

# #NephJC Transcript

Healthcare social media transcript of the #NephJC hashtag. Wed, January 24th 2018, 2:55PM – Wed, January 24th 2018, 4:55PM (America/Toronto). See #NephJC Influencers.



**Nephrology Jrnl Club** @nephjc

a month ago

Welcome to the first European #NephJC of 2018! I will be your host @DearbhlaKelly4, tweeting from Oxford tonight.



**Nephrology Jrnl Club** @nephjc

a month ago

Please introduce yourself and declare any relevant COI #NephJC



**Nephrology Jrnl Club** @nephjc

a month ago

Here is the accompanying NEJM editorial: <https://t.co/zZEa08QeNL> #NephJC



**Rob Peel** @rabpeel

a month ago

hi- Rab in Highland Scotland- no coi #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

Here is a useful summary of key hypertension studies in the last 20 years #nephjc  
<https://t.co/zqWdG7bFrq>



**Nephrology Jrnl Club** @nephjc

a month ago

Here is a useful summary of key hypertension studies in the last 20 years #nephjc  
<https://t.co/o4InTgeU8l>



**A. R. Jalali MD** 🇨🇦 @arjalali

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc  
<https://t.co/o4InTgeU8l>



**Jim Myers** @kidneystories

a month ago

RT @gratefull080504: @Nephro\_Sparks @kidney\_boy : I am happy to help too in developing the #patientvoice in #KidneyDisease #NSMC #nephJC h...



**John Booth** @thepeanutkidney

a month ago

John Booth, London nephrologist - multi-tasking with the football (which no doubt will keep me well above 130 systolic for the duration. No #COI but #COYG #nephjc



**Thomas Beck** @thomasb32633674

a month ago

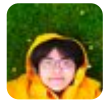
RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc <https://t.co/o4InTgeU8l>



**John Booth** @thepeanutkidney

a month ago

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**Michelle Lim** @whatsthegfr

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc <https://t.co/zqWdG7bFrq>



**Szymon Brzóska** @brzoskos

a month ago

szymon brzosko, nephrologist from Poland, no COI #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

RT @ThePeanutKidney: John Booth, London nephrologist - multi-tasking with the football (which no doubt will keep me well above 130 systolic...



**Michelle Lim** @whatsthegfr

a month ago

Hi! Michelle, renal reg, Dundee. No COI #nephjc



**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@NephJC Hi, nephrologist in London, Bp 137/70 and rising, no other COI #nephjc



**Alexander Kirsch** @alehkir

a month ago

Alex Kirsch, Graz, Austria, no COI, lurking #nephjc



**Tom Oates** @toates\_19

a month ago

Hi, Tom Oates, London. No COI. Favourite BP treatments: irbesartan, doxazosin, and NiPride. Dont @ me #nephjc

**Jim Moriarty** @hotkidneyaction

a month ago

Evening all. Jim Moriarty in sunny Gloucestershire. Checking in between childcare duties. #nephjc

**Mana** @manasigh

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc <https://t.co/zqWdG7bFrq>

**Rob Peel** @rabpeel

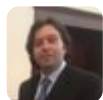
a month ago

@NephJC I'm so old I remember the MDRD BP levels! More than eGFR #nephjc

**Renal Association** @renalassoc

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc <https://t.co/o4InTgeU8l>

**Fra Ian** @caioqualunque

a month ago

Francesco Iannuzzella, nephrologist, Italy. No COI #nephjc

**Edoardo Melilli** @edoardomelilli

a month ago

Hello #nephjc COI: at my outpatient clinic I denied to measure blood pressure just home or abpm. Outclinic just for first visit

**Szymon Brzóska** @brzoskos

a month ago

@HotKidneyAction I share your challenge ;) #nephjc we have 3rd and 4th teeth coming!

**Dr Maryam Khosravi** @\_dr\_mk

a month ago

Just a little summary <https://t.co/Lhqrt8fqr9>

**OmarTaco MD, MSc** @errantnephron

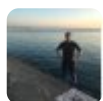
a month ago

@NephJC Hola!, lurking today #dutycalls #NephJC, Omar Taco nephrologist in #BCN, no COI

**Szymon Brzóska** @brzoskos

a month ago

@EdoardoMelilli bold ;) #nephjc

**Matt Graham-Brown** @drmattgb

a month ago

Apologies late, just back from kids Irish 🍀 dancing 🍷. Matt Graham-Brown, no COI #NephJC



**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@EdoardoMelilli I hope you lay out your strict criteria just before you measure at first clinic! ;) #nephjc



**Tomas Rohal** @calvapo

a month ago

Hello, Tomas from Prague, COI witnessed a syncope today in the outpatient clinic in an otherwise well normotensive patient #nephjc



**Jim Moriarty** @hotkidneyaction

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc <https://t.co/o4InTgeU8l>



**Nephrology Jrnl Club** @nephjc

a month ago

T0: What hypertension guidelines do you normally follow and had SPRINT influenced your practice prior to the AHA/ACC 2017 update? #NephJC



**Rob Peel** @rabpeel

a month ago

Target BP for antihypertensive therapy in patients with proteinuric renal disease. - PubMed - NCBI #NephJC <https://t.co/zl80shT5ws>



**Nephrology Jrnl Club** @nephjc

a month ago

T0: Who practiced the 2012 KDIGO target stratification (BP <130/80 for proteinuric or diabetic CKD only)? #NephJC



**Ka T ! NA** @tinkapotepinka

a month ago

RT @NephJC: T0: What hypertension guidelines do you normally follow and had SPRINT influenced your practice prior to the AHA/ACC 2017 updat...



