

Statement of the European Society of Hypertension (ESH) on hypertension, Renin Angiotensin System blockers and COVID-19

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- Currently there is no clear evidence that hypertension per se is associated with an increased risk of infection by COVID-19. Therefore, patients with hypertension should apply the same precautions as subjects of the same age category and with the same profile of comorbidities (<https://www.ecdc.europa.eu/en/novel-coronavirus-china>).
- In stable patients with COVID-19 infections or at risk for COVID-19 infections, treatment with ACEIs and ARBs should be executed according to the recommendations in the 2018 ESC/ESH guidelines.¹
- The currently available data on COVID-19 infections do not support a differential use of RAS blockers (ACEI or ARBs) in COVID-19 patients.
- In COVID-19 patients with severe symptoms or sepsis, RAS blockers and other blood pressure lowering drugs should be used or discontinued on a case-by-case basis, taking into account current guidelines.
- Further research analysing the continuously increasing data on the impact of hypertension and blood pressure lowering drugs, particularly RAS blockers, on the clinical course of COVID-19 infections is warranted.

A note of caution!

This statement reflects current evidence at time of release and may need updating according to novel evidence.

Reference

1. Williams B, Mancia G, Spiering W, Agabiti Rosei E, Azizi M, Burnier M, Clement DL, Coca A, de Simone G, Dominiczak A, Kahan T, Mahfoud F, Redon J, Ruilope L, Zanchetti A, Kerins M, Kjeldsen SE, Kreutz R, Laurent S, Lip GYH, McManus R, Narkiewicz K, Ruschitzka F, Schmieder RE, Shlyakhto E, Tsioufis C, Aboyans V and Desormais I. 2018 ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology and the European Society of Hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology and the European Society of Hypertension. *Journal of hypertension*. 2018;36:1953-2041.