Cardiovascular Round Table

The ESC Council for Cardiology Practice for the implementation of the 2024 ESC Guidelines for the management of elevated blood pressure and hypertension

ESC Cardiovascular Round Table *Implementation of Guidelines at national level*

Luigina Guasti

July 2025

ESC European Society of Cardiology

Council for Cardiology Practice: clinical activities and actions

Cardiovascular Round Table

ESC European Society of Cardiology
European Heart Journal (2025) 00, 1–2
https://doi.org/10.1093/eurheartj/ehaf123
CardioPulse

ESC News

An update on the Council for Cardiology Practice of the European Society of Cardiology

Luigina Guasti [1,*], Konstantinos Toutouzas [2], and Ruxandra Christodorescu[3]

[1]Department of Medicine and Surgery, University of Insubria, ASST Sette Laghi, Via Guicciardini 9, 21100 Varese, Italy; [2]First Department of Cardiology, National and Kapodistrian University of Athens, Greece; and [3]Department V Internal Medicine, University of Medicine and Pharmacy V. Babes Timisoara, Institute of Cardiology Research Centre, Timisoara, Romania

Council for Cardiology Practice

Taskforces

General Cardiology Outpatient clinic

PATIENTS	ACTIONS
General clinical practice Geriatric cardiology Complex multimorbid patients Systemic diseases with CV impact Office-based imaging	Membership Scientific Documents Implementation Guidelines CardioPractice Networking Education/Webinars ESC Congress CCP Conference Surveys

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Council for Cardiology Practice: 1906 members

ESC European Society of Cardiology
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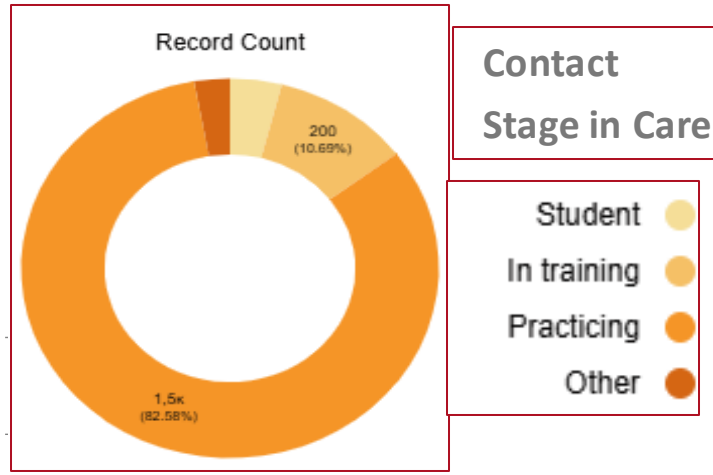