**Tom Oates** @toates\_19

a month ago

@NephJC T0: must say I haven't really gone full SPRINT yet...I'm still using the same @goKDIGO 2012 g/l that has been in my head for years #nephjc



**Rob Peel** @rabpeel

a month ago

T0 KDIGO is what I aspire to- but any lowering better than no lowering! #nephjc



**Tom Oates** @toates\_19

a month ago

@NephJC Me! #nephjc Man, tchat is rubbish post twitter going 280

**Tomas Rohal** @calvapo

a month ago

@NephJC T0 simply said, for many patients happy to get below 140/90, and I use KDIGO, so try harder in those #nephjc

**Alexander Kirsch** @alehkir

a month ago

@NephJC KDIGO, ESC 2013; SPRINT: not really, not measuring how they measured, thus hard to put into practice #nephjc

**Jim Moriarty** @hotkidneyaction

a month ago

@NephJC 1. @NICEcomms 2. Not yet - but presuming just a matter of time until impact on UK guidelines #nephjc

**John Booth** @thepeanutkidney

a month ago

Concords with UK NICE guidelines - has always been my practice, albeit with a healthy dose of individualisation #nephjc <https://t.co/pCu85TcVec>

**Michelle Lim** @whatsthegr

a month ago

@NephJC me! #nephjc

**Alexander Kirsch** @alehkir

a month ago

@NephJC yep! #nephjc

**Szymon Brzóska** @brzoskos

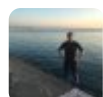
a month ago

@NephJC T0 I followed JNC8 but for CKD I was closer to KDIGO; after SPRINT looking closer for methods of BP measurement #nephjc

**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@rabpeel @nephjc agree - difficult to achieve and rarely in clinic Bp #nephjc

**Matt Graham-Brown** @drmattgb

a month ago

@NephJC Still KIDIGO #nephjc

**Tomas Rohal** @calvapo

a month ago

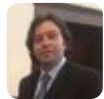
@alehkir @NephJC yes, quite far from general practice in our clinic #nephjc



**Edoardo Melilli** @edoardomelilli

a month ago

@toates\_19 @NephJC I always try but in diabetic population bp <130/80 usually means 4 class of pills. No sure on compliance. #nephjc



**Fra Ian** @caioqualunque

a month ago

@EdoardoMelilli Measuring BP in the office may be useful just to educate your patients on the right technique to measure BP #nephjc



**Szymon Brzóska** @brzoskos

a month ago

@NephJC I did. #nephjc



**Dan Thomas** @dan26wales

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc <https://t.co/zqWdG7bFrq>



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RT @NephJC: Here is the accompanying NEJM editorial: <https://t.co/zZEa08QeNL> #NephJC



**Tomas Rohal** @calvapo

a month ago

@EdoardoMelilli @toates\_19 @NephJC many many diabetics with diastolic hypotension here #nephjc



**Dan Thomas** @dan26wales

a month ago

@NephJC #nephjc Dan Thomas Geriatrics trainee COI Geriatrician



**Edoardo Melilli** @edoardomelilli

a month ago

“healthy dose of individualisation” love it! #nephjc <https://t.co/mdTezIY0Z9>



**Tomas Rohal** @calvapo

a month ago

RT @caioqualunque: @EdoardoMelilli Measuring BP in the office may be useful just to educate your patients on the right technique to measure...



**Nephrology Jrnl Club** @nephjc

a month ago

RT @rabpeel: Target BP for antihypertensive therapy in patients with proteinuric renal disease. - PubMed - NCBI #NephJC <https://t.co/zl80s...>

**Nephrology Jrnl Club** @nephjc

a month ago

RT @rabpeel: T0 KDIGO is what I aspire to- but any lowering better than no lowering! #nephjc

**Alexander Kirsch** @alehkir

a month ago

has anyone actually read the whole thing?! #NephJC

**Nephrology Jrnl Club** @nephjc

a month ago

RT @EdoardoMelilli: @toates\_19 @NephJC I always try but in diabetic population bp &lt;130/80 usually means 4 class of pills. No sure on compl...

**Rob Peel** @rabpeel

a month ago

@alehkir certainly not #nephjc

**Nephrology Jrnl Club** @nephjc

a month ago

RT @alehkir: has anyone actually read the whole thing?! #NephJC

**Nephrology Jrnl Club** @nephjc

a month ago

RT @EdoardoMelilli: "healthy dose of individualisation" love it! #nephjc  
<https://t.co/mdTezIY0Z9>**Edoardo Melilli** @edoardomelilli

a month ago

@alehkir mmmm #nephjc

**Nephrology Jrnl Club** @nephjc

a month ago

RT @caioqualunque: @EdoardoMelilli Measuring BP in the office may be useful just to educate your patients on the right technique to measure...

**Nephrology Jrnl Club** @nephjc

a month ago

RT @brzoskos: @NephJC T0 I followed JNC8 but for CKD I was closer to KDIGO; after SPRINT looking closer for methods of BP measurment #neph...

**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@alehkir Dr John Booth #nephjc

**Matt Graham-Brown** @drmattgb

a month ago

@NephJC \*raiseshand #nephjc <https://t.co/PipVfWOk93>

**Nephrology Jrnl Club** @nephjc

a month ago

T0: What motivates your control target? CVS disease, renal progression or both? #NephJC

**Matt Graham-Brown** @drmattgb

a month ago

@alehkir Hahahaha.... well, umm, no.... it's quite long. (Stares at feet) #nephjc

**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@NephJC k...i...d.....n.....e....y.....s..... I mean both. yes both. #nephjc

**Bahaa Shaath, MD** @\_bahaashaath

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc  
<https://t.co/o4InTgeU8l>**Tomas Rohal** @calvapo

a month ago

@NephJC no time to think about it with full waiting-room ;-) rather both #nephjc

**Rob Peel** @rabpeel

a month ago

T0 getting the best for the patient in front of me- CVS and kidney risk- but not feeling awful or falling over #nephjc

