

Highlights ESC 2024

ESC GUIDELINES OFFICIALLY SUPPORT:

Renal Denervation as a treatment option in resistant hypertension!

BREAKING
NEWS

The task force on the management of elevated blood pressure and hypertension of the European Society of Cardiology (ESC) and endorsed by the European Society of Endocrinology (ESE) and the European Stroke Organisation (ESO) recently published their guidelines which state renal denervation is a therapy option to treat hypertension.¹

Highlights¹

- RDN may be considered for patients with **uncontrolled resistant hypertension** treated with ≥ 3 anti-hypertensive drugs.
- RDN may be a possible treatment for patients who are **non-adherent or intolerant to multiple BP-lowering medications**, particularly first-line agents, and who have high predicted CVD risk and a BP that is not at target.
- Patients should **express a preference** for RDN in a tailored, shared decision-making process.

Recommendations ¹	Class	Level
To reduce BP, and if performed at a medium-to-high volume centre, catheter-based renal denervation may be considered for resistant hypertension patients who have BP that is uncontrolled despite a three BP-lowering drug combination (including a thiazide or thiazide-like diuretic), and who express a preference to undergo renal denervation after a shared risk-benefit discussion and multidisciplinary assessment.	IIb	B
To reduce BP, and if performed at a medium-to-high volume centre, catheter-based renal denervation may be considered for patients with both increased CVD risk and uncontrolled hypertension on fewer than three drugs , if they express a preference to undergo renal denervation after a shared risk-benefit discussion and multidisciplinary assessment.	IIb	A
Due to a lack of adequately powered outcomes trials demonstrating its safety and CVD benefits, renal denervation is not recommended as a first-line BP-lowering intervention for hypertension .	III	C
Renal denervation is not recommended for treating hypertension in patients with moderate-to-severely impaired renal function (eGFR <40 mL/min/1.73 m ²) or secondary causes of hypertension, until further evidence becomes available.	III	C

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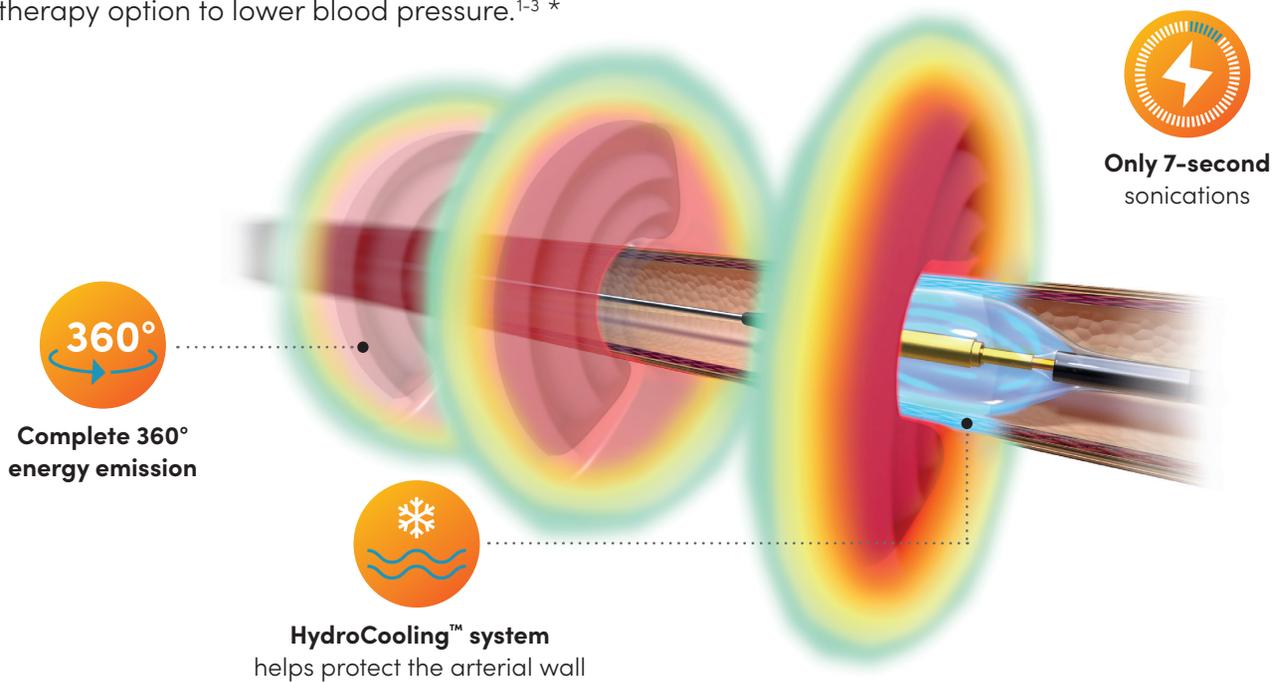
Global consensus on patient selection for RDN

Patient Selection	ESC 2024 ¹	ESH 2023 ²	NL 2022 ³	SCAI/NKF 2021 ⁴	Spain 2021 ⁵	Italy 2020 ⁶
Controlled hypertension						
Uncontrolled hypertension*		●		●	●	●
Resistant hypertension	●	●	●	●	●	●
Intolerant to drugs	●	●	●	●	●	●
Non-adherent to drugs	●	●		●	●	●
High CV risk / severe EOD	●	●		●	●	●

*less than 3 medication ● fully supported

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References: 1. European Heart Journal, ehac178, <https://doi.org/10.1093/eurheartj/ehac178> 2. Mancia et al. Journal of Hypertension 2023, 41:1874–2017 3. Zeijen, et al. Neth Heart J (2022) 31, pages3–11 (2023), 4. Kandzari et al. Catheter Cardiovasc Interv. 2021 Sep;98(3):416–426. 5. Rodriguez et al. REC Interv Cardiol. 2022;4:39–46. 6. Bruno et al. High Blood Press Cardiovasc Prev 2020 Apr;27(2):109–117.

***IMPORTANT SAFETY INFORMATION:** Most common adverse effects in clinical studies include pain, vascular access site complications and vasospasm. Access Recor Medical Website for complete important safety information.