

**NEPHROLOGY - II****HYPERTENSION IN CHILDHOOD WITH RELEVANCE TO KIDNEY DISEASE**

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**Abstract:** Hypertension remains one of the cardinal manifestations as well as etiology of renal diseases. Renal diseases themselves contribute to the pathobiology of hypertension and are the leading cause of secondary hypertension in young. There is an increasing prevalence of primary hypertension in young. The evidence base for evaluation and management of hypertension in the context of renal diseases is reviewed in this article. Acute severe hypertension is not covered herein. While adult data on ambulatory blood pressure monitoring is convincing, pediatric data on screening strategies and pharmacotherapy have a low certainty of evidence.

**Keywords:** Childhood hypertension, Renal etiology, Evaluation, Management.

**Points to Remember**

- *Pediatric hypertension still lacks a universal diagnosis and the evidence base for pharmacological interventions remains limited. Unlike adults the diagnostic cut offs are probabilistic and based on normative data with very limited evidence linking them to outcomes.*
- *For early detection and management of kidney disease, it is prudent to measure BP for every child reporting to a pediatrician irrespective of age. Overall office BP measurement still would be accessible to most pediatricians taking care of CKD in resource constrained setups. With better resources, there may be a place for ABPM for initial diagnosis and annual follow-up of children with kidney diseases.*
- *Target blood pressure range for children with both CKD and HTN should be below the 50th percentile contrary to children with primary hypertension where it is below 90<sup>th</sup> percentile.*
- *ACE inhibitors and ARBs still remain the preferred first-line antihypertensives for children with renal diseases, as they effectively control blood pressure, reduce proteinuria, lower intraglomerular pressure, and slow CKD progression, offering reno protective benefits in children.*

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