



UNCONTROLLED HYPERTENSION AS A CONTRAINDICATION TO CARDIAC CATHETERIZATION: EVIDENCE TO SUPPORT GUIDELINES AND PRACTICE

ACC Poster Contributions

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Background. Uncontrolled HTN has long been considered a relative contraindication for cardiac cath. Although widely used to determine patient eligibility, limited data exists to assess risk associated with elevated BP present at the time of angiography.

Methods. Pts who underwent angiography for stable angina, NSTEMI, or STEMI from 1/00-11/09 were identified using the Duke Databank for Cardiovascular Disease. Pts were stratified by the presence or absence of uncontrolled HTN (SBP>180 and/or DBP>110) at time of cath. Baseline characteristics and outcomes between groups with uncontrolled HTN and those with adequate BP control were compared. Significance was defined as a p-value <0.05.

Results. 17,574 pts were identified (72% stable angina, 14% NSTEMI, 14% STEMI) for the study. One out of every 10 patients had uncontrolled HTN at time of cath; pts were more likely to be older, female, Black, have history of HTN, diabetes, CVD, and renal dysfunction. Among STEMI patients, those with uncontrolled BP had greater rates of multivessel CAD. While the composite of death or MI at 30d was similar in those patients presenting with stable angina or STEMI, there was greater risk at 30d and 6mos. for NSTEMI patients whose BP was uncontrolled (figure).

Conclusions. Uncontrolled BP at the time of cardiac cath is common, associated with numerous comorbidities, and may lead to worse outcomes. Further study is necessary to better define pt risk and to determine if acute antihypertensive therapies might modify this risk.

Figure. 30d and 6mo Outcomes for NSTEMI Pts with Uncontrolled BP at Cath