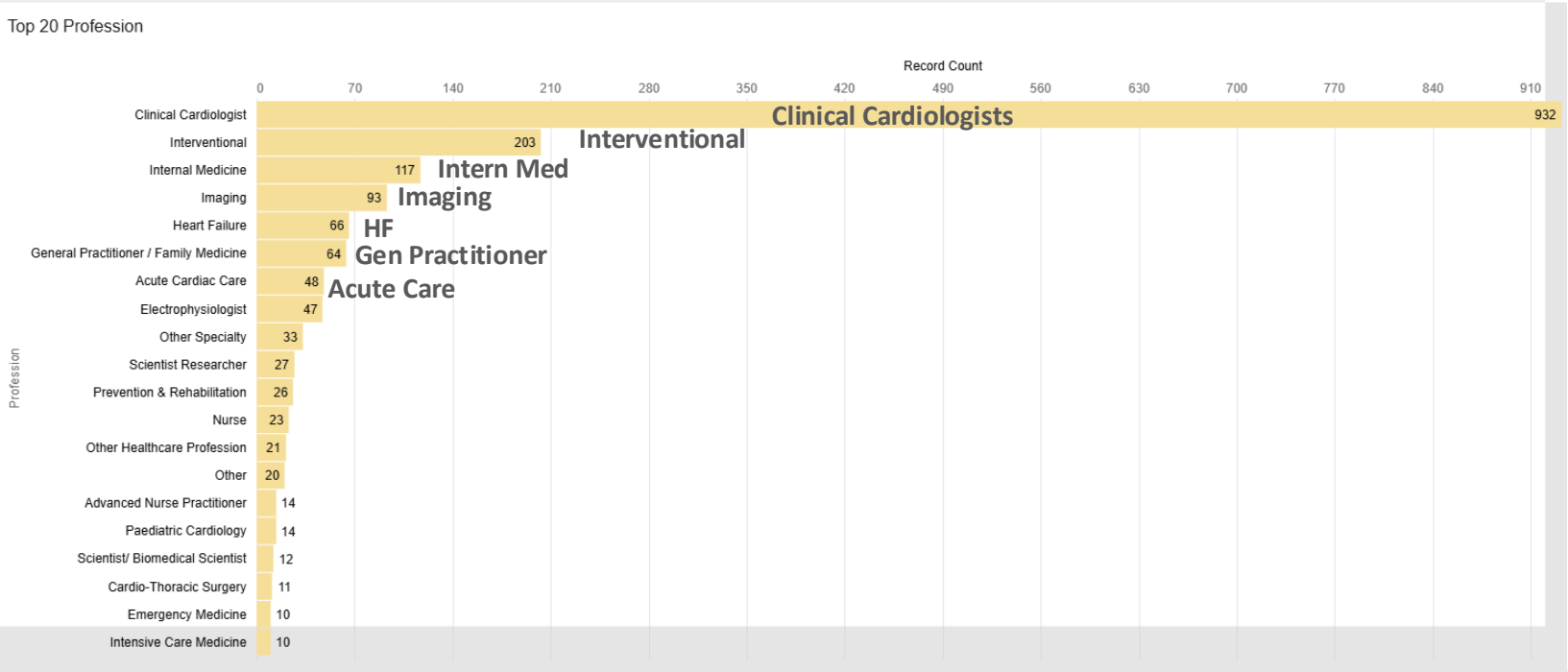

Table 1 Council for Cardiology Practice membership (December 2024)

Total members: 1906 (71% males; 29% females)

Age range

- Under 40 years: 576
- Between 40 and 49 years: 517
- Between 50 and 59 years: 409
- Between 60 and 69 years: 256
- Over 70 years: 148

Top 20 countries membership

- Countries with >100 members: Italy: 136, India: 130, UK: 116, Greece: 101
- Countries with members between 50 and 99: Ukraine: 67, Romania: 64, Egypt: 63, Germany: 58, Mexico: 56
- Countries with members < 50: Spain: 43, USA: 43, Brazil: 42, Russia: 41, Pakistan: 37, Portugal: 35, Saudi Arabia: 34, Poland: 26, Belgium: 25

OBJECTIVES

Roadmap CCP 2024-2026 mandate (October 2024):

Objectives

1. Be the leading European platform and information provider in General Cardiology, in Outpatients Cardiology and Geriatric Cardiology
2. Contribute to improving standard of care
3. Contribute to educating General Cardiologists, Outpatients Cardiologists and Geriatric Cardiologists
4. Grow and serve the community
5. Contribute to the ESC strategic plan
6. Have a clear Council's structure and roadmap

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OBJECTIVES-1

1. Be the leading European platform and information provider and contribute to improving standards of care in General Cardiology, in Outpatients Cardiology and Geriatric Cardiology

- ✓ Taskforce on « Geriatric Cardiology »
- ✓ Taskforce on « Cardiometabolic risk and systemic diseases impacting on cardiovascular health »
- ✓ Propose and contribute to ESC Scientific Documents, Guidelines
- ✓ Contribute to ESC congress (also through « CCP special tracks »)
- ✓ CCP annual conference
- ✓ Webinars
- ✓ Cardiopractice

OBJECTIVES-1

Council for Cardiology Practice:
FOCUS on Management of CV diseases in the elderly

Webinars

Management of cardiovascular disease in older adults

Cardiogeriatric assessments and evaluation of frailty

04 June

With Doctor R. Asteggiano (Turin, IT), Professor J. Afilalo (Montreal, CA), Associate Professor L. Guasti (Varese, IT)

New evidence from recent trials

16 June

With Professor K. Toutouzas (Athens, GR), Doctor M. Ferrini (Lyon, FR), Associate Professor S. Fumagalli (Florence, IT)

Dig deeper

Exclusive for members

In practice | Interface with the specialists | **Pioneers' Viewpoint**

Cardiopractice Cardiotalk - Cardiovascular risk factors in older adults

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https://www.escardio.org/Education/ESC-Education-by-Topic/focus/FOCUS-on-Management-of-Cardiovascular-Disease-in-the-Elderly

OBJECTIVES-1

Council for Cardiology Practice: Cardiopractice

Resources on Hypertension

Council for Cardiology Practice

- About
- Education
- CardioPractice
- Publications
- Events
- Membership
- Survey Results
- Private Practice in Your Country
- Literature Readings
- News

Hypertension

Date	Title	Authors
March 2023	Hypertension in older adults - Article	Luigina Guasti, Giovanni Gaudio
March 2023	Hypertension in children and adolescents: summary - Video	Marc Ferrini, Giovanni de Simone
March 2023	Sex differences in arterial hypertension: summary - Video	Marc Ferrini, Eva Gerdts
March 2023	Prognostic value of the retinal microcirculation for cardiovascular disease - Article	Harry Struijker-Boudier
April 2025	What's new in resistant hypertension? - Article	Ghada Sayed Mahmoud Youssef
April 2025	Hypertension and heart failure, a dangerous relationship - Article	Miguel Camafort
April 2025	Hypertension in pregnancy Video Audio	Marc Ferrini Rosa Maria Bruno
April 2025	Hypertension and heart failure Video Audio	Ruxandra Christodorescu Miguel Camafort

