

BÖLÜM 26

COVID-19 VE HİPERTANSİYON

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Giriş

Çin Halk Cumhuriyeti'nin Hubei eyaleti Wuhan'da 31 Aralık 2019'da, nedeni bilinmeyen pnömoni vakaları bildirilmeye başlandı. 9 Ocak 2020'de Çin Hastalık Kontrol ve Önleme Merkezi, etkenin yeni bir şiddetli akut solunum sendromu koronavirüs 2 (SARS-CoV-2) olduğunu açıkladı. SARS-CoV-2'nin neden olduğu hastalık daha sonra COVID-19 olarak adlandırıldı (1). 11 Mart 2020'de Dünya Sağlık Örgütü (WHO), COVID-19'u bir salgın olarak ilan etti (1). O zamandan beri dünya çapında 79.200.000 fazla insanı etkiledi ve 1.750.000 'den fazla ölüme neden oldu (2).

Bir yandan Çin'den gelen ilk raporlarda, şiddetli COVID19 vakalarında sistemik arteriyel hipertansiyonun görülme sıklığının yüksek olması(3), diğer yandan SARS-CoV-2'nin renin-angiotensin sistemi (RAS) blokerleri tarafından potansiyel olarak artırılan bir enzim olan anjiyotensin dönüştürücü enzim 2 (ACE2) 'yi akciğer hücrelerinde viral bir giriş reseptörü olarak kullanması endişeleri daha da arttırdı(4,5). Toplumda hipertansiyon prevalansının yüksek olması,,dünya çapında RAS blokerleri alan hastaların yüzdesinin yüksek olması göz önüne alındığında,

bu faktörlerin COVID-19'un yayılmasına katkıda bulunabileceği ve ayrıca enfeksiyonun seyrini kötüleştirebileceği düşünüldü(6). Avrupa Hipertansiyon Derneği (7), Avrupa Kardiyoloji Derneği Hipertansiyon Konseyi (8), Uluslararası Hipertansiyon Derneği (9) ve Dünya Hipertansiyon Ligi (10) dahil olmak üzere birçok Hipertansiyon Derneği / Konseyinin güven verici açıklamalarına rağmen, tıp dergileri, sosyal medya ve basında yer alan sonraki raporlardan da anlaşılabileceği üzere endişe devam etti.

COVID-19'lu hastaların çoğu asemptomatikken yada hafif influenza benzeri semptomlar geliştirirken, kayda değer sayıda hastada, akut solunum sıkıntısı sendromuna (ARDS), çoklu organ yetmezliğine (MOF) ve ölüme yol açabilecek düzeyde ciddi hastalık görülür (11).İleri yaşta, kardiyovasküler hastalıklar (KVH),, diabetes mellitus (DM) hipertansiyon(HT) ve kronik obstrüktif akciğer hastalığı (KOAH) gibi önceden var olan komorbiditeleri olanlarda genel olarak hastalık daha ciddi seyretmektedir(12-18).

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yanı sıra hipertansiyonu olmayan COVID-19 hastaları ile karşılaştırıldı (57). 28 günlük tüm nedenlere bağlı mortalite riski, ACE inhibitörü / ARB grubunda kontrol grubuna göre düşük saptanmıştır. (ayarlanmış HR 0.42, % 95 GA (0.19-0.92); P = 0.03) ve eşleştirilmiş alt grup analizinde (ayarlanmış HR 0.30, % 95 GA= (0.12–0.70); P = 0.01)

New York çalışmasında, ACE inhibitörleri ve ARB'ler dahil olmak üzere ana antihipertansif ilaç sınıflarından hiçbirisi, pozitif bir SARS-CoV-2 testi veya hastalık şiddeti ile ilişkilendirilememiştir (58). Dahası, yeni bir meta-analiz, hipertansiyonlu hastalarda ACE inhibitörlerinin veya ARB'lerin potansiyel faydasını göstermiştir (59). Gelecekte iyi tasarlanmış randomize kontrollü çalışmalara ihtiyaç duyulmasına rağmen, bu sonuçlar ACE inhibitörleri veya ARB'ler ile tedavinin hipertansiyonu olan COVID-19 hastalarında sürdürülmesi gerektiğini düşündürmektedir(59-61)

SONUÇ

Güncel veriler doğrultusunda hipertansif hastaların kan basıncı kontrol altında tutulmalıdır. Başka bir neden yoksa mevcut antihipertansif tedavilerine devam edilmelidir. SARS-CoV-2 enfeksiyonunu önlemek veya yönetmek için ACE inhibitörlerini veya ARB'leri değiştirmek veya sonlandırmak için iyi bir kanıt yoktur.

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