity (Q=2.90, I^2=0.0%, P=0.72)

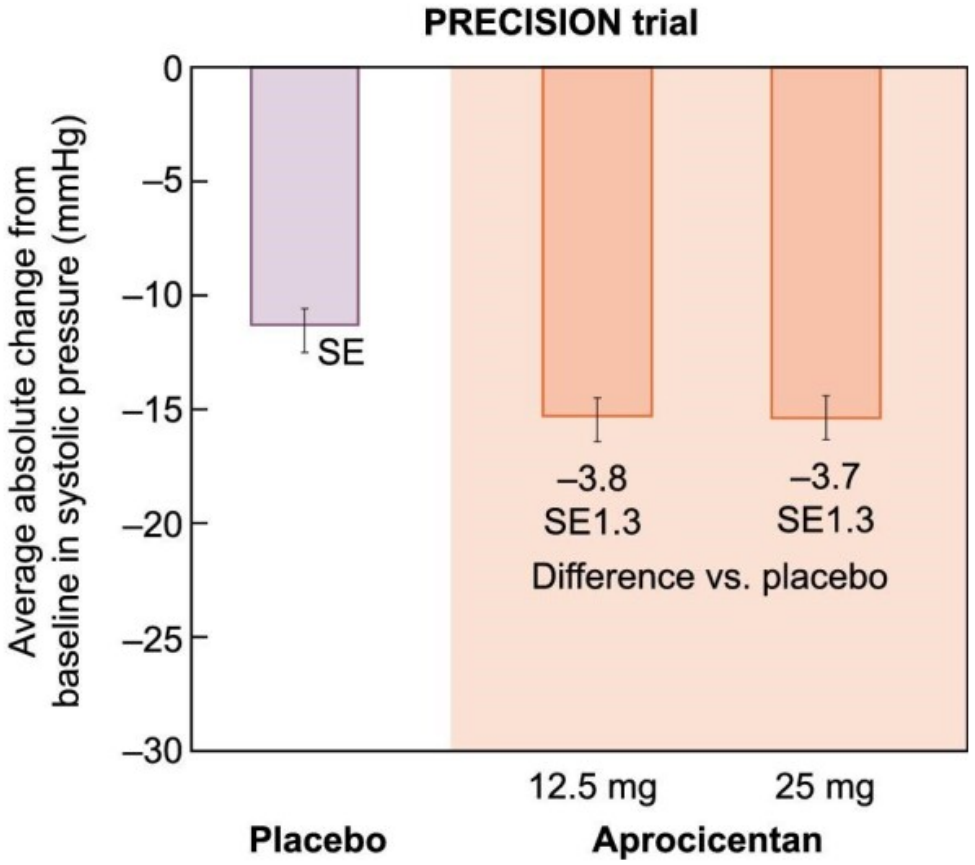


Yan C et al. *Hypert*, 2020; 76: 420

Antagonista dos receptores A e B da endotelina – aprocitentan – efeito na PA



Zoccali C et al. *Clin Kidney J*, 2024; 17: 1

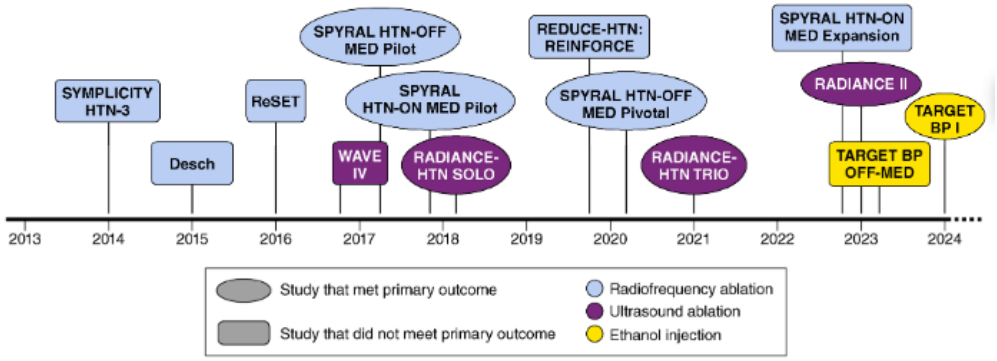


Schlaich MP. *Lancet*, 2022; 400: 1927

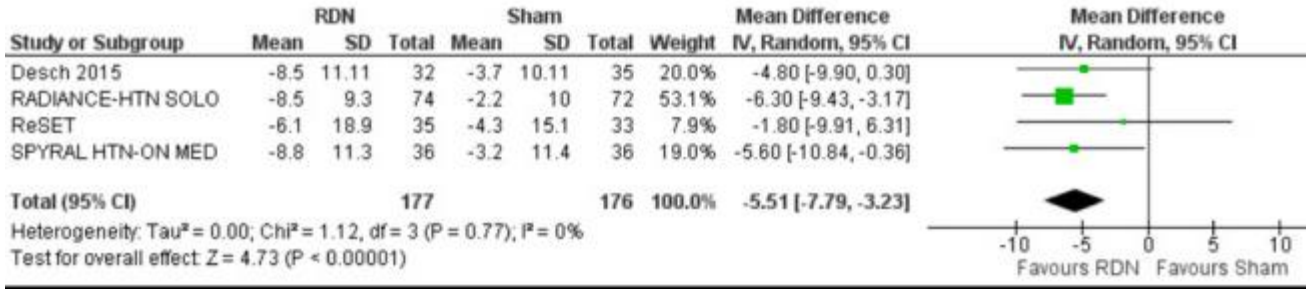
Efeitos adversos

- edema
- flushing
- cefaleia
- anemia
- teratogéneos?

