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Blood Pressure and CKD Progression

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There has been a big paradigm shift on blood pressure (BP) control to prevent cardiovascular events in individuals having cardiovascular risk. The favorable effects of lowering systolic BP to 120 mmHg was particularly evident in individuals without chronic kidney disease (CKD). However, many studies have raised concern regarding the optimal target of BP in patients with CKD because lowering BP to such level caused more adverse kidney events. The goal of BP control in these patients should encompass reduction in adverse cardiovascular events and mortality and attenuation of CKD progression. In general, the current guidelines have suggested a BP target of <140/90 mmHg in patients with CKD, regardless of diabetic status or presence of proteinuria. As suggested by the KDIGO panel, a lower BP target can be acceptable, which is <130/80 mmHg in patients with albuminuria. However, evidence levels for these guidelines are not strong because many randomized controlled trials have shown that achieving BP level <130 mmHg did not result in better clinical outcomes in patients with CKD. In this session, I will briefly touch this issue based on important clinical studies to date. In addition, my colleagues and I recently analyzed the relationship between BP levels and CKD outcomes in Korean population using two large-scale databases; 1) the KoreaN cohort study for Outcome in patients With Chronic Kidney Disease (KNOW-CKD), a multicenter nationwide prospective cohort study, and 2) the NHIS database in the general population. I will also show the summary of the study results.