with mild rise of creatinine levels. The aim of this study is to know the prevalence and significance of hypertension patients nephropathy.

**Patients and Methods:** Descriptive and transversal study with hypertensive patients attended at first time in an Hypertension Unit from 1997 to June 2004. Samples to determine serum creatinine level and urinary protein level were obtained. Other cardiovascular risk factors were detected.

**Results:** 1167 patients were included in the study. Mean age was 54.29 ± 14.34 (40.9% male). Creatinine level over 1.2 mg/dl was found in 240 patients. Mean variable of patients were: male (72.5%; p < 0.0001) (OR 5.42, 3.96-7.43), age (58 ± 14.4 vs 53.32 ± 14.17 year old; p < 0.0001), uric acid (71 ± 1.2 vs 5.52 ± 1.54 mg/dl < 0.0001), total cholesterol, LDL cholesterol, triglycerides, smokers and microalbuminuria. All of them have more organ damage: ischemic cardiopathy and cerebral arterial disease (10.4% vs 4.5% < 0.0001) OR 2.45 (1.46-4.10), and retinopathy.

**Conclusion:** Prevalence of mild renal failure in hypertensive patients is high. These patients also have more organ damage.

Key Words: Hypertension, Prevalence, Renal Failure

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RENAAL INSUFFICIENCY IS THE MOST PREVALENT TARGET-ORGAN DISEASE IN PRIMARY CARE-ATTENDED ESSENTIAL HYPERTENSION

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The INC 7 report included an estimated glomerular filtration rate (eGFR) < 60 ml/min/1.73 m² within target-organ diseases. The aim of the present study was to assess the prevalences of target-organ damages in a broad sample of hypertensive patients.

A multicenter, cross-sectional observation of unslected patients with treated essential hypertension attending primary health centers was performed between January and September 2003. Prevalences of target-organ diseases were evaluated. Renal function was estimated by Levey equation. An eGFR < 60 ml/min/1.73 m² was considered as renal insufficiency (RI).

Data from 2,517 patients were analyzed, 61.3% female. Mean age was 69.1 ± 12 years. Mean systolic BP was 139 ± 16 mmHg and mean diastolic BP pressure was 79 ± 9 mmHg. Prevalences of target-organ diseases were: RI 36.9%, coronary heart disease (CHD) 12.7%, left ventricular hypertrophy 12.5%, stroke 8.9%, heart failure (HF) 5.6%, and peripheral arterial disease (PAD) 4.4%. RI was the most frequent target-organ disease within men (24.9% vs CHD 15.8%, stroke 11.4%, HF 5.5%, and PAD 7.7%) and women (44.4% vs CHD 10.9%, stroke 7.4%, HF 5.8%, and PAD 2.3%), and within patients aged 40 to 59 years (7.1% vs CHD 5.0%, stroke 3.4%, HF 1.1%, and PAD 0.9%), 60 to 69 years (32.6% vs CHD 10.2%, stroke 5.7%, HF 2.9%, and PAD 3.4%), and 70 or more years (50.9% vs CHD 16.8%, stroke 12.6%, HF 8.5%, and PAD 6.3%). Percentage of patients with RI but without cardiovascular disease or diabetes, mentioned as candidates for secondary prevention, was 19.9%.

Renal disease is simultaneously a major risk factor and a target-organ disease highly prevalent in hypertensive patients followed at the primary care level. RI can be an associated condition more prevalent than classic target-organ diseases especially in the elderly. Adequate screening of renal impairment, as recommended by recent guidelines, must be at the basis of risk stratification and target-organ disease assessment.

Key Words: Essential Hypertension, Kidney Disease, Prevalence