**Nephrology Jrnl Club** @nephjc

a month ago

T1: Did anyone have any issue with their system of grading the evidence? #NephJC

**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@\_Dr\_MK @alehkir @thepeanutkidney has read it all #nephjc

**Dan Thomas** @dan26wales

a month ago

@caioqualunque @EdoardoMelilli Same, never measure it in clinic, not even stroke review  
#NephJC**Tom Oates** @toates\_19

a month ago

T0: I genuinely often wonder what my motivation for BP is and whether I have it the right way round...cf classic #nephmadness <https://t.co/zNPBkji8X> @sayitmyway #nephjc**Edoardo Melilli** @edoardomelilli

a month ago

#Nephjc <https://t.co/4qC1AfpCiY>

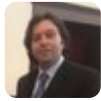




**Nephrology Jrnl Club** @nephjc

a month ago

RT @rabpeel: T0 getting the best for the patient in front of me- CVS and kidney risk- but not feeling awful or falling over #nephjc



**Fra Ian** @caioqualunque

a month ago

@NephJC I've to confess my heresy: I am an "heart first" nephrologist #nephjc



**Matt Graham-Brown** @drmattdgb

a month ago

T0. Both. But the inherent links make it all a bit chicken and egg really. #nephjc



**John Booth** @thepeanutkidney

a month ago

@\_Dr\_MK @alehkir Nope - still waiting for them to release the audiobook #nephjc



**Edoardo Melilli** @edoardomelilli

a month ago

@dan26wales @caioqualunque At First visit in order to rule out blood pressure difference between arms and arms and legs too (if very young) #nephjc



**Tomas Rohal** @calvapo

a month ago

@caioqualunque @NephJC you have your heart right where your kidney are, right? #nephjc



**Alexander Kirsch** @alehkir

a month ago

@calvapo @NephJC #nephjc both! and as @calvapo and the @nejm editorial stated: some pts just feel bad once they go below 150/145... cannot ignore that, going to greatly affect adherence.



**Szymon Brzóska** @brzoskos

a month ago

@NephJC both, although aware of the evidence and last year #nephmadness Hypertension region ;) great discussion #nephjc



**Tomas Rohal** @calvapo

a month ago

👍👍👍 <https://t.co/jWMzKSfjay>



**Rob Peel** @rabpeel

a month ago

T1 no but I am a teuchter #nephjc

**Kevin J. Fowler** @gratefull080504

a month ago

Here is a great opportunity for #minority #health @kidneywarrior #NSMC #nephJC  
<https://t.co/HgwqbNqhAx>

**Alex Hamilton** @\_ajhamilton

a month ago

Sorry not to be joining... thesis calls. #nephJC

**Jim Moriarty** @hotkidneyaction

a month ago

T0 - to those saying both, are your patients dying from CVS disease or ESRF? #nephjc

**Nephrology Jrnl Club** @nephjc

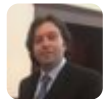
a month ago

T2: Here are the general recommendations: <130/80 for secondary prevention or primary prevention if ASCVD risk >10%. Any thoughts? #NephJC <https://t.co/vasub22cfu>

**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@HotKidneyAction @nephjc neither if you treat both kidneys #nephjc

**Fra Ian** @caioqualunque

a month ago

RT @NephJC: T2: Here are the general recommendations: <130/80 for secondary prevention or primary prevention if ASCVD risk >10%. Any though...

**Tomas Rohal** @calvapo

a month ago

@alehkir @NephJC @NEJM If pts tell me they felt bad after increasing drugs I usually ask them to give it a few days if tolerable at all to see #nephjc

**Nephrology Jrnl Club** @nephjc

a month ago

RT @alehkir: @calvapo @NephJC #nephjc both! and as @calvapo and the @nejm editorial stated: some pts just feel bad once they go below 150/1...

**Szymon Brzósko** @brzoskos

a month ago

@EdoardoMelilli @toates\_19 @NephJC and apparently safety when >4  
<https://t.co/LSerdP6rwT> #nephjc

**Dr Maryam Khosravi** @\_dr\_mk

a month ago

@\_DR\_MK @HotKidneyAction @NephJC sorry I'll stop that. The difference when it comes to point of death not definable #nephjc



**Alexander Kirsch** @alehkir

a month ago

@ThePeanutKidney @\_Dr\_MK average audiobook 9000 words/h; let's say minus references  
380 pages with around 500 words/page; around 21h of audiobook #nephjc



**Matt Graham-Brown** @drmattgb

a month ago

@HotKidneyAction Fair point, well made, but reality is you are doing both regardless #NephJC



**Matt Graham-Brown** @drmattgb

a month ago

RT @HotKidneyAction: T0 - to those saying both, are your patients dying from CVS disease or  
ESRF? #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

RT @HotKidneyAction: T0 - to those saying both, are your patients dying from CVS disease or  
ESRF? #nephjc



**Edoardo Melilli** @edoardomelilli

a month ago

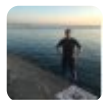
As spanish people say "tomaaaa!" (Really I don't know how i could translate) #nephjc  
<https://t.co/NTuCnfniCp>



**Nephrology Jrnl Club** @nephjc

a month ago

RT @gratefull080504: Here is a great opportunity for #minority #health @kidneywarrior #NSMC  
#nephJC <https://t.co/HgwqbNqhAx>



**Matt Graham-Brown** @drmattgb

a month ago

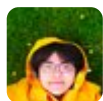
RT @NephJC: T2: Here are the general recommendations: <130/80 for secondary prevention or  
primary prevention if ASCVD risk >10%. Any though...



