General Information

The 8th Scientific Meeting of Indonesian Society of Hypertension
Theme: Optimizing Hypertension Management in Primary and Referral Care for Morbidity and Mortality Reduction
Venue & Convention: Ritz Carlton Hotel Mega Kuningan, Jakarta
Jl. Lingkar Mega Kuningan Kav. E.1.1. No. 1
Mega Kuningan, Jakarta, Indonesia 12950
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Date: March 7 – 9, 2014
Convener: Indonesian Society of Hypertension

Session Venue

Friday, March 7, 2014
Workshop:
- Master Course in Hypertension: From A to Z in Clinical Practice
  : Mutia 2&3
- Hypertension in Specialized Care: The Art of Tailored Therapy, Focusing on the Current Guidelines
  : Mutia 6 & 7
- Integrated Approach to Resistant Hypertension: An Old Problem with New Therapeutic Options
  : Mutia 1
Lunch and Coffee Break
Press Conference

Saturday-Sunday, March 8 – 9, 2014
Opening Ceremony
Plenary Session
Symposia
How to Session
YIA
Poster
Exhibition
Business Meeting InSH
Praying Room
Lunch and Coffee Break
Faculty Lounge
Registration

SECRETARIAT
During congress: Mutia 5 Room, 2nd Level, Ritz Carlton Hotel Jakarta

Before and after congress:
Perki House Building 2nd Floor
Jl. Danau Toba 139 A-C
Bendungan Hilir, Jakarta Pusat
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Email: iash@iash.or.id
Website: www.iash.or.id
Result: There were 75 subjects in case group and 75 subjects in control group. Mean age was 56.55±7.18 vs 53.44±4.85 with female slightly more than male (56.7% vs 43.3%). In group of subjects that achieving Blood Pressure Target, forty-three them (57.3%) use aspirin, while in Uncontrolled Hypertension group only eight patients use aspirin (11%). Addition of aspirin is a protec toff factor (OR = 0.10) in patients with hypertension.

Conclusion: Addition of aspirin is associated with the controlled blood pressure in hypertensive patient. This may provide additional evidence for the potential clinical use of aspirin in helping hypertensive patients to achieve their blood pressure target.

Keywords: Aspirin, Controlled Blood Pressure, Hypertension

Angiotensin Converting Enzyme Gene Deletion of Intron 15 Associated Higher Plasma Glucose Level

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Background: Angiotensin converting enzyme gene has a tremendous contributions in cardiovascular disease. Angiotensin II, a final product of renin angiotensin system, plays an important role not only in blood pressure regulation but also in metabolic states. This study aimed to know proportion of angiotensin converting enzyme (ACE) gene polymorphisms insertion/deletion in hypertensive patients receiving angiotensin converting enzyme inhibitor (ACEI) and its correlation with plasma glucose level.

Method: A total of 100 hypertensive patients at Salfu Arwan cardiovascular outpatients clinic who received ACEI for more than 4 weeks were included. ACE genotype were determined by DNA isolation, followed by polymerase chain reaction amplification. Plasma glucose level, cholesterol level, and renal function were also measured.

Result: Angiotensin converting enzyme gene polymorphism was reported 48%, 29% and 23% for II, LD and DD genotype, respectively. The fasting and 2 hours post prandial plasma glucose were significantly higher in DD genotype patients. The insertion/deletion polymorphisms were not related significantly to age, sex, cough, and blood pressure of those patients.

Conclusion: This study showed that 23% of hypertensive patients had DD genotype with higher plasma glucose level as compare to those of II and LD genotype.

Keywords: angiotensin converting enzyme gene, polymorphism insertion/deletion, plasma glucose level.

Correlation of 24-Hours Blood Pressure with Functional Status and Mortality in Acute Stroke

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Objectives: Elevated blood pressure (BP) in acute stroke and its most appropriate management are unresolved. The effect of early Blood Pressure levels during acute stroke has not been studied. We evaluated the correlation of 24 hours of blood pressure with the outcome of functional status and mortality caused by acute stroke.

Methods: We performed retrospective case control analytical research. Data were collected by reviewing medical records of patients with age above 60 years old that were admitted to RSICM between 2007 and 2011, which consist of 195 patients. BP and NIHSS were measured on admission and we also measured BP on 24 hours after. After hospitalization patient were assessed for functional status according to NIHSS and mortality out come. Data was analyzed using SPSS 11.5 program.

Results: From 195 cases, 93 patients (47.7%) were female and 102 patients (52.3%) were male with mean age 56.1±11.04 years. 132 patients were ischemic stroke (67.7%) and 63 patients were intra cerebral hemorrhage (32.3%). The most common bleeding site of intra cerebral hemorrhage was the basal ganglia/thalamus (30.3%) and the most common infarction lesion was also basal ganglia/thalamus. Mortality outcome during hospitalization was analyzes using cox proportional hazards model analysis which demonstrated age, sex, bleeding site, infarction site, average systolic BP >160 mmHg analyzed by 24 hour, were associated with increase mortality. There was no significant relationship between average systolic BP > 160 mmHg, with deterioration NIHSS (p=1.000) average systolic BP > 160 mmHg and diastolic > 110 mmHg with NIHSS and mortality outcome during hospitalization (p=0.025, p=1.000 respectively).