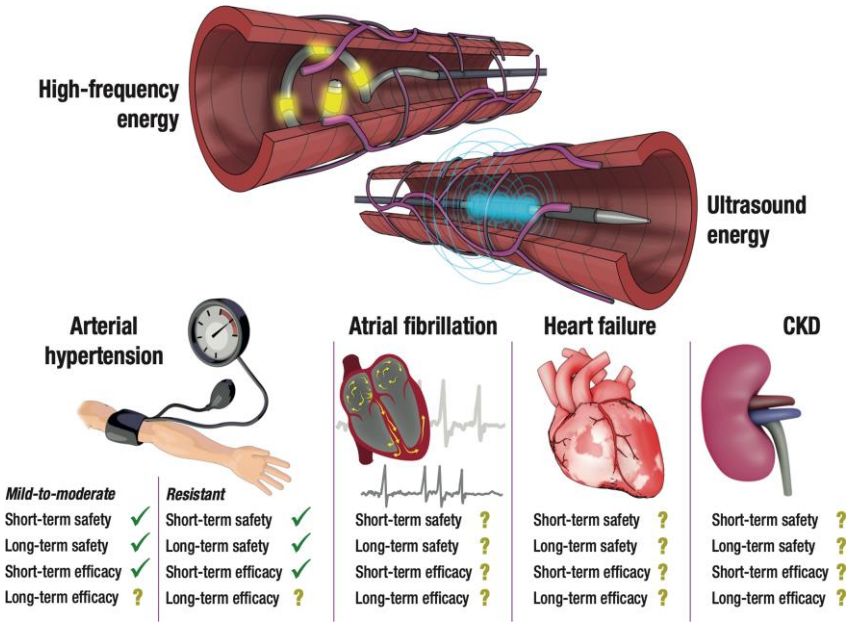
Desnervação renal



Cluett JL et al. *Hypertension*, 2024; 81: e135



Stavropoulos K et al. *J Clin Hypertens*, 2020; 22: 572

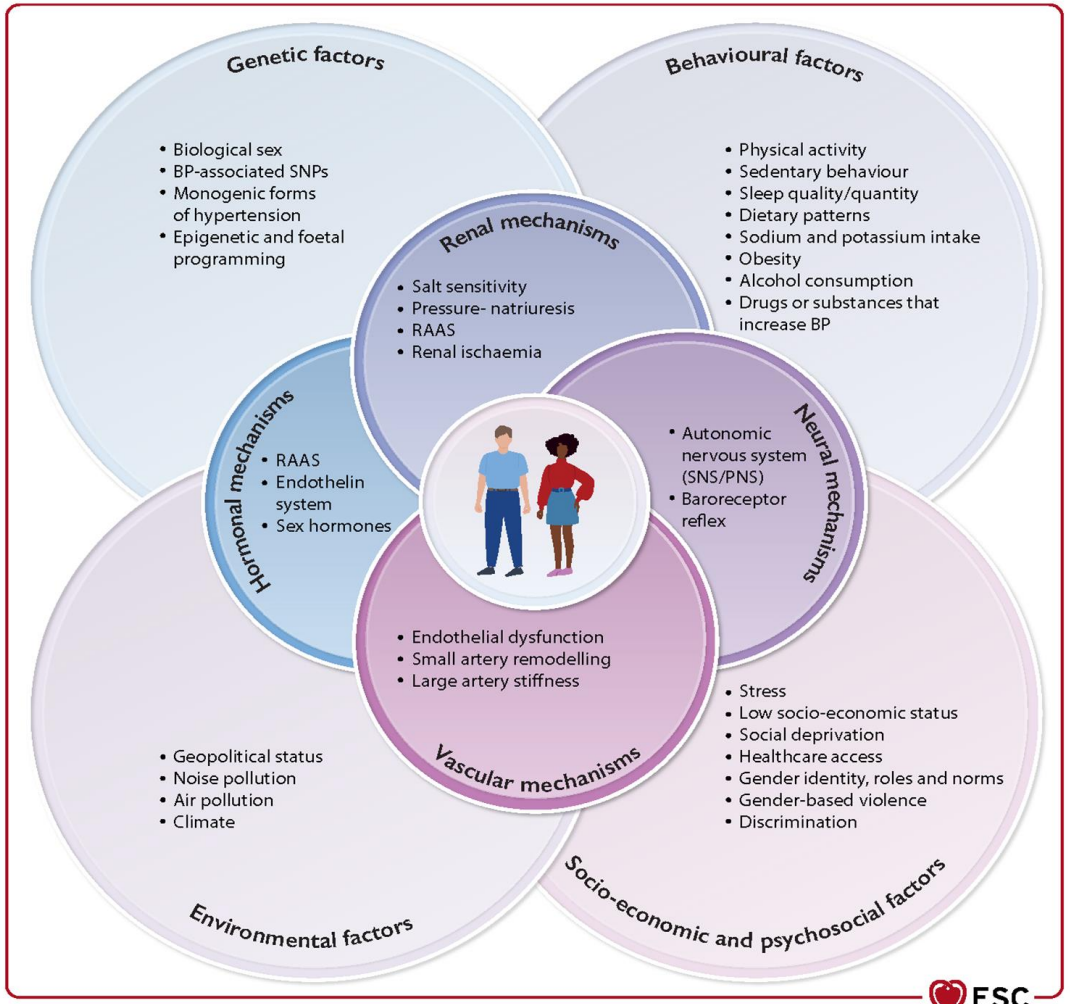


Lauder L et al. Eur Heart J, 2023; 44:2066

Outras questões

- efeito nos outcomes cardiovasculares?
- seleção dos doentes
  - pseudo-resistência
  - preditores de resposta
  - risco/benefício individual
- garantir a segurança
- custos?

Terapêuticas inovadoras vs abordagens "inovadoras" na HTA



McEvoy JW et al. *Eur Heart J*. 2024; 45: 3912

Obrigada!