**Nephrology Jrnl Club** @nephjc

a month ago

T2: Elevated BP = SBP 120-129 for reassessment in 3-6 months seems a bit excessive to me? I'm  
sure the cost-benefit analysis of remeasuring and potentially treating would not be in favour.  
#NephJC



**Michelle Lim** @whatsthegfr

a month ago

RT @HotKidneyAction: T0 - to those saying both, are your patients dying from CVS disease or  
ESRF? #nephjc



**Edoardo Melilli** @edoardomelilli

a month ago

RT @brzoskos: @EdoardoMelilli @toates\_19 @NephJC and apparently safety when >4  
<https://t.co/LSerdP6rwT> #nephjc



**Szymon Brzóska** @brzoskos

a month ago

@NephJC Well, is it among others because of HOPE-3 ? #nephjc <https://t.co/b7SNc1nOlV>



**Matt Graham-Brown** @drmattgb

a month ago

@EdoardoMelilli Doesn't that mean takes? - I don't get it! #NephJC



**Edoardo Melilli** @edoardomelilli

a month ago

@alehkir @ThePeanutKidney @\_Dr\_MK 21 hours? Better start a new netflix serie #nephjc



**AFS** @nierendoktor

a month ago

@NephJC SPRINT excluded patients with diabetes, symptomatic heart failure, a history of stroke, proteinuria ( $\geq 1$  g/day total protein or  $\geq 600$  mg/day albumin), and nursing home residents. Thus, I could apply SPRINT to probably less than 1/4 of my patients. No COI. Bw from Germany.#nephjc



**Szymon Brzóska** @brzoskos

a month ago

@HotKidneyAction CVD indeed ;) #nephjc



**Matt Graham-Brown** @drmattgb

a month ago

My BP is consistently 140/80. I exercise a lot and heart rate is 44 BPM. Should I be on antihypertensives? #nephjc (I think not) <https://t.co/kwW0fMmjVv>



**John Booth** @thepeanutkidney

a month ago

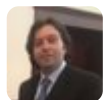
RT @Nierendoktor: @NephJC SPRINT excluded patients with diabetes, symptomatic heart failure, a history of stroke, proteinuria ( $\geq 1$  g/day tot...



**Nephrology Jrnl Club** @nephjc

a month ago

RT @brzoskos: @NephJC Well, is it among others because of HOPE-3 ? #nephjc  
<https://t.co/b7SNc1nOlV>



**Fra Ian** @caioqualunque

a month ago

@NephJC It's absolutely excessive if it leads to a drug therapy, it's acceptable if it leads to diet/life-style changes #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

RT @Nierendoktor: @NephJC SPRINT excluded patients with diabetes, symptomatic heart failure, a history of stroke, proteinuria ( $\geq 1$  g/day tot...



**Dr Maryam Khosravi** @\_dr\_mk

a month ago

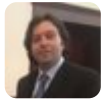
@DrMattGB #METOO #nephjc



**Edoardo Melilli** @edoardomelilli

a month ago

@NephJC Totally agree #nephjc probably 3-6 reassessment and still same values



**Fra Ian** @caioqualunque

a month ago

RT @Nierendoktor: @NephJC SPRINT excluded patients with diabetes, symptomatic heart failure, a history of stroke, proteinuria ( $\geq 1$  g/day tot...



**Jim Moriarty** @hotkidneyaction

a month ago

IIRC ABPM cost effective in last NICE guidelines as fewer people needed treatment. Similar logic? Haven't seen health economics on this guideline though #nephjc  
<https://t.co/hVLQrs3NqG>



**Tom Oates** @toates\_19

a month ago

@DrMattGB I would prescribe you hydralazine and 32mg of Dox #nephjc



**Szymon Brzóska** @brzoskos

a month ago

@DrMattGB what method of measurement you do? #nephjc ;)



**Edoardo Melilli** @edoardomelilli

a month ago

@DrMattGB Yes of course, and probably beta block as first choice 🤔🤔 #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

RT @HotKidneyAction: IIRC ABPM cost effective in last NICE guidelines as fewer people needed treatment. Similar logic? Haven't seen health...



**John Booth** @thepeanutkidney

a month ago

@DrMattGB Back to the individualisation issue - same for an elderly patient with systolic HTN compensating for their relative bradycardia due to conduction system disease #nephjc



**Edoardo Melilli** @edoardomelilli

a month ago

RT @HotKidneyAction: IIRC ABPM cost effective in last NICE guidelines as fewer people needed treatment. Similar logic? Haven't seen health...



**Nephrology Jrnl Club** @nephjc

a month ago

T2: Who agrees with the target of < 130/80 for all CKD patients? Should there be lower targets still for those with proteinuric CKD? #NephJC



**Matt Graham-Brown** @drmattgb

a month ago

@toates\_19 Thanks mate, when are your clinic hours! 🙄🙄 #nephjc



**Alexander Kirsch** @alehkir

a month ago

rarely see these numbers #NephJC



**Tomas Rohal** @calvapo

a month ago

@toates\_19 @DrMattGB Tomas, is that your starting doxazosine dose? :) #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

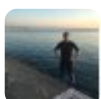
T2: Check out the SPRINT CKD data here: <https://t.co/n2XNGb4vBO> which provided most of the evidence for this recommendation #NephJC



**Jim Moriarty** @hotkidneyaction

a month ago

@DrMattGB I'm reaching for the RFA device. #nephjc



**Matt Graham-Brown** @drmattgb

a month ago

@brzoskos Not ABPM, but not because I have anything against it #nephjc (Home measurement)



**Tom Oates** @toates\_19

a month ago

RT @NephJC: T2: Check out the SPRINT CKD data here: <https://t.co/n2XNGb4vBO> which provided most of the evidence for this recommendation #Ne...



