



**Advancing Hypertension Knowledge
and Clinical Excellence**



In Association with
**European
Society of
Hypertension**



About ESH

The European Society for Hypertension (ESH) is a leading scientific organisation dedicated to advancing the understanding, prevention, diagnosis, and management of hypertension. It serves as a collaborative platform for clinicians, researchers, and allied health professionals across Europe and beyond to exchange scientific knowledge and promote excellence in hypertension care. ESH was established in 1989 following a series of successful European Hypertension Meetings and has since grown into a vibrant community that fosters education, research, and clinical practice in the field of high blood pressure and cardiovascular risk.

As an umbrella organisation, ESH works closely with national hypertension societies and related healthcare groups to support initiatives such as scientific congresses, educational programmes (including Summer Schools and Young Investigator activities), and the development of evidence-based clinical practice guidelines. Its activities encompass collaborative research, guideline formulation, specialist certification, and international scientific meetings that bring together experts from diverse disciplines to improve outcomes for individuals affected by hypertension.



About the Program:

The objective is to create a customized platform to empower Indian HCPs to manage hypertension in a more holistic approach by bringing the global best body and experts

The program aims to engage HCPs with focus on Hypertension related disorders through a value added, engaging and sustainable program curated for India

This program is designed exclusively for a select group of HCPs from India to benefit from this program



Hriday Samvad

This program will focus on recent developments in hypertension detection, treatment and control delivered through



Module Structure:



Module 1

The new hypertensive in your OPD (From first BP reading to the right first pill)

Prof. Dr. Guido Grassi

Date: April 11, 2026, Time: 7 - 8 pm (IST)



Module 2

Cracking the tough hypertensive (Comorbidities, combinations & real-world control)

Prof. Enrico Agabiti Rosei

Date: May 16, 2026, Time: 8 - 9 pm (IST)



Program Duration:

3 to 4 months

Key Features:

- Live webinar sessions with interactive Q&A
- Module Assessments post every module
- ESH Certificate of Completion recognizing participating doctors, enhancing their professional credibility and commitment to excellence



Global Faculties



Indian Faculties

Module 1



Prof. Dr. Guido Grassi

Immediate Past President of ESH

Professor, Department of Internal Medicine
University of Milano-Bicocca, Milan, Italy

Director, Clinica Medica Institute, Saint Gerardo Hospital, Monza/Milano, Italy



Dr. Jabir Abdullakutty

Senior Consultant Cardiologist
Lisie Hospital, Kerala

Module 2



Prof. Enrico Agabiti Rosei

Past President of ESH

Professor, Emeritus of Internal Medicine,
University of Brescia

Chairman, Clinical Department of Medicine,
Spedali Civili, Brescia



Dr. Soumitra Kumar

Senior Consultant Cardiologist
Professor & HOD, Vivekananda
Institute of Medical Sciences, Kolkata

MODULE 1: The New Hypertensive in Your OPD

From First BP Reading to the Right First Pill

1 Hypertension 2.0: The Patient in Front of You is not the Textbook

- Evolving hypertension phenotype: younger patients, obesity, psychosocial stress, digital lifestyles
- Hidden risks: BP variability, trough-to-peak ratio, nocturnal BP patterns, morning surge
- Rationale for sustained 24-hours BP control and vascular protection

2 The 7-Minute OPD Blueprint: From BP Reading to Risk Stratification

- OPD risk checklist: BP levels, red flags, comorbidity mapping (T2DM, CAD, CKD, HF, stroke, obesity)
- Correct BP measurement, repeat readings, home BP and ABPM
- Patient segmentation aligned to treatment pathways: uncomplicated HTN through to complex comorbidity profiles

3 Beyond the Numbers: BP Variability, Morning Surge & the 24-Hours Risk Window

- Morning surge as a stroke and MI risk indicator; non-dippers and reverse dippers
- Clinical recognition of BP variability without ABPM in routine practice
- Role of long-acting CCBs in smoothing the 24-hours BP curve

4 First-Line Therapy in 2026: Designing the 'Starter Regimen'

- Guideline-aligned thresholds for initiating pharmacological therapy
- CCBs as a first-line pillar; monotherapy in uncomplicated hypertension
- Early predictors requiring combination: markedly elevated BP, multiple risk factors, diabetes, organ damage

5 From Guidelines to OPD: 'If-Then' Algorithms for Busy Clinicians

- 'If-then' flowcharts : Uncomplicated HTN, HTN + Diabetes, Elderly Isolated HTN, HTN + CAD, etc.
- Simplified monitoring protocol: baseline investigations, review intervals, annual checks
- Default monotherapy decision branches with combination pathways introduced

6 Live Cases: 'You Are the Treating Physician' - Interactive Polls

- Case vignettes with real-time audience polling: new-onset uncomplicated HTN, uncontrolled BP on CCB
- Poll-driven therapeutic decisions mirroring real OPD reasoning



MODULE 2: Cracking the Tough Hypertensive

Comorbidities, Combinations & Real-World Control

1 When One Drug Fails: The Art of Adding On, Not Just Adding More

- Why patients remain uncontrolled: Poor adherence, salt, timing, underdosing
- Framework: up-titration versus switching versus rational combination therapy
- Complementary mechanisms, 24-hours coverage, and job to be done for each combination

2 The Metabolic Hypertensive: BP in Type 2 Diabetes & CKD

"The Metabolic Trap: a BP regimen that protects the kidneys and the heart"

- Elevated CV & renal risk in HTN with T2DM and CKD with Target BP consideration
- RAAS blockade combined with vascular protection: rationale and clinical evidence
- CCB + ARB combination for uncontrolled hypertension with metabolic or diabetic risk

3 Beyond Edema & Plateaus: Smart Use of CCB + Diuretic Combinations

"From Swollen Ankles to Stable Numbers"

- Ankle edema and BP plateau on CCB: clinical recognition and management
- Thiazide-like diuretics in BP control, volume overload, isolated systolic HTN, and stroke prevention
- Combination strategies: CCB + indapamide; CCB + chlorthalidone

4 Double Duty Pills: Hypertension with Angina, CAD & Post-ACS

"BP, Pulse & Chest Pain: one prescription solves two problems"

- Management in HTN + stable angina, HTN + CAD/post-ACS and HTN + HF
- Role of β -blockers: heart rate control, symptom relief and BP lowering
- Structured combinations: CCB + Atenolol / Metoprolol / Bisoprolol

5 Tough Cases: Resistant, Refractory & Recurrent Hypertension

- Resistant HTN : Check adherence, BP measuring technique, white coat HTN, secondary causes
- Foundational triple therapy: CCB + RAAS blocker + diuretic
- Stepwise layering: CCB \rightarrow add ARB \rightarrow add thiazide-like diuretic \rightarrow β -blocker when indicated

6 Smart OPD 2.0: Digital & AI Tools That Make BP Control Easier

"From Prescription to Persistence: using simple technology to keep BP controlled"

- Digital BP logs, Patient apps, WhatsApp-based follow-up, and EMR flags for uncontrolled BP
- Standardised hypertension protocol integration with digital clinical workflows

7 Case Carousel & Take-Home Playbook

- Rapid-fire, high-yield cases tying all combination strategies together with audience polls
- One-page OPD Hypertension Playbook: patient categories, preferred combinations, decision summary



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Amlodac-B



Scan QR code to register

