



1. Medical Condition

ARTERIAL HYPERTENSION

2. Diagnosis

A. Medical history

Hypertension may be either primary or secondary. Primary or essential hypertension is of unknown aetiology and constitutes the predominant group. However evidence of a history of sustained elevated blood pressure is mandatory for the consideration of therapeutic use exemption to use listed drugs.

B. Diagnostic criteria

- The diagnosis of hypertension must be accompanied by an appropriate history of documented elevated recordings of systolic and/or diastolic blood pressure.
- Elevated BP readings should conform to current diagnostic criteria (see references below).

C. Relevant medical information

- It is necessary to provide the history of sustained elevated blood pressure recorded by the medical practitioner with appropriate specialist endorsement when indicated (see below).
- Evidence of a sustained trial of non-prohibited agents must be included in the medical information.

3. Medical best practice treatment

A. Name of prohibited substances

In some cases medical best practice could be a combination therapy including the use of:

- 1) Beta-Blockers
- 2) Diuretics

B. Route

All agents may be administered orally

C. Frequency

Daily doses of medication may include a single therapy protocol or combinations of diuretics and beta-blockers.

D. Recommended duration of treatment

The treatment of arterial hypertension is usually life-long. In the case of an active competitive athlete it is recommended that there be an annual review by the treating medical practitioner or another specialist.

4. Other non-prohibited alternative treatments?

Combination therapy may modify the course of this condition including weight reduction, dietary advice, exercise prescription, smoking cessation and the use of a number of possible non-prohibited drug choices. These may include calcium channel blocking agents, ACE inhibitors, Angiotensin II receptor blocking agents and alpha-Adrenergic blockers.

5. Consequences to health if treatment is withheld

Untreated hypertension is unequivocally linked to an increased risk in particular of left ventricular failure, myocardial infarction, a cerebrovascular accident or renal failure. There is international agreement that the treatment of hypertension is mandatory.

6. Treatment monitoring

Routine monitoring of blood pressure may be at the discretion of a medical practitioner with reference to a specialist as appropriate.

7. TUE validity and recommended review process

Lifetime therapy in accordance with clinical status and an annual review is acceptable. Any changes to the therapeutic regime should be well documented, endorsed by a medical practitioner and form the basis of a revised TUE.

8. Any appropriate cautionary matters

At the time of doping control there is a specific necessity for an adequate urinary concentration. A specific gravity of 1.005 by refractometer or 1.010 by dipstick should be obtained. (Special attention should be paid in case of treatment by diuretics)

A TUE will only be granted in sports where there is no potential for performance enhancement. The current WADA Prohibited List and International Standard should be consulted for a list of these sports.

9. References

1. New Guidelines for treatment of hypertension
The Merck Manual 17th Ed, Sec 16, Ch 199 Arterial Hypertension
2. KDOQI clinical practice guidelines for chronic kidney disease: Evaluation, classification, and stratification. Kidney Disease Outcome Quality Initiative. Am J Kidney Dis 39:S1-S266, 2002 (suppl 2)
3. Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL Jr, Jones DW, Materson BJ, Oparil S, Wright JT Jr, Roccella EJ: The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC report. JAMA 289:2560-2572, 2003
4. 2003 European Society of Hypertension- European Society of Cardiology New Guidelines for treatment of Hypertension J Hypertens. 2003 Jun;21(6):1011-53