**Nephrology Jrnl Club** @nephjc

a month ago

RT @ThePeanutKidney: @DrMattGB Back to the individualisation issue - same for an elderly patient with systolic HTN compensating for their r...



**Szymon Brzósko** @brzoskos  
@toates\_19 @DrMattGB Tom behave yourself ;) #nephjc dox is passe

a month ago



**Dan Thomas** @dan26wales  
@toates\_19 @DrMattGB Not renal artery denervation? #nephjc

a month ago



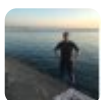
**Nephrology Jrnl Club** @nephjc  
RT @caioqualunque: @NephJC It's absolutely excessive if it leads to a drug therapy, it's acceptable if it leads to diet/life-style changes...

a month ago



**Rob Peel** @rabpeel  
T2 try to get below 130/80, <125/75 when I lapse into MDRD #nephjc

a month ago



**Matt Graham-Brown** @drmatgb  
@ThePeanutKidney Indeed. Guidelines - however eminent - are still guidelines. #NephJC

a month ago



**Matt Rowland** @matthewjrowland  
RT @NephJC: T2: Check out the SPRINT CKD data here: <https://t.co/n2XNGb4vBO> which provided most of the evidence for this recommendation #Ne...

a month ago



**Nephrology Jrnl Club** @nephjc  
T2: Here are the corresponding values for BP measurements: Office vs Daytime vs Nighttime vs ABPM. The application of SPRINT targets to everyday practice remains controversial in the absence of everyday AOBP measurement #NephJC <https://t.co/2GmRnX0w5i>

a month ago



**John Booth** @thepeanutkidney  
@NephJC Strongly believe we should have moved beyond debates of 120vs125vs130 for CKDp to something much more individualised by now #nephjc (the record is beginning to crack...)

a month ago



**Szymon Brzósko** @brzoskos  
RT @NephJC: T2: Here are the corresponding values for BP measurements: Office vs Daytime vs Nighttime vs ABPM. The application of SPRINT tar...

a month ago



**Alexander Kirsch** @alehkir  
depends: diabetic, polymorbid CKD no; early IgAN go as low as at all tolerable #NephJC

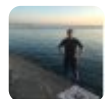
a month ago



**Wei Ling Lau, MD** @kidneys1st

a month ago

RT @Nierendoktor: @NephJC SPRINT excluded patients with diabetes, symptomatic heart failure, a history of stroke, proteinuria ( $\geq 1$  g/day tot...



**Matt Graham-Brown** @drmatgb

a month ago

@HotKidneyAction Not the ROX coupler?! #nephjc



**AFS** @nierendoktor

a month ago

RT @NephJC: T2: Here are the corresponding values for BP measurements: Office vs Daytime vs Nighttime vs ABPM. The application of SPRINT tar...



**Jim Moriarty** @hotkidneyaction

a month ago

T2 130/80 in multiply comorbid patient with CKD amongst much else... Prob not. #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

RT @ThePeanutKidney: @NephJC Strongly believe we should have moved beyond debates of 120vs125vs130 for CKDp to something much more individu...



**Edoardo Melilli** @edoardomelilli

a month ago

@NephJC A lot of no-dipper or blood pressure nocturnal hypertensive are coming #nephjc anyway bedtime dosis is very useful (look for hermidia and abpm on pubmed I'm too much lazy) #nephjc



**Tom Oates** @toates\_19

a month ago

@NephJC This was bizarre I thought #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

T2: ACEi recommended ahead of ARBs – is there enough evidence to support this? #NephJC



**Tomas Rohal** @calvapo

a month ago

@NephJC I think we may well give it a try in a patient if considered feasible, I would consider individually #nephjc



**Susie** @nephroninfinity

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc <https://t.co/o4InTgeU8l>





**Nephrology Jrnl Club** @nephjc

a month ago

T2: Interesting hypertensive crisis guidelines – appropriately encouraging more aggressive control of acute severe hypertension? #NephJC <https://t.co/vqLfUs57Hu>



**Jim Moriarty** @hotkidneyaction

a month ago

T2 Maybe where these guidelines are most helpful is lowering the target (and improving outcomes) \*in those who tolerate\* - wasn't this @RichardHaynes3 's argument at #ukkw2017? #nephjc



**Matt Graham-Brown** @drmattgb

a month ago

@NephJC There are no 'alls', 'always' or 'nevers' in medicine..... that will always be the case 😊 #nephjc



**Matt Sparks** @nephro\_sparks

a month ago

RT @DrMattGB: @NephJC There are no 'alls', 'always' or 'nevers' in medicine..... that will always be the case 😊 #nephjc



**Tomas Rohal** @calvapo

a month ago

@EdoardoMelilli @NephJC I'm in favour of evening dosing just a btw question - how is it with those Hermida's studies? are they generally accepted? #nephjc



**Michelle Lim** @whatsthegfr

a month ago

RT @ThePeanutKidney: @DrMattGB Back to the individualisation issue - same for an elderly patient with systolic HTN compensating for their r...



