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Titolo	Assessment of Preclinical Organ Damage in Hypertension // edited by Enrico Agabiti Rosei, Giuseppe Mancia
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Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references at the end of each chapters.
Nota di contenuto	PART I: HEART 1 Electrocardiography -- 2 Echocardiography -- 3 New techniques: 3D, CT, MRI -- PART II: LARGE ARTERIES 4 Ultrasound of Carotid IMT and plaque.- 5 Ultrasound of the Aorta/coronary arteries. - 6 Pulse wave velocity and central BP.- 7 Ankle-brachial index -- 8 Atherosclerosis and general principles of arterial imaging -- 9 Imaging and ageing of the aorta and large arteries in the lower extremities -- PART III: SMALL ARTERIES 10 Micro myography -- 11 Damage of the retinal arterioles -- 12 Capillaroscopy -- 13 Other techniques for assessment -- PART IV: KIDNEY 14 Proteinuria -- 15 Glomerular Filtration Rate -- 16 Other techniques -- PART V: BRAIN 17 RMN/TC:

Evaluation of Brain damage -- 18 Questionnaires for cognitive function
-- 19 Other techniques for neurological damage.- 20 Relation between
blood pressure and markers of organ damage.

Sommario/riassunto

This book presents up-to-date information on how to assess early preclinical alterations in the heart, the small and large arteries and the kidney in the general and the hypertensive population, using the most sensitive, specific and cost-effective techniques. A wide variety of techniques are discussed, with careful attention to the latest developments. For each organ, evidence is documented regarding the prevalence of organ damage. Information is provided on the potential induction of regression of organ damage by treatment, the criteria for establishing significant changes and the clinical prognostic significance of regression. The manual will be invaluable for all practitioners responsible for the clinical management of hypertensive patients, given that the assessment of early preclinical cardiovascular and renal damage permits more accurate risk stratification at baseline and facilitates evaluation of cardiovascular protection when regression of structural changes is achieved during treatment.
