

FP065

**NO RELATIONSHIP BETWEEN TOTAL KIDNEY VOLUME CLASS OR GENOTYPE AND 24H BLOOD PRESSURE CONTROL IN ADULT ADPKD PATIENTS**

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**INTRODUCTION AND AIMS:** Enlargement of renal size plays a role in the development of hypertension in patients with autosomal dominant polycystic kidney disease (ADPKD). But does the total kidney volume (TKV) class, according to the Mayo classification, or the genotype play a role in blood pressure (BP) control?

**METHODS:** In a cohort of patients with ADPKD, with known genotype and TKV, BP control was evaluated by standardized office BP measurement and 24h ambulatory BP monitoring (ABPM)

**RESULTS:** 39 patients (26 men) with a mean age of  $41 \pm 11$  y were included. Mean eGFR (CKD-EPI) was  $67.9 \pm 32.0$  mL/min; BMI  $26.9 \pm 5.2$  kg/m<sup>2</sup>; waist circumference  $95 \pm 12$  cm. 23 patients had PKD1 (19 PKD1T), 12 PKD2. Most patients (34/39) were fast progressors according to the Mayo classification. Mean (SD) office BP was 143 (14)/91 (9) mmHg and significantly higher than daytime ABP ( $p < 0.0001$ ); mean daytime and nighttime 24hABPM were respectively 132 (10)/85 (8) and 116 (10)/72 (8) mmHg. Mean number of antihypertensive drugs taken was  $1.9 \pm 1.5$  (range 0-5). 5 patients were not treated with antihypertensive drugs, 12 with monotherapy and 88% of treated patients received a ACEI or ARB. Of the 39 patients, 4 had normal BP, 4 were diagnosed with masked hypertension, 8 with white coat hypertension and 23 were hypertensive. Overall BP control in the office was only 21% for goal BP  $< 140 / < 90$  mmHg and 3% for goal BP  $< 130 / < 80$  mmHg. Whereas 24hABPM control ( $< 130 / < 80$  mmHg) was 62% for SBP and 53% for DBP. No correlation was found between BP control and TKV class or genotype.

**CONCLUSIONS:** No relationship was found between TKV class or genotype and BP control in adult ADPKD patients. 24h ABPM helps to identify patients with truly uncontrolled BP.