**Jim Moriarty** @hotkidneyaction

a month ago

@DrMattGB @NephJC Also the secret to MRCP Part 1 MCQs, if memory serves #nephjc



**Rob Peel** @rabpeel

a month ago

@toates\_19 @NephJC aim systolic nocturnal BP below 100 in most and you will have a full trauma ward! #nephjc



**John Booth** @thepeanutkidney

a month ago


Pizza hut advert on TV as we debate BP goals.. and I remember this is all futile ;) #nephJC





**Edoardo Melilli** @edoardomelilli

a month ago


@NephJC Just economic reason I think #nephjc


 **Matt Graham-Brown** @drmattgb a month ago  
@NephJC When you've seen someone go blind from their BP coming down too quickly in the first 48 hours in hypertensive crisis, I think you'd remain guarded about these reduction targets. #NephJC


 **Tomas Rohal** @calvapo a month ago  
@ThePeanutKidney tonight #nephjc sponsored by Pizza hut :)


 **Edoardo Melilli** @edoardomelilli a month ago  
@rabpeel @toates\_19 @NephJC Or glaucoma getting worse #nephjc <https://t.co/62hYjREom5>


 **Jim Moriarty** @hotkidneyaction a month ago  
COI - delicious #nephjc <https://t.co/AFKKjomtA0>


 **Nephrology Jrnl Club** @nephjc a month ago  
T2: < 130/80 for transplant recipients too – reasonable as ESKD = >10% ASCVD risk? Rationale for CCB? #NephJC

 **John Booth** @thepeanutkidney a month ago  
@DrMattGB @NephJC Agree, very bold revisions to age-old practises! #nephjc

 **Tomas Rohal** @calvapo a month ago  
@NephJC CCB preferred for counteracting CNIs, right? #nephjc

 **Tom Oates** @toates\_19 a month ago  
@ThePeanutKidney @DrMattGB @NephJC Always think HTN emergencies are like spleens: you think you'll miss them but you never do. Much more about clinical picture than numbers #nephjc

 **Dan Thomas** @dan26wales a month ago  
RT @NephJC: T2: Interesting hypertensive crisis guidelines – appropriately encouraging more aggressive control of acute severe hypertension...

 **Tom Oates** @toates\_19 a month ago  
Ps before we finish, Mark E Smith has died. Absolute nutbag. Wrote so much decent stuff <https://t.co/BK9IIdL0oW> #nephjc

**Rob Peel** @rabpeel

a month ago

T2 I thought the rate of drop of BP in accelerated HTN was verging on negligent- normalise within 24-48 hours! #nephjc

**Szymon Brzóska** @brzoskos

a month ago

@NephJC seems when no signs of target organ damage, it is safe to manage in an ambulatory way. <https://t.co/K4urK7nlfX> I commonly see patients being admitted to hosp just because of high BP- waste of time and resources #nephjc <https://t.co/FAGZBmUfEV>

**Rob Peel** @rabpeel

a month ago

@calvapo @NephJC think so #nephjc

**Jim Moriarty** @hotkidneyaction

a month ago

So I'm sensing a degree of skepticism about these targets on this side of the pond - what did the EST chat make of it all last night? #nephjc

**Dra. Neprology** @nephrologybest

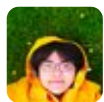
a month ago

RT @NephJC: #NephJC tonight/tomorrow on #AHA/ACC 2017 hypertension g/l Summary here: <https://t.co/HmVf5crulP> now updated with comparative t...

**Jim Moriarty** @hotkidneyaction

a month ago

@toates\_19 Think that's the reason chat went a bit quiet... <https://t.co/22icqWjC6J> #nephjc

**Michelle Lim** @whatsthegr

a month ago

@calvapo @NephJC <https://t.co/u0ocG8KeRE> a cursory search unearthed this #nephjc

**Dra. Neprology** @nephrologybest

a month ago

RT @NephJC: T2: Here are the corresponding values for BP measurements: Office vs Daytime vs Nighttime vs ABPM. The application of SPRINT tar...

**Dra. Neprology** @nephrologybest

a month ago

RT @brzoskos: @NephJC Well, is it among others because of HOPE-3 ? #nephjc <https://t.co/b7SNc1nOlv>

**Rob Peel** @rabpeel

a month ago

@rabpeel @toates\_19 might get there with his SNP though #nephjc



**Matt Graham-Brown** @drmattgb

a month ago

@rabpeel I was .... surprised by the recommendations.... #nephjc



**Dan Thomas** @dan26wales

a month ago

Why you can say no to admitting most asymptomatic hypertensive patients  
<https://t.co/rDKrzbpZpz>



**Rob Peel** @rabpeel

a month ago

@whatsthegfr @calvapo @NephJC shouldn't we all use thiazides for HTN secondary to CNI?  
 #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

T3: Final thoughts? Do these guidelines better reflect the available evidence than JNC8?  
 #NephJC



**Nephrology Jrnl Club** @nephjc

a month ago

RT @DrMattGB: @NephJC When you've seen someone go blind from their BP coming down too quickly in the first 48 hours in hypertensive crisis,...



**Nephrology Jrnl Club** @nephjc

a month ago

RT @DrMattGB: @NephJC There are no 'alls', 'always' or 'nevers' in medicine..... that will always be the case 🙄 #nephjc



**Tomas Rohal** @calvapo

a month ago

@rabpeel @whatsthegfr @NephJC I try it in many patients but often fight with some kind of ion disturbances, but at least give it a try, esp in pts with hyperkalemia on CNIs #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

RT @calvapo: @NephJC CCB preferred for counteracting CNIs, right? #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago


RT @toates\_19: @ThePeanutKidney @DrMattGB @NephJC Always think HTN emergencies are like spleens: you think you'll miss them but you never d...





**Nephrology Jrnl Club** @nephjc


a month ago


RT @brzoskos: @NephJC seems when no signs of target organ damage, it is safe to manage in an ambulatory way. <https://t.co/K4urK7nlfX> I comm...