Conclusion: Our findings suggest that high systolic blood pressure on the first day of stroke is associated with mortality.

Keywords: Blood pressure, NIHSS, mortality outcome

Patient’s Knowledge of Hypertension and Their Compliance for Routine Follow up in Primary Health Care

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Introduction: Hypertension remains a major health problem in Indonesia (RISKEPADAS 2013). High blood pressure is a major risk factor for cardiovascular disease. Education is an important factor of hypertension treatment. Increased knowledge about hypertension correlated with an increase in detection, treatment, and control of high BP (Vera A.J. et al). We sought to assess primary health care patients' knowledge about high blood pressure and their compliance for routine follow up.

Methodology: This is a descriptive study from hypertensive patients in Public Health Center. Sixty one subjects with known diagnosis of hypertension were randomly given a questionnaire.

Results: There were 21 men (34.4%) and 40 women (65.6%) among hypertensive patients. Among them, 97.2% could not define normal threshold of blood pressure while the rest could define normal blood pressure correctly and all (100%) routinely visit the public health center for follow up. Among all patients, 23% got information about hypertension from doctors, 1.6% from paramedics, 1.6% and 6.6% received an explanation while the rest gained information from various source outside the health service. About sixty five percent from all subjects did not come for routine follow up while 34.4% regularly visit the public health center for follow up.

Conclusion: This descriptive study perhaps reflects condition in primary health care. Knowledge about hypertension among hypertensive subjects in Indonesia needs to be increased in line of awareness and compliance for routine follow up among hypertensive patients. Health education in a form of public campaign or public education program may play a pivotal role in management of hypertension and should not be underestimated despite an advance in medical therapy. In this BPS era, policy decision makers should reconsider about patient volume per day for each clinician to make sure adequate time for patient education.

Keywords: Patients' knowledge, compliance, Follow up, Primary care

A Comparison of Cornell and Sokolow-Lyon Electrocardiographic Criteria for Left Ventricular Hypertrophy in Hypertensive Patients Admitted to Moewardi General Hospital, Surakarta, Indonesia

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Introduction: Electrocardiography (ECG) is a cost-effective and useful method for diagnosing left ventricular hypertrophy (LVH) in a large-scale study or in clinical practice. Among ECG criteria, the Cornell voltage and Sokolow-Lyon criteria were adopted by the European Society of Hypertension-European Society of Cardiology Guidelines but have different performances. The aim of this study was to compare the diagnostic performance of two voltage criteria in hypertensive patients admitted to Moewardi General Hospital, Surakarta, Indonesia.

Methodology: In a retrospective cross-sectional study design, electrocardiography and echocardiography from consecutive patients visiting the Cardiology and Vascular Medicine Center at Moewardi General Hospital, Surakarta, Indonesia from September to December 2013 were analyzed. There were 70 patients (59 males and 11 females) fulfilled the criteria of this study. The inclusion criteria was patient with hypertension and the exclusion criteria were patient with incomplete clinical or hemodynamic data and patients with myocardial infarction, valvular heart disease, LV dysfunction, pericardial disease, chronic obstructive pulmonary disease, bundle branch blocks, and atrial fibrillation or flutter. All measured value are reported as mean ± standard deviation (for continues variables). The sensitivities and specificities were calculated by 2 x 2 contingency table analysis.

Result: It showed that the mean of age was 53.3 ± 9.7 years old. Sensitivity and specificity the Cornell voltage were 94% and 53%, respectively. While Sokolow-Lyon criteria were 93% and 44%, respectively.

Conclusions: This study demonstrated that Cornell criteria had better performance than Sokolow-Lyon criteria in diagnosed left ventricular hypertrophy in hypertensive patients at Moewardi Hospital Surakarta.

Keywords: Left Ventricular Hypertrophy, Cornell voltage, Sokolow-Lyon, hypertension, echocardiography

Higher Plasma Renin Level in Uncontrolled Hypertensive Patient In Initial Dose of Angiotensin Receptor Blocker Therapy

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Introduction: Uncontrolled hypertension remains a major factor of target organ damage of cardiac and cerebrovascular tissues. The renin level may be used as an antihypertensive treatment strategy guidance. Therefore, this study aimed to examine renin level difference between controlled and uncontrolled hypertensive patients.

Methods: Sixty hypertensive patients treated with angiotensin receptor blocker were randomly selected from cardiology outpatient clinic of Safiu Anwar hospital Malang. Patients with secondary hypertension, massive bleeding, hepatic and renal failure, pregnancy and estrogens and corticosteroid therapy were excluded. Twenty-four hours ambulatory blood pressure (ABP) monitoring was measured to determine controlled blood pressure over 24 hours. Renin level was analyzed using ELSA method.

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