



## Hypertension.

**Second Edition. Edited by Sunil Nadar and Gregory Y. H. Lip**

Oxford Cardiology Library

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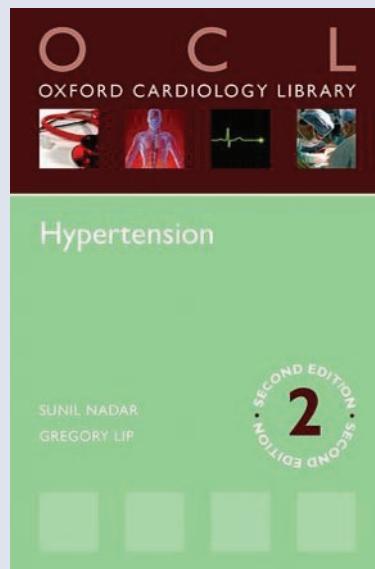
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**K**njižica *Hypertension*, čiji su urednici Nadar i Lip, novo je džepno izdanje nakladničke kuće *Oxford University Press*. U četirima cjelinama obuhvaćeno je 26 poglavlja, koja karakterizira sažet, no cijelovit prikaz važnosti i rizika što ih nosi arterijska hipertenzija. Gotovo polovica knjige posvećena je epidemiologiji, patogenezi primarne i sekundarne hipertenzije, dijagnostici i prikazu komplikacija. U nastavku knjige opširnije se prikazuju načini liječenja arterijske hipertenzije, kao i specifičnosti kod pojedinih skupina pacijenata.

Već na početku knjige autori nas podsjećaju da je arterijska hipertenzija vodeća kronična nezarazna bolest visoke prevalencije, koja je istodobno i vodeći uzrok smrtnosti diljem svijeta. Slijedi zanimljiv prikaz utjecaja životnoga stila na vrijednosti arterijskoga tlaka. Potpunost dijagnostičke obrade pacijenta s arterijskom hipertenzijom s naglaskom na pravilno mjerjenje i stratifikaciju rizika pojedinog pacijenta prikazuju završna poglavlja prve četvrtine knjige.

U drugoj četvrtini knjige čitatelje se podsjeća na to da je arterijska hipertenzija glavni neovisni čimbenik rizika za nastanak kardiovaskularnih bolesti te u svakodnevnoj kliničkoj praksi uvijek treba utvrditi prisutnost komplikacija bolesti. Poglavlja počinju detaljnijim prikazom arterijske hipertenzije kao čimbenika kardiovaskularnog rizika, a potom slijedi prikaz najvažnijih oštećenja ciljnih organa (hipertenzivna retinopatija, kognitivno oštećenje / demencija, hypertenzivna bubrežna bolest). Osobitu pozornost autori posvećuju najvažnijim dugoročnim komplikacijama arterijske hipertenzije – hipertrofiji lijeve klijetke i fibrilaciji atrija.

Druga polovica knjige prikazuje nefarmakološko, farmakološko i invazivno liječenje arterijske hipertenzije. Nakon prikaza važnosti promjene životnoga stila detaljnije se prikazuju pojedine skupine antihipertenziva – diuretici, beta-blokatori, blokatori kalcijskih kanala, ACE inhibitori, blokatori angiotenzinskih receptora i druge skupine antihipertenziva. Slijedi prikaz nove invazivne metode liječenja – renalne denervacije, a potom poglavje o primjeni antitrombotskog liječenja u pacijentata s arterijskom hipertenzijom.



**T**he *Hypertension* pocketbook, edited by Nadar and Lip, is a new pocket edition by *Oxford University Press*. It is comprised of four parts with 26 chapters, characterized by a concise but comprehensive presentation of the significance and risks of arterial hypertension. Nearly half of the book is dedicated to the epidemiology and pathogenesis of primary and secondary hypertension, as well as diagnostics and complications associated with the disease. The rest of the book describes the methods of treating arterial hypertension in detail, as well as the specifics of various patient groups.

At the very start of the book, the authors remind us that arterial hypertension is the leading chronic noncommunicable disease with a high prevalence and simultaneously the leading cause of death throughout the world. These facts are fol-

lowed by an interesting presentation of the influence of life styles on arterial pressure. The concluding chapters of the first quarter of the book deal with comprehensive diagnostic management of patients with arterial hypertension, with an emphasis on appropriate risk assessment and stratification for each individual patient.

The second quarter of the book reminds readers that arterial hypertension is the main independent risk factor for cardiovascular diseases and that we should always check for complications in everyday clinical practice. These chapters open with a detailed presentation of arterial hypertension as a cardiovascular risk factor, followed by a list of the most significant types of damage to target organs (hypertensive retinopathy, cognitive damage/dementia, hypertensive renal disease). The authors also provide a comprehensive description of the most significant long-term complications of arterial hypertension – left ventricular hypertrophy and atrial fibrillation.

The second half of the book discusses non-pharmacological, pharmacological, and invasive treatment of arterial hypertension. After a description of the importance of lifestyle changes, different groups of antihypertensives are discussed in detail – diuretics, beta-blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers, and other

U završnom se dijelu knjige definira kardiovaskularni rizik i prikazuje cijelovito značenje zbrinjavanja čimbenika rizika. Prikazuju se algoritmi liječenja prema *British Hypertension Society* (BHS-IV) i *National Institute for Health and Clinical Excellence* (NICE), a ciljne vrijednosti arterijskoga tlaka i izbor početne skupine antihipertenziva uspoređuju se i sa zajedničkim europskim (*European Society of Hypertension / European Society of Cardiology*, ESH/ESC) i američkim (*Eighth Joint National Committee*; JNC-8) smjernicama za arterijsku hipertenziju. Slijede poglavlja o liječenju arterijske hipertenzije u dijabetičara, osoba starije životne dobi i trudnica te o zbrinjavanju pacijenata s malignom i rezistentnom hipertenzijom.

Zaključno, ovo je džepno izdanje novi podsjetnik da je arterijska hipertenzija kronična i često asimptomatska bolest za čije je kvalitetno zbrinjavanje primarno važno reducirati kardiovaskularni rizik.

groups of antihypertensives. This is followed by a description of a novel invasive treatment method – renal denervation, and a chapter on the application of antithrombotic therapy in patients with arterial hypertension.

The final part of the book defines cardiovascular risk and describes the overall importance of risk factor management. The treatment algorithms of the *British Hypertension Society* (BHS-IV) and the *National Institute for Health and Clinical Excellence* (NICE) are described, and target arterial pressure values and initial antihypertensive treatment choices are compared with European (*European Society of Hypertension / European Society of Cardiology*, ESH/ESC) and US (*Eighth Joint National Committee*; JNC-8) guidelines for arterial hypertension. This is followed by chapters on treatment of arterial hypertension in diabetics, the elderly, and in pregnant women, as well as the management of patients with malignant and resistant hypertension.

In conclusion, this pocket edition is a new reminder that arterial hypertension is a chronic and often asymptomatic disease and that reducing cardiovascular risk is of primary importance in its treatment.

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