 **Nephrology Jrnl Club @nephjc** a month ago  
RT @whatsthegfr: @calvapo @NephJC <https://t.co/u0ocG8KeRE> a cursory search unearthed this #nephjc


 **Nephrology Jrnl Club @nephjc** a month ago  
RT @rabpeel: @whatsthegfr @calvapo @NephJC shouldn't we all use thiazides for HTN secondary to CNI? #nephjc


 **Rob Peel @rabpeel** a month ago  
T3 I worry that they don't reflect many of the patients that I see in the clinic- frail multi morbid just about ambulant. #nephjc


 **Nephrology Jrnl Club @nephjc** a month ago  
RT @rabpeel: T2 try to get below 130/80, <125/75 when I lapse into MDRD #nephjc


 **Nephrology Jrnl Club @nephjc** a month ago  
RT @calvapo: @ThePeanutKidney tonight #nephjc sponsored by Pizza hut :)

 **Michelle Lim @whatsthegfr** a month ago  
@rabpeel @calvapo @NephJC @NephJC just reading up on these <https://t.co/swygQyjFoN>, thank you! :) #nephjc

 **Nephrology Jrnl Club @nephjc** a month ago  
@calvapo @ThePeanutKidney If only! #NephJC

 **Nephrology Jrnl Club @nephjc** a month ago  
RT @rabpeel: T2 I thought the rate of drop of BP in accelerated HTN was verging on negligent-normalise within 24-48 hours! #nephjc

 **Tomas Rohal @calvapo** a month ago  
@rabpeel In the end we are still left with our individual consideration, I am not sure our position is moving significantly, am I mistaken? #nephjc

 **Nephrology Jrnl Club @nephjc** a month ago  
RT @whatsthegfr: @rabpeel @calvapo @NephJC @NephJC just reading up on these <https://t.co/swygQyjFoN>, thank you! :) #nephjc



**Rob Peel** @rabpeel

a month ago

RT @calvapo: @rabpeel In the end we are still left with our individual consideration, I am not sure our position is moving significantly, a...



**Jim Moriarty** @hotkidneyaction

a month ago

Trial participants ≠ my clinic participants? #nephjc <https://t.co/FrCz3wwWNK>



**Dan Thomas** @dan26wales

a month ago

My thoughts as a geriatrician are tight BP control will save thousands of lives at a population level, but the chance of it benefiting the individual sat in front of you is small, so stop meds as soon as side effects affect QOL #nephjc <https://t.co/uMGVCazT7H>



**Szymon Brzóska** @brzoskos

a month ago

@rabpeel @whatsthegfr @calvapo @NephJC here recently, was a nice discussion on that topic <https://t.co/XGy0fOLbTW> #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

T3: Lets wrap up! Take home messages? Will these be your new (or already) targets for low CV risk, CKD, Kidney Tx? #NephJC



**Nephrology Jrnl Club** @nephjc

a month ago

RT @brzoskos: @rabpeel @whatsthegfr @calvapo @NephJC here recently, was a nice discussion on that topic <https://t.co/XGy0fOLbTW> #nephjc



**Jim Moriarty** @hotkidneyaction

a month ago

@calvapo @rabpeel Push harder in those who tolerate? It's a move, but not the seismic shift the headlines suggest #nephjc



**Nephrology Jrnl Club** @nephjc

a month ago

RT @dan26wales: My thoughts as a geriatrician are tight BP control will save thousands of lives at a population level, but the chance of it...



**Nephrology Jrnl Club** @nephjc

a month ago

RT @HotKidneyAction: Trial participants ≠ my clinic participants? #nephjc <https://t.co/FrCz3wwWNK>

**Szymon Brzóska** @brzoskos

a month ago

@NephJC I answer in somehow reverse way, would it be decent not to take into consideration SPRIT and HOPE-3 trials ... #nephjc and a few recent metas ...

**Nephrology Jrnl Club** @nephjc

a month ago

RT @calvapo: @rabpeel In the end we are still left with our individual consideration, I am not sure our position is moving significantly, a...

**Matt Graham-Brown** @drmattgb

a month ago

Like all guidelines they need applying with brain in gear for the patient in front of you. Nothing is one size fits all, these are no different. #nephjc <https://t.co/6BCCu5DMfU>

**Sean Ninan** @sean9n

a month ago

RT @dan26wales: Why you can say no to admitting most asymptomatic hypertensive patients <https://t.co/rDKrzbZpz>

**Tomas Rohal** @calvapo

a month ago

@HotKidneyAction @rabpeel yes, sounds good to me #nephjc

**Rob Peel** @rabpeel

a month ago

#NephJC <https://t.co/jqeFJMviiV>

**Nephrology Jrnl Club** @nephjc

a month ago

RT @rabpeel: #NephJC <https://t.co/jqeFJMviiV>

**Nephrology Jrnl Club** @nephjc

a month ago

RT @DrMattGB: Like all guidelines they need applying with brain in gear for the patient in front of you. Nothing is one size fits all, thes...

**Tomas Rohal** @calvapo

a month ago

RT @rabpeel: #NephJC <https://t.co/jqeFJMviiV>

**Rob Peel** @rabpeel

a month ago

T3 targets to aim for in relatively robust patients that rarely darken my door- some lowering better than no lowering #nephjc



**Jim Moriarty** @hotkidneyaction

a month ago

I'm going to write a business case for home BP machines for all. WATCH THIS SPACE. #nephjc  
<https://t.co/k289rrKJvG>



**Nephrology Jrnl Club** @nephjc

a month ago

Thanks everyone for joining tonight! Great discussion! Interesting that no one's SPRINTing away with enthusiasm for these new guidelines! #NephJC until next time  
<https://t.co/KMXSobAhGR>



**Valerie Shilo** @nephrolog

a month ago

RT @dan26wales: My thoughts as a geriatrician are tight BP control will save thousands of lives at a population level, but the chance of it...



**Tomas Rohal** @calvapo

a month ago

@NephJC Before you go to bed, here is your pizza, guys, we have enough for all of you 🍕🍕  
🍕🍕 #nephjc thanks for a pleasant familiar chat, good night everyone



**Szymon Brzósko** @brzoskos

a month ago

@HotKidneyAction would do the same in my region of practice! #nephjc



**Tomas Rohal** @calvapo

a month ago

@brzoskos @HotKidneyAction fortunately, most of our patients have these #nephjc



**Edoardo Melilli** @edoardomelilli

a month ago

Goodnight! Great #nephjc tonight!



