

# Transient prehypertensive treatment : an additive option against hypertension

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Statements related to the thesis

**Transient prehypertensive treatment:  
An additive option against hypertension?**

Marcus Baumann, 31 october 2007

1. Transient prehypertensive angiotensin II receptor blockade, but not early blood pressure reduction, leads to sustained cardiac and renal protection until advanced age, offering a potential therapeutic benefit for humans by lowering cardiovascular morbidity (this thesis).
2. The number of renal medullary pericytes rather than the glomerular number determines blood pressure in SHR (this thesis).
3. It is important to identify the prehypertensive subjects who will develop hypertension in the near future. Urinary excretion of NO metabolites is a marker for this transition (this thesis).
4. Prehypertensive subjects demonstrate an increased cardiovascular risk as compared to subjects with optimal blood pressure (Prospective studies Collaboration, Lancet 2002; 360: 1903 – 1913).
5. Hypertension is a self-accelerating condition. The transition from prehypertension to established hypertension reflects, in part, ongoing changes such as arteriolar hypertrophy and endothelial dysfunction.
6. The recently published Trial of Preventing Hypertension (TROPHY) is the first study of pharmacologic intervention in this category of blood pressure. TROPHY forged new territory in the area of pharmacologic treatment for prehypertension (NEJM. 2006; 354(16): 1685-1697).
7. The donation of a kidney to a relative is a good option to further deepen the personal binding to the recipient. This does not work with the heart.
8. The essential things you don't see with the eyes, but with the heart.
9. Not because it's difficult we do not dare; because we do not dare, it's difficult (Seneca).
10. They (the Dutch) offer you a tiny biscuit to your coffee before closing the lid in front of your nose; so what, Germans do not even offer you a coffee! (Martijn de Rooi; The Dutch, I presume? Adapted by Marcus Baumann)