

Title: Systolic Blood Pressure Intervention Trial (SPLINT) in a nephrologist's view

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The optimal blood pressure goal in the treatment of hypertension has been controversial. Some moderate-sized randomized controlled trials have examined the target or blood pressure control in patients with chronic kidney disease. However, they did not show a statistical difference between intensive control and standard control of blood pressure. In an extended cohort study of the African American study of Kidney Disease study, a significant reduction was found in renal outcomes of intensive treatment. Kidney Disease Improving Global Outcomes (KDIGO) clinical practical guideline recommended that target blood pressure should be < 130/80 mm Hg in chronic kidney disease (CKD) patients with albuminuria and that target should be revised < 140/90 mm Hg in CKD patients without albuminuria. In contrast, European guidelines and JNC VIII suggested target levels of 140/90 mm Hg. Under these circumstances, the SPRINT trial provided some practical information. They recruited a third of the subjects with CKD, but excluded patients with heavy proteinuria (>1 g/day). Intensive treatment (systolic blood pressure < 120 mm Hg) in patients with mild to moderate CKD would play a beneficial role in cardiovascular outcomes. Unfortunately, this trial is not a typical CKD trial that was terminated after 3.26 year follow-up and observed very low renal outcomes. The gaps in evidence for advanced CKD patients still remain.