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https://www.escardio.org/Councils/Council-for-Cardiology-Practice-(CCP)/Cardiopractice/all-articles#

OBJECTIVES-1

Council for Cardiology Practice: Conferences

2025: CCP Conference and National Conferences

CCP Conference: Athens February 2025

In Italy:
Joint sessions: with Società Italiana di Geriatria e Gerontologia
(Napoli, December 2025)
Joint sessions: Meeting Nationale del Collegio Federativo di Cardiologia
(Palermo, September 2025)

OBJECTIVES-2

2. Contribute to improving standards of care

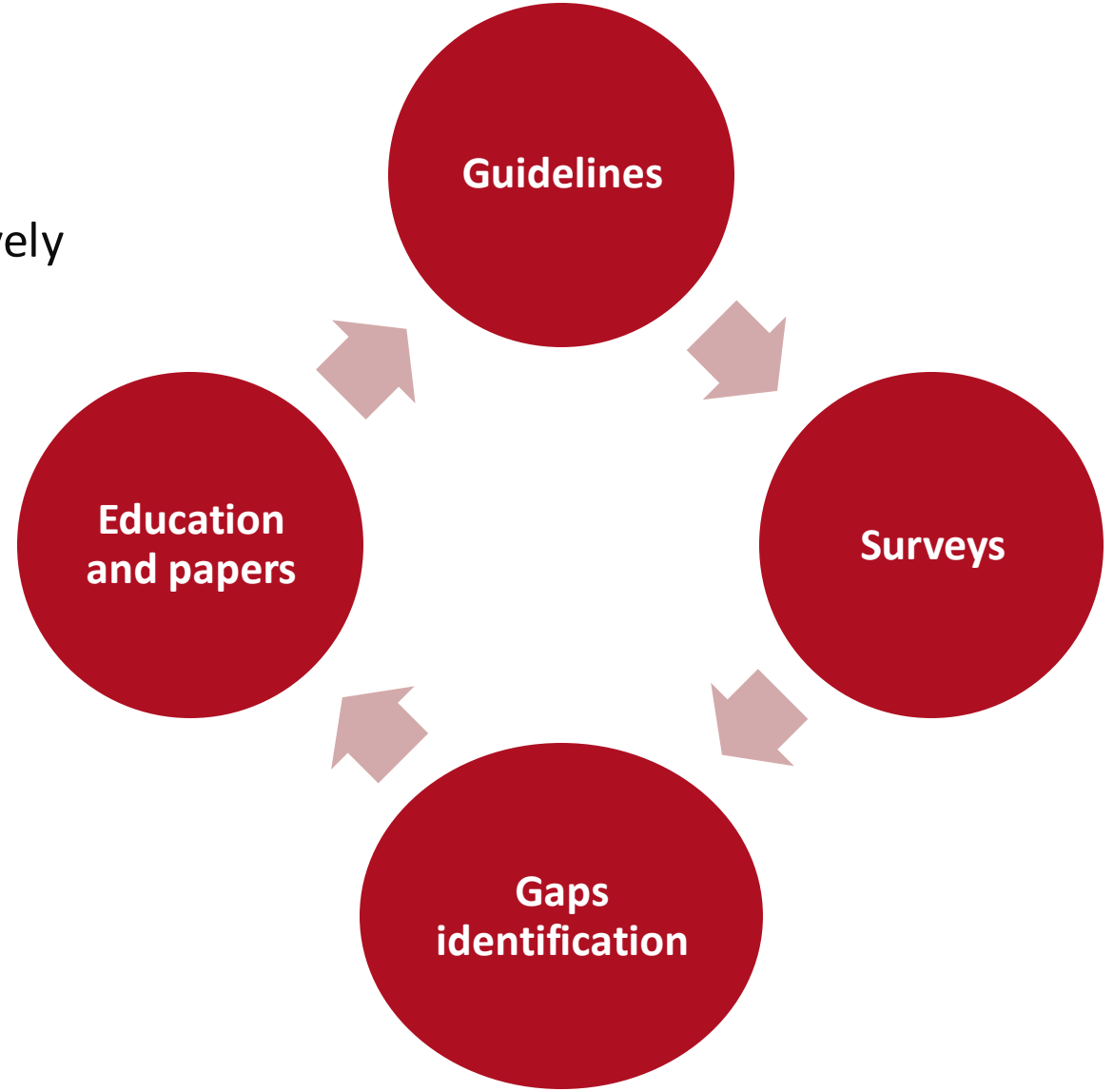
- ✓ Contribute to Guidelines and their dissemination/implementation
- ✓ Contribute to identifying gaps of evidence, « grey zones in education » through surveys
- ✓ Contribute to Clinical Consensus Documents focused on specific topics in General Cardiology, Outpatients Clinics, Geriatric Cardiology, Cardiovascular implications of systemic diseases (cardiometabolic and non-cardiometabolic diseases)

