
Preface

Hypertension, i.e. the single major cause of cardiovascular morbidity and mortality worldwide, has been addressed by a large number of books and monographs which have dealt with this topic in all its multifold epidemiological, diagnostic and therapeutic aspects. The aim of this book, however, is not to add another systematic review to those already available. It is rather to provide a cutting edge on key basic and clinical issues on high blood pressure and its related cardiovascular disorders, which are of greater current interest and sometimes controversial interpretation, either because of conflicting data or because hypotheses, rather than data, are available.

Some of the topics included in the book are well known to students of hypertension, also because they have a prominent place in the scientific programme of all major meetings: the risk involved in high normal blood pressure and the evidence in favour or against extending treatment; to this “prehypertension” condition; whether white coat hypertension is clinically innocent or it carries a higher than normal risk that deserves a close follow-up and treatment; how to identify, within the normotensive population, those with ambulatory or home BP elevations who should be treated; how often hypertensive patients should be assessed for their asymptomatic organ damage, and whether the treatment-induced changes in the damage allow physicians to better appreciate the achieved cardiovascular protection; how to score new effects of antihypertensive treatment that can differ between drug classes such as short-term (within 24 h) and visit-to-visit blood pressure variability; which is our knowledge of the epidemiology and the treatment-dependent benefits of conditions frequently seen in hypertension, such as obstructive sleep apnea, cognitive impairment and dementia, hypertension of the very elderly, and hypertension associated with diabetes or dyslipidemia; how can we deal with the challenge of reducing the high residual risk exhibited by even apparently well treated hypertensive patients and whether this can be obtained by lower blood pressure targets or earlier initiation of treatment.

The above few examples give the reader an idea of the range and scope of the topics included in this book, which in addition deals with problems perhaps less controversial but nevertheless of practical importance, such as hypertension in post menopausal women, the difficult coexistence of antihypertensive treatment with drugs to be given for inflammatory disorders and pain, the sexual dysfunction

accompanying treatment (and leading to treatment discontinuation) and, a topic virtually unaddressed before, the effect of Ramadan fasting on blood pressure control.

We hope this will increase general and specific knowledge of the pathophysiology and clinical aspects of hypertension, and also stimulate not only curiosity but also a critical attitude on issues on which much future research and confrontation of ideas is needed.

We express our deep gratitude and warm appreciation to the experts who kindly contributed to the various chapters of this book.

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