

# Intensive BP control associated with increased CKD risk

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mL/min/1.73 m<sup>2</sup> at 18 months. In the intensive group, an incident CKD event occurred in 3.7 percent of participants versus 1 percent in the standard group at three-year follow-up (hazard ratio, 3.54). The composite of death or cardiovascular event occurred in 4.9 percent and 7.1 percent of participants in the intensive and standard groups, respectively, at three-year follow-up (HR, 0.71).

"Intensive SBP lowering increased risk for incident CKD events, but this was outweighed by cardiovascular and all-cause mortality benefits," conclude the authors.

Several authors report financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Intensive systolic blood pressure (SBP) lowering is associated with an increased risk of chronic kidney disease (CKD) events but a reduced risk of cardiovascular events and mortality, according to a study published online Sept. 4 in the *Annals of Internal Medicine*.

Srinivasan Beddhu, M.D., from the University of Utah in Salt Lake City, and colleagues conducted subgroup analyses of the Systolic Blood Pressure Intervention Trial to determine the effects of intensive SBP lowering versus standard SBP lowering on kidney and cardiovascular outcomes in adults with high blood [pressure](#) and elevated cardiovascular risk. In the intervention, 6,662 participants were randomly assigned to either the intensive (120 mm Hg) or standard (140 mm Hg) SBP goal.

The researchers found that the difference in adjusted mean estimated glomerular filtration rate was  $\pm 3.32$  mL/min/1.73 m<sup>2</sup> between the intensive and standard groups at six months and  $\pm 4.5$

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