OBJECTIVES-2

Surveys

- ✓ Priority: high
- ✓ ESC strategic aim: trusted knowledge delivered effectively

- ✓ Key milestones:
  - ✓ Create a group in charge of creating surveys
  - ✓ Define topics and timelines
  - ✓ Launch and promote survey
  - ✓ Analyse results
  - ✓ Publish a paper
- ✓ KPIs:
  - ✓ Number and quality of replies
  - ✓ Published paper



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Council for Cardiology Practice: Pilot Survey – Italy

on the 2024 ESC Guidelines on the Management of Elevated BP and Hypertension

Clinical activities:

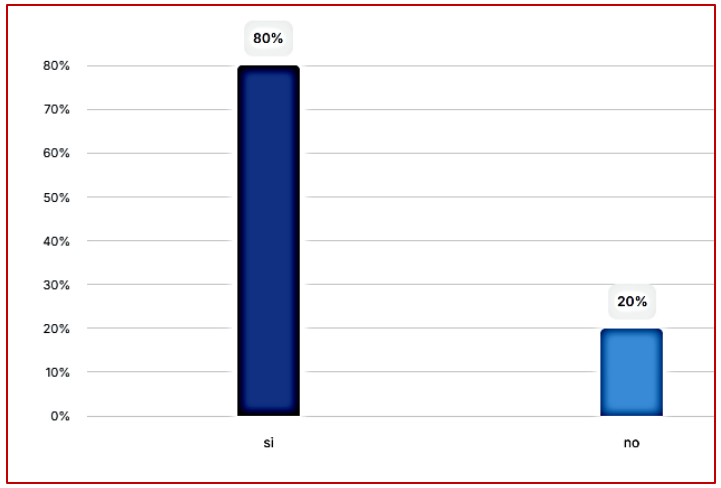
General practitioner	41.7%
Cardiologist	30%
Other specialty	28.3%

Professional role:

Out-of-hospital activity	48.3%
Hospital/University	40%
In-Specialty Student	13.3%

Have you read the ESC 2024 Guidelines on Hypertension?

80% yes 20% no



On-line Survey among the members of the national Society CFC: 10 May - 10 June 2025; 60 respondent