**Matt Graham-Brown** @drmattgb

a month ago

Really enjoyed that, thanks @DearbhlaKelly4 and all. Lovely stuff! #nephjc



**Szymon Brzósko** @brzoskos

a month ago

@NephJC thank you for great moderation #nephjc oíche mhaith agat

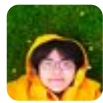


**Rob Peel** @rabpeel

a month ago

@DearbhlaKelly4 You kept a rowdy bunch pretty much under control- thanks #nephjc



**Michelle Lim** @whatsthegfr

a month ago

Thank you @DearbhlaKelly4 and everybody else! That was fun! :D #nephjc

**Matt Graham-Brown** @drmattgb

a month ago

@DearbhlaKelly4 <https://t.co/YAauSo6rjM>**Jim Moriarty** @hotkidneyaction

a month ago

Thanks @NephJC and @DearbhlaKelly4 for hosting tonight #nephjc

**Ben Oliveira** @benoliveira62

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc  
<https://t.co/o4InTgeU8l>**Ben Oliveira** @benoliveira62

a month ago

RT @NephJC: Here is a useful summary of key hypertension studies in the last 20 years #nephjc  
<https://t.co/zqWdG7bFrq>**Stuart Nuttall** @stuartnuttall1

a month ago

RT @dan26wales: Why you can say no to admitting most asymptomatic hypertensive patients  
<https://t.co/rDKrzbPzpz>**Sarah Marsden** @intrepidsarah

a month ago

RT @dan26wales: Why you can say no to admitting most asymptomatic hypertensive patients  
<https://t.co/rDKrzbPzpz>**Edoardo Melilli** @edoardomelilli

a month ago

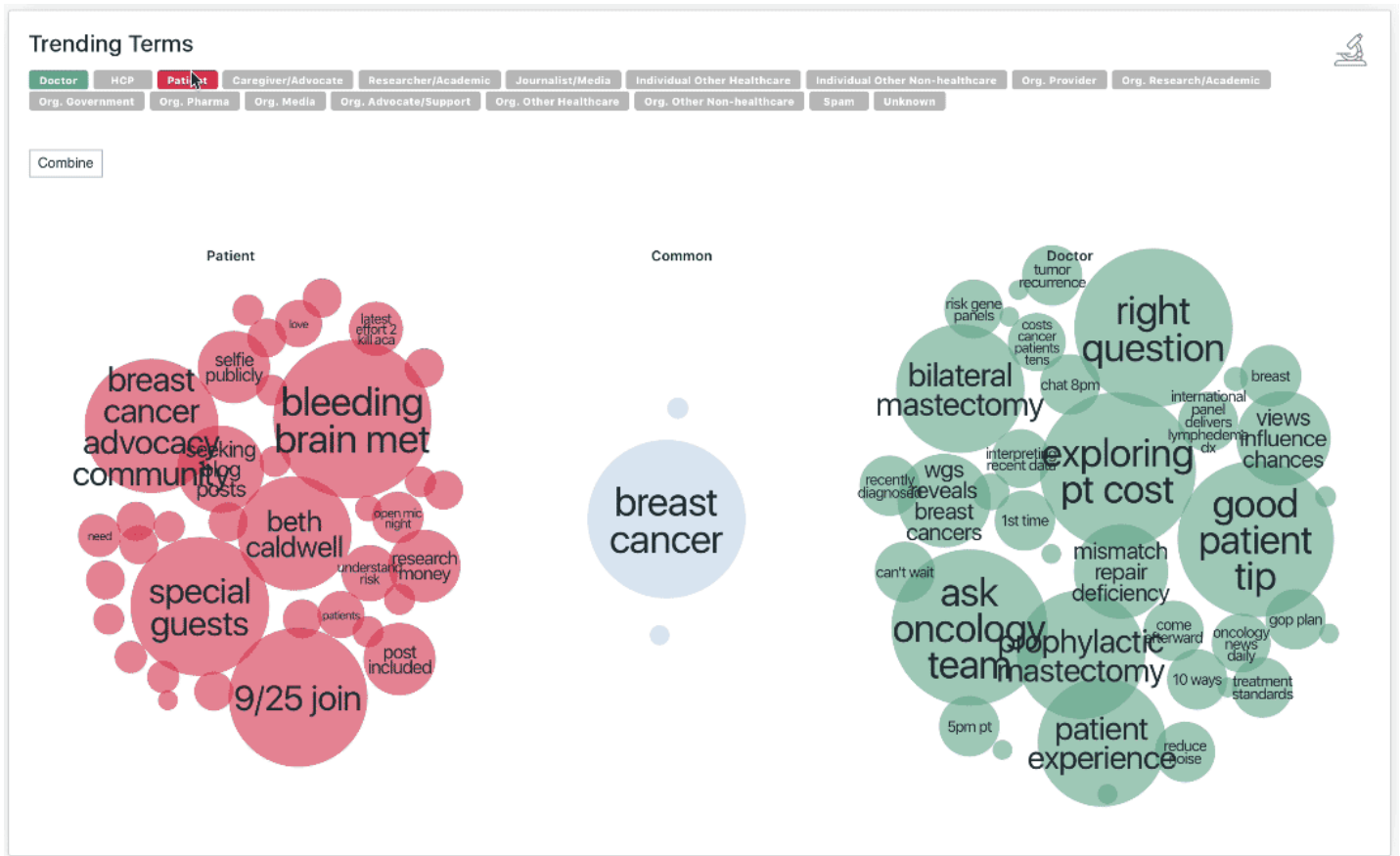
Goodnight great chat tonight! #nephjc

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