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Nota di contenuto	Contents; Contributors; 1. Is there an ideal strategy for achieving blood pressure goals?; 2. Should metabolic syndrome patients with 'stage 2' pre-hypertension receive antihypertensive therapy?; 3. The presence of proteinuria and antihypertensive therapy selection; 4. Cholesterol, blood pressure and statins; 5. Do antihypertensive agents influence lipid profiles and lipid therapy?; 6. How strong is the evidence for a blood pressure goal of less than 130/80mmHg for the high-risk patient?; 7. Approaches to cardiovascular risk reduction in patients with cardio-metabolic-renal risk 8. Should there be any reluctance to initiate combination antihypertensive therapy for patients with blood pressure of 160/100mmHg or higher?9. Is pulse pressure a predictor of therapeutic outcome?; 10. Should selection of antihypertensive therapy be focused on other markers for cardiovascular risk besides blood pressure?; 11. Can aggressive control of blood pressure prevent progression of kidney disease?; 12. Are there consequences for attempting to achieve blood pressure goals in the first week after a stroke?; 13. Diagnostic and therapeutic strategies in renal artery stenosis Abbreviations Index
Sommario/riassunto	Hypertension continues to be one of the leading causes of morbidity and mortality, significantly increasing the risk of stroke, myocardial infarction, heart failure and renal failure. It is one of the key risk factors

in the metabolic syndrome, increasingly common in Western society. With such a complex aetiology, information on current antihypertensive therapy is extremely varied and dense. This new book presents a series of in-depth reviews by leading experts, bringing together in one volume the most up-to-date view on how antihypertensive therapies should be administered in a wide range of