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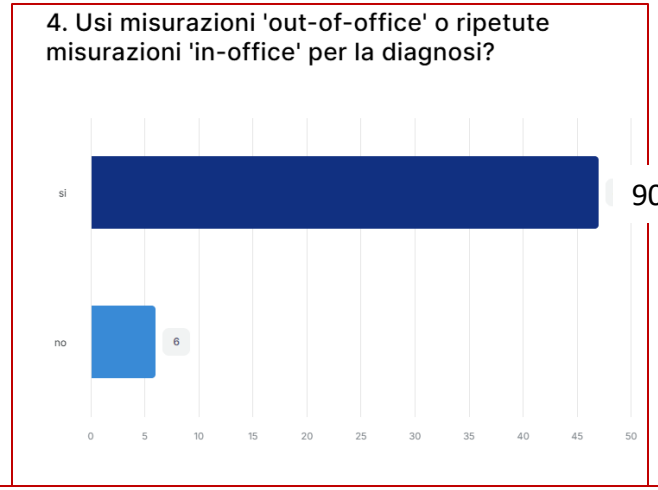
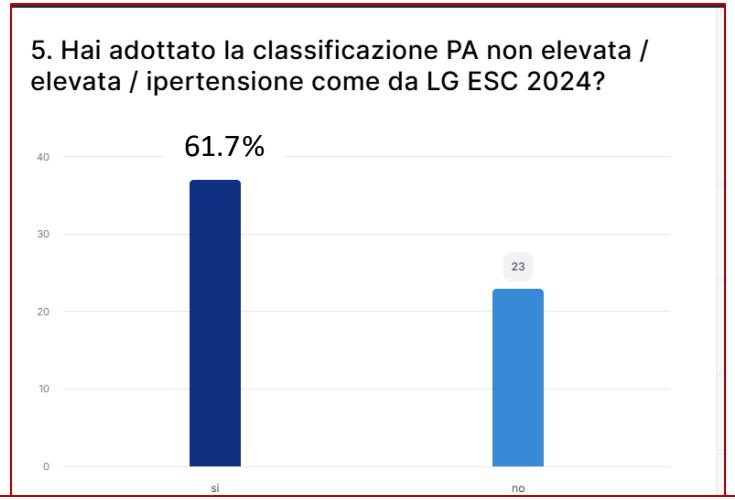
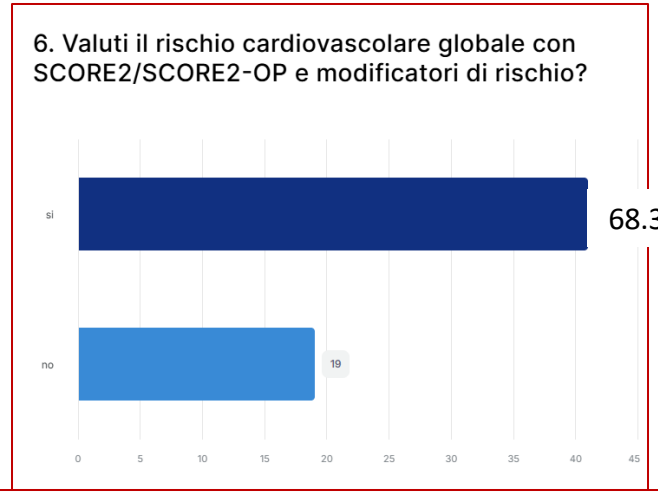
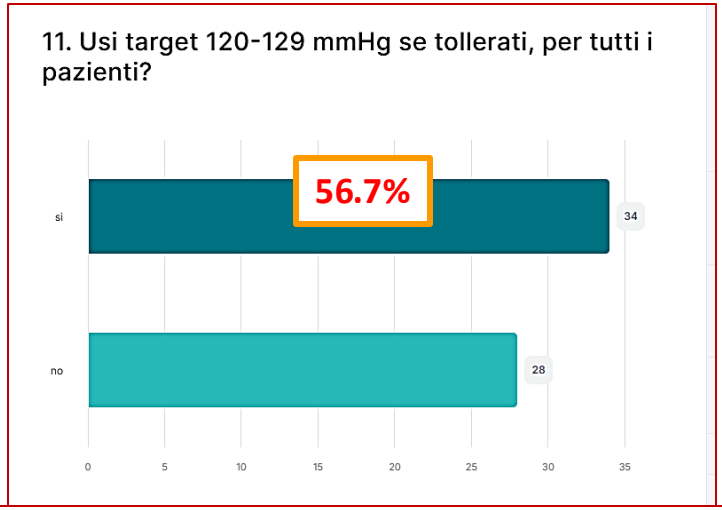
Council for Cardiology Practice: Pilot Survey – Italy: Methods

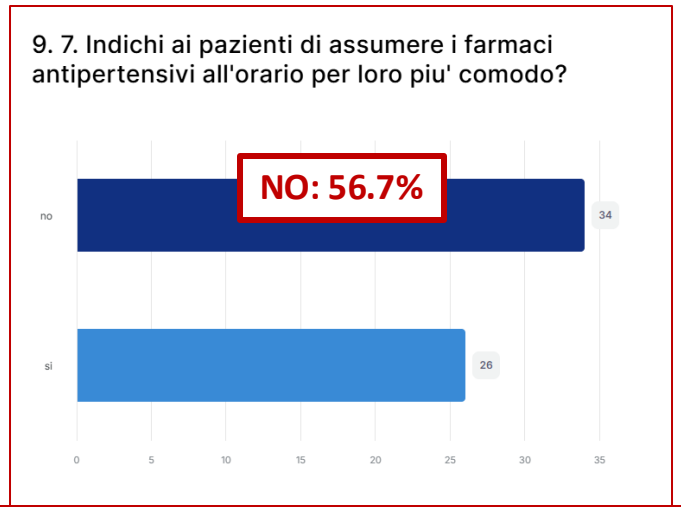






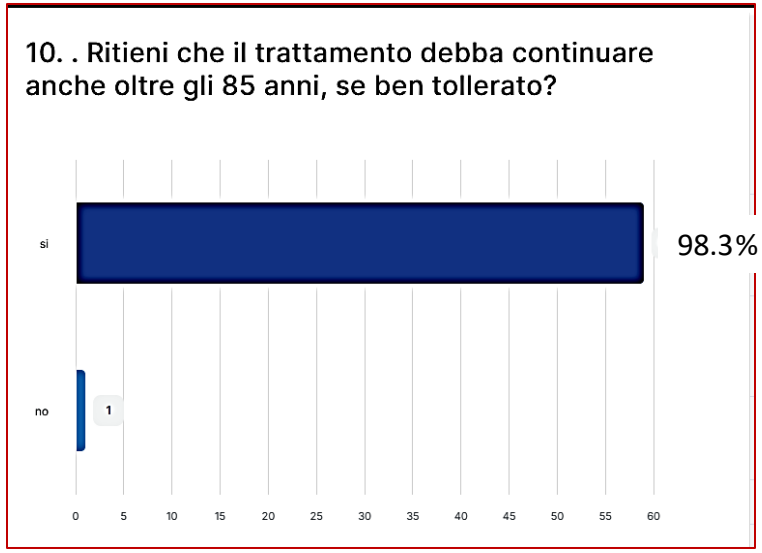
Most colleagues correctly use out-of-office measurements or repeated in-office measurements for diagnosis;
About 2/3 of respondents adopted the recent classification (not elevated/elevated/hyt) and use SCORE2;

