Certificate OF ATTENDANCE

This is to certify that

Yose Randa Ilhami, MD

has participated in

13th SCIENTIFIC MEETING OF INDONESIAN SOCIETY OF HYPERTENSION 2019

HYPERTENSION 2019:
GLOBAL RISK MANAGEMENT
IN HYPERTENSION

Sheraton Grand Gandaria City Hotel Jakarta, Indonesia
February 22 - 24, 2019

as

POSTER PRESENTER

Djoko Wibisono, MD
Chairperson
The 13th Scientific Meeting of InaSH

Tunggul D. Situmorang, MD
President
Indonesian Society of Hypertension

Accredited by Indonesian Medical Association No.: 0198/PB/A.4/02/2019

Participant 10 SKP Speaker 12 SKP, Moderator 4 SKP,
Organizing Committee 2 SKP

INDONESIAN SOCIETY OF HYPERTENSION
(Perhimpunan Dokter Hipertensi Indonesia)
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Jakarta, February 10, 2019

Yose Ramda Ilhami, MD

Re.: Poster – 13th InaSH 2019

Dear doctor,

Regarding the upcoming **13th Scientific Meeting of the Indonesian Society of Hypertension (InaSH)** on **February 22 – 24, 2019 in Sheraton Grand, Jakarta**; the organizing committee is glad to nominate the following abstract:

The Role of Methyldopa in Resistant Hypertension
Yose Ramda Ilhami1

As

POSTER

Kindly find the below Poster Guidelines:

POSTER GUIDELINE

Each of poster presenter should prepare a traditional poster in English (**width: 85 cm, height: 120 cm, PORTRAIT**)

Poster will be displayed according to the poster schedule

Each poster has been given a number and should be fixed on the board marked with the same number.

Authors are **kindly requested to stand beside their poster** with the below poster viewing schedule for possible questions by the delegates

Kindly ensure that you are registered as the participant of the meeting.

For any further questions, please feel free to contact the secretariat though email: scientific@inash.or.id or phone: +6221 5734978.

We look forward to welcoming you in 13th Scientific Meeting of InaSH.

Thank you

Sincerely Yours,

Djoko Wibisono, MD
Chairperson - 13th INASH Meeting

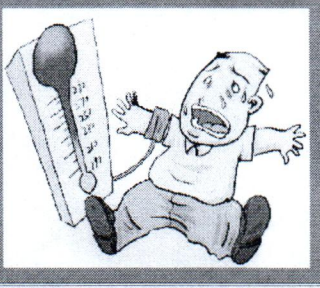
Suhardjono, MD, PhD
Chairperson – 13th INASH Scientific Committee

The Role of Methyldopa in Resistant Hypertension

Yose Ramda Ilhami[1]

[1]Department of Cardiology and Vascular Medicine, Faculty of Medicine, Universitas Andalas Padang

INTRODUCTION

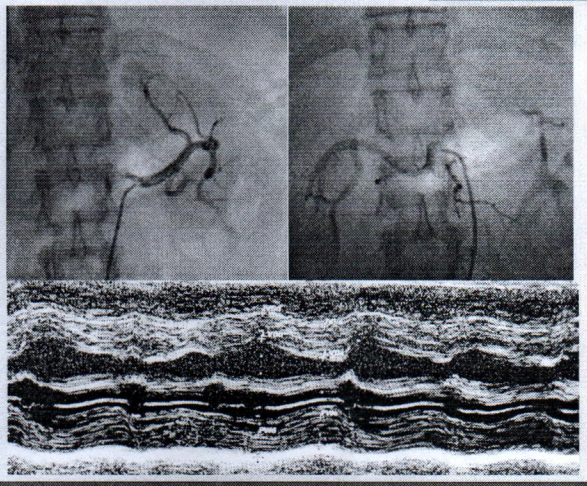


Resistant hypertension

- The failure to reach target blood pressure despite use of three antihypertensive drugs at optimal doses
- Approximately 10% of hypertensive patients
- The pathogenesis is still not clearly understandable
- In a minority is caused by secondary hypertension, most cases are likely multifactorial

We report the use of methyldopa in resistant hypertension

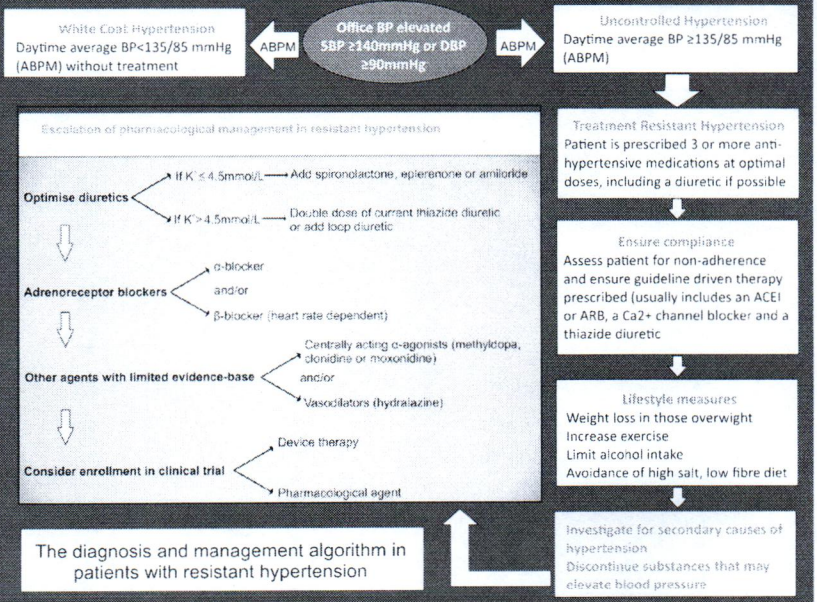
CASE ILLUSTRATION



- A 41-year-old woman with uncontrolled hypertension with optimal dose of candesartan, amlodipine, hydrochlorothiazide, bisoprolol and spironolactone for more than 3 months
- Planned to have renal arteriography to search secondary hypertension
- Blood pressure was 160-180/95-110 mmHg with heart rate 90-110x/ minute
- Comorbid: type 2 DM with insulin therapy, history of ischemic stroke 1 years ago, overweight
- Lab finding : Normal renal, electrolyte and thyroid function
- ECG : LVH
- Echocardiography : LVH and grade I diastolic dysfunction
- Renal arteriography : No renal artery stenosis
- Methyldopa was added to drug regimen
- After one-month therapy patient had normal blood pressure and lower heart rate (60-70x/minute) with fewer drug regimen

DISCUSSION

- 20-30% hypertensive subjects may be resistant to antihypertensive treatment
- Secondary hypertension are increasing in resistant hypertension
- Causes: primary aldosteronism, obstructive sleep apnea, chronic kidney disease, renal artery stenosis
- Renal arteriography to search one cause of secondary hypertension
- Medical therapy: mineralocorticoid receptor antagonist, beta blocker, alpha blocker and/or central agent
- Methyldopa added to standard regimen with optimal doses of spironolactone and bisoprolol – act as agonist at presynaptic α2 adrenergic receptor
- Result in decreasing output of vasoconstrictor signals to sympathetic nervous system – blood pressure reduction
- This patient had high sympathetic tone from high resting heart rate – normal blood pressure after methyldopa added



The diagnosis and management algorithm in patients with resistant hypertension

CONCLUSION

Resistant hypertension is usually caused by multifactorial compared with secondary hypertension

Methyldopa is an alternative therapy that can be added to standard antihypertensive regiment in resistant hypertension