

Statement of the European Society of Hypertension (ESH) on hypertension, Renin-Angiotensin System (RAS) blockers and COVID-19

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The ESH COVID-19 Task Force has generated a review (<https://doi.org/10.1093/cvr/cvaa100>) on the relation of hypertension, the RAS, and risk of lower respiratory tract infections and lung injury¹. This work includes a critical appraisal of the molecular mechanisms linking the RAS to lung damage and the potential clinical impact of treatment with RAS blockers in patients with COVID-19. Taken together, in view of the ESH COVID-19 Task Force, the available evidence does not support a deleterious effect of RAS blockers in COVID-19 infections. Therefore, there is currently no reason to discontinue RAS blockers in stable patients facing the COVID-19 pandemic.

Currently, ESH re-confirms our previous recommendations:

- There is no clear evidence that hypertension per se is associated with an increased risk of infection by COVID-19. Therefore, patients with hypertension should apply the same precautions as subjects of the same age category and with the same profile of comorbidities (<https://www.ecdc.europa.eu/en>).
- In stable patients with COVID-19 infections or at risk for COVID-19 infections, treatment with ACEIs and ARBs should be executed according to the recommendations in the 2018 ESC/ESH guidelines.²
- The currently available data on COVID-19 infections do not support a differential use of RAS blockers (ACEI or ARBs) in COVID-19 patients.
- In COVID-19 patients with severe symptoms, sepsis, or hemodynamic instability RAS blockers and other blood pressure lowering drugs should be used or discontinued on a case-by-case basis, taking into account current guidelines.
- Further research analysing the continuously increasing data on the impact of hypertension and blood pressure lowering drugs, particularly RAS blockers, on the clinical course of COVID-19 infections is warranted.

References

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