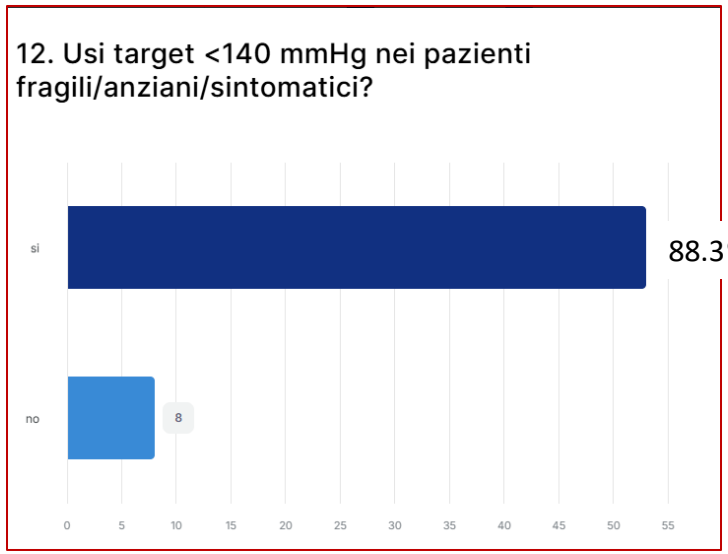




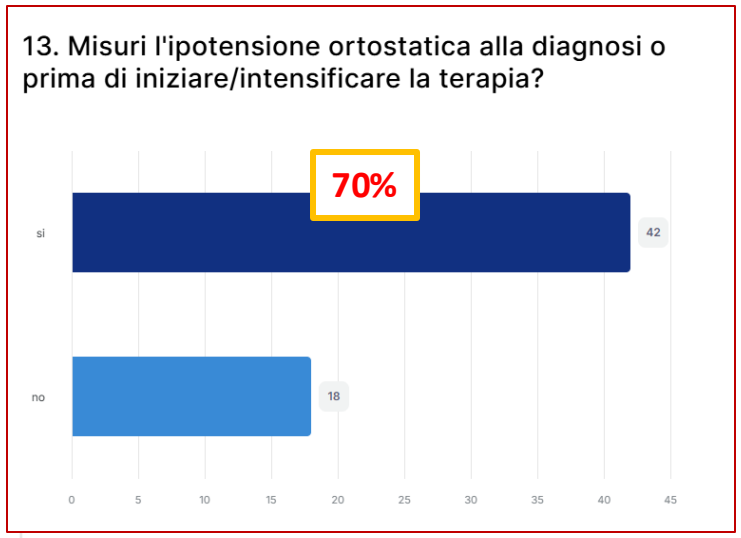
Only slightly more than half use the target of 120/129 mmHg, if tolerated, for most patients;
less than half of colleagues indicate taking the pills when it is the most appropriate timing of the day for the patient.

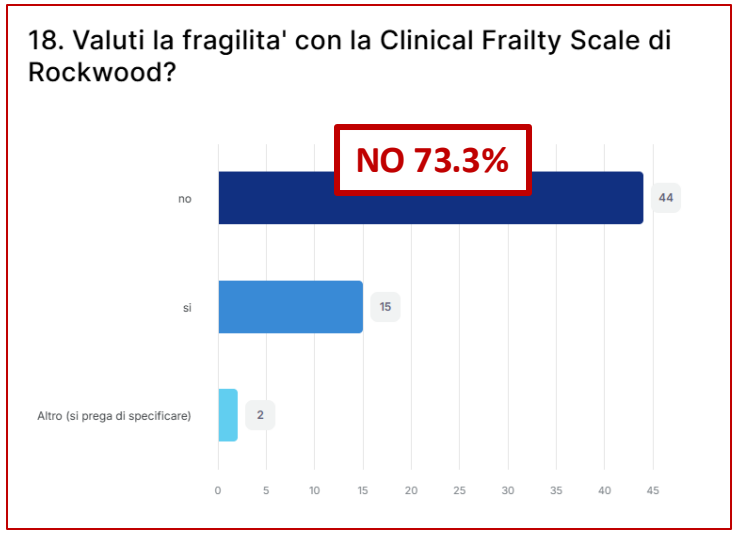
Council for Cardiology Practice: Pilot Survey – Italy: Older Pts





Almost all respondents correctly state that therapy should be continued in older patients with a target of <140 mmHg





Only 70% screen for orthostatic hypotension and
most do not investigate frailty through validated scales.

