



Prevention

RENAL SYMPATHETIC DENERVATION FOR TREATMENT OF RESISTANT HYPERTENSION: ONE YEAR RESULTS FROM THE SYMPLICITY HTN-2 RANDOMIZED CONTROLLED TRIAL

ACC Oral Contributions

McCormick Place North, N228

Sunday, March 25, 2012, 11:00 a.m.-11:15 a.m.

Session Title: Prevention: Renal Sympathetic Denervation - A Novel Therapy for Hypertension?

Abstract Category: 7. Prevention: Hypertension

Presentation Number: 926-4

Authors: *Murray D. Esler, Henry Krum, Markus Schlaich, Roland Schmieder, Michael Bohm, Paul Sobotka, Baker IDI Heart and Diabetes Institute, Melbourne, Australia*

Background: Activation of renal sympathetic nerves contributes to the pathogenesis of hypertension. Catheter-based renal sympathetic denervation (RDN) may reduce blood pressure (BP) in patients with treatment-resistant hypertension.

Methods: Patients with systolic BP ≥ 160 mm Hg despite optimal treatment with 3 or more antihypertensive drugs were randomized to treatment by RDN or to a control group maintained on previous treatment alone. At 6 months control patients were eligible to crossover to RDN. The primary endpoint was change in systolic BP at 6 months. All patients were followed for 1 year to assess long-term effectiveness and safety of RDN.

Results: There were 106 patients randomized to immediate RDN (n=52; 49 treated) or control (n=54; 46 crossed over to RDN). At 12 months data for 47 RDN patients and 35 crossover patients is available. At baseline, 32.7% of patients in the RDN and 60.0% of patients in the crossover group were female and type II diabetes mellitus was present in 42.9% and 28.6% of patients in the RDN and crossover groups, respectively. One patient in the crossover group had a right renal artery dissection. No other serious procedure-related adverse events and no radiofrequency-related renal artery stenosis or aneurysm occurred in either treatment group. Post-procedure BP changes for each group are shown below.

Conclusions: Patients crossed over to RDN at 6 months had a similar significant drop in BP as patients receiving immediate RDN. RDN provides safe and durable reduction of BP to 1 year.

Office BP Measurement Mean \pm SD (mm Hg)	RDN (n=49)	P-value	Crossover to RDN (n=35)	P-value
Pre-procedure* SBP	178.3 \pm 18.2		190.0 \pm 19.6	
DBP	96.1 \pm 15.5		99.9 \pm 15.1	
6-Month post-RDN				
SBP	146.7 \pm 23.3		166.3 \pm 24.7	
DBP	84.4 \pm 17.0		91.5 \pm 14.6	
12-Month post-RDN				
SBP	150.7 \pm 21.9		N/A	
DBP	87.0 \pm 16.1		N/A	
6-Month BP difference				
SBP	-31.7 \pm 23.1	<0.001	-23.7 \pm 27.5	<0.001
DBP	-11.7 \pm 11.2	<0.001	-8.4 \pm 12.1	<0.001
12-Month BP difference				
SBP	-28.1 \pm 24.9	<0.001	N/A	
DBP	-9.7 \pm 10.6	<0.001	N/A	
*6-mo post randomization for crossover group				