高血壓的非藥物治療

Non -pharmacological therapy

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BP targets are difficult to achieve and maintain, since adherence to medication was commonly suboptimal and dynamic. Only 60% of the patients were fully adherent in previous studies.4,11 Based on the National Reimbursement Claims Database in Taiwan from 2001 to 2007, only 18.6% patients had medications refilled for ≥ 80% of days in the year after initiation of antihypertensive treatment.4 A universal consensus on RDN has developed worldwide based on consistent results of RDN sham-controlled clinical trials.5-7 Also, Taiwan hypertension society/Taiwan society of cardiology has the leading consensus statement, dubbed as “RDNi2” to assist proper patient selection since 2019.4 Regarding the featured “always-on effect” and “one-time procedure” of the catheter-based therapy, RDN is an evidence-based complimentary or alternative tool to help hypertension controlled, in addition to lifestyle modification and antihypertensive medications.6,7

RDN should be considered for hypertensive patients with higher cardiovascular risk, such as resistant or masked uncontrolled hypertension, established atherosclerotic cardiovascular disease, intolerant or nonadherent to desired drug therapy, or features indicating neurogenic hypertension.4,5 A structured process of shared decision making is recommended for RDN discussion in daily practice.4,6,7,21 Patients' preference as well as physicians’ perspective including BP control status, comorbidities and pathophysiology should lead to an individualized BP management strategy.5,21 Figure 1 demonstrates the recommended process of structured decision-making for RDN.