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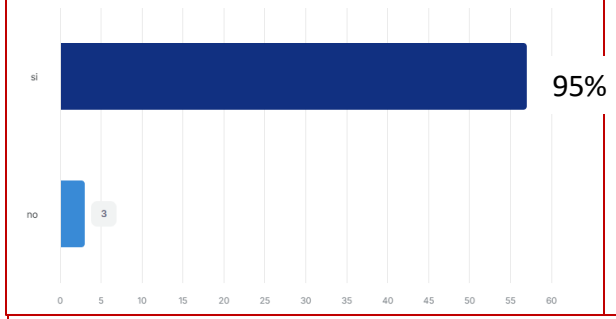
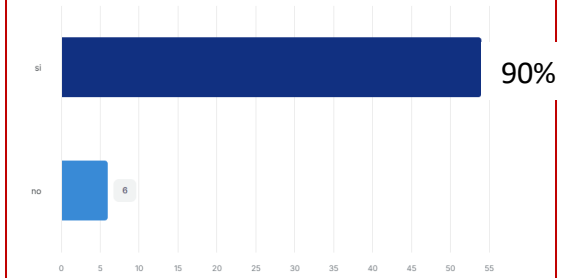
Council for Cardiology Practice: Pilot Survey – Italy: Treatment

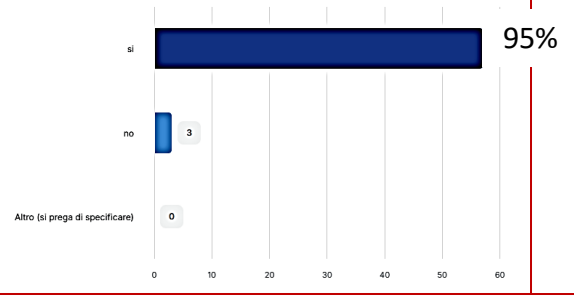
14. Utilizzi ACE-i, ARBs, CCB diidropiridinici, diuretici tiazidici/tiazido-simili come prima linea?



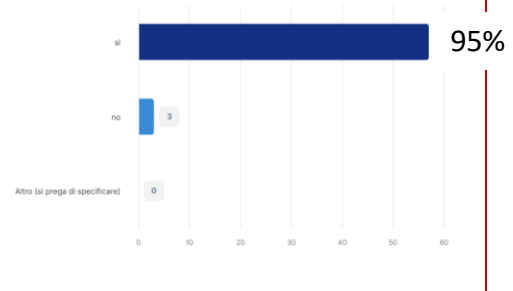
15. Preferisci preparazioni a dose fissa per la maggior parte dei pazienti?



19. In caso di ipertensione resistente, usi spironolattone, eplerenone e beta-bloccanti se indicati?

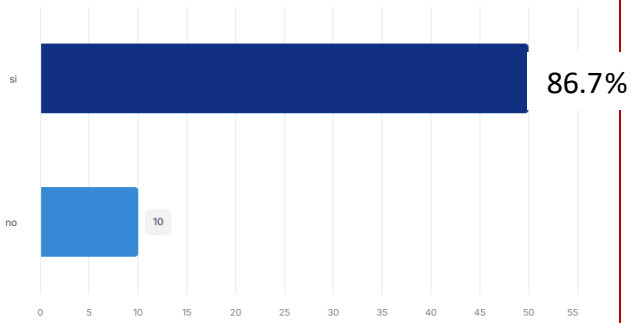


17. Nei pazienti con scompenso cardiaco, includi la terapia dello scompenso nel trattamento antipertensivo?

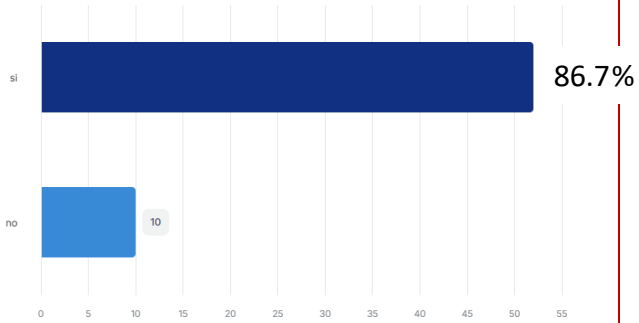


Most of the respondent correctly use ACE1 ARBs, CCB and tiazidic diuretics as first line T and most prefer a fixed dose preparation;
in resistant Hyt, most use spironolattone, eplerenone and BB if indicated;
most Collegues upgrade the treatment in pts with HF

8. Misuri sempre creatinina, eGFR e rapporto albumina/creatinina urinaria nei pazienti ipertesi?



16. Consideri gli SGLT2-i nei pazienti con IRC ed eGFR >20 mL/min/1.73m2?



Most respondent measures routinely serum creatinine, eGFR, and albumine/creatinine ratio in Hyt pts, and consider SGLT2i for pts with chronic renal failure
However, a significant group still is not focusing on kidney function

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Council for Cardiology Practice: Project – ESC Survey

Questionnaire:

- demographic questions
- #18 questions on the 2024 Guidelines on the Management of Elevated BP and Hypertension

Stage:

already shared among CCP Nucleus Members and CHT

Next Actions:

to be integrated with Nucleus/CHT suggestions

to be integrated with 2 questions about the reasons for the failure of implementing these GL

to be sent to Council Mailbox to start the diffusion among CCP members and possibly to the CHT members

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Council for Cardiology Practice: Project – ESC Survey (draft)

SURVEY – CCP 2025

1. did you read the "2024 ESC Guidelines for the management of elevated blood pressure (BP) and hypertension"?
Yes
No

2. out-of-office BP measurement is recommended for diagnostic purposes; where out-of-office measurements are not logistically and/or economically feasible, then it is recommended that the diagnosis be confirmed with a repeat office BP measurement. Do you consider these recommendations for diagnostic purposes?
Yes
No

3. did you adopted in your clinical practice the definitions of "Non-elevated BP, elevated BP, hypertension? (office BP: <120/70, 120/70–<140/90, ≥ 140/90, respectively; Home BP: <120/70, 120/70–<135/85, ≥135/85, respectively)
Yes
No

4. do you consider the global cardiovascular risk using the proposed indications to choose when initiate a pharmacological treatment in patients with "elevated BP"? (including SCORE2 e SCORE2OP for patients>70aa, "risk modifiers")
Yes
No

5. do you consider to start a pharmacological treatment after 3 month lifestyle intervention in patients with confirmed "office BP" of 130/80 mmHg?
Yes
No

6. in patients with hypertension do you measure: serum creatinine, eGFR, and urine albumin-to-creatinine ratio (ACR)?
Yes
no

7. during the clinical evaluation do you suggest to take medications in a habitual pattern, at the most convenient time of day for the patient?
Yes
No

8. do you believe that BP-lowering drug treatment should be maintained lifelong even beyond the age of 85 years, if well tolerated.?
Yes
No

9. do you implement the following therapeutic targets?
120-129 mmHg if tolerated, for all the patients
Yes
No

10. do you implement more lenient target ≤ 140 mmHg (or"as low as reasonably achievable") if the patients show: pre-treatment symptomatic orthostatic hypotension; age=85 years, clinically significant moderate-to-severe frailty, and/or limited predicted lifespan (<3 years)?
Yes
No

11. do you screen for orthostatic hypotension (=20 systolic BP and/or =10 diastolic BP mmHg drop at 1 and/or 3 min after standing) at the initial diagnosis of elevated BP or hypertension and before starting or implementing drug treatment?
Yes
No

12. do you prescribe as first line therapy the following drugs?
ACE inhibitors, ARBs, dihydropyridine CCBs, and diuretics (thiazides and thiazide-like drugs such as chlorthalidone and indapamide)
Yes
No

13. do you consider "fixed dose" therapy for most of the patients?
Yes
No

14. the 2024 ESC Guidelines recommend the use of SGLT2 inhibitors in hypertensive patients with chronic kidney disease and eGFR >20 mL/min/1.73m2 "to improve outcomes in the context of their modest BP-lowering properties". Do you prescribe this class of drugs in these patients?
Yes
No

15. do you consider to include the drugs indicated for heart failure, including SGLT2 inhibitors, when prescribing anti-hypertensive drugs in patients with HFrEF, HFmrEF, HFpEF?
Yes
No

16. Do you use the adapted Clinical frailty Scale shown in the 2024 ESC guidelines to evaluate frailty?
Yes
No

17. In diagnosed resistant hypertension, do you prescribe spironolactone or eplerenone if not tolerated, then beta-blockers if not already indicated in the therapy of the patient, and, next, a centrally acting BP-lowering medication, an alpha-blocker, or hydralazine, or a potassium-sparing diuretic?
Yes
No

18. In patients with a history of aortic valve stenosis and/or regurgitation who require BP-lowering treatment, do you consider RAS blockers as part of that treatment?
Yes
No

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Thank you for your attention

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