**PO41   HIGH BLOOD PRESSURE ON PREOPERATIVE HOSPITAL ADMISSION: 30 MONTHS FOLLOW-UP MORBIDITY**

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**Background:** The outcomes associated to patients scheduled for elective surgery with high blood pressure (HBP) on hospital admission (HA) still on debate. This study presents the prevalence of HBP on HA and 30 months postoperative outcomes.

**Materials and Methods:** After institutional approval, an observational longitudinal study was conducted in a tertiary hospital, in Portugal. Included adult inpatients undergoing elective, non-cardiac, non-obstretric surgery (october-december 2019). Data was colleted on hospital admission: sociodemographic characteristics, know HBP, antihypertensive medications, risk factors (smoking, alcohol, dyslipedimia, obesity, diabetes, obstructive sleep apnea syndrome), type of surgical intervention, systolic blood pressure, diastolic blood pressure, heart rate and body mass index. HBP was defined as a systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg. Outcomes data collected on intraoperative period, at the time of hospital discharge and 30 months after.

**Results and Discussion:** Included 402 patients with 30 months of postoperative outcomes, 57% male and the median age 60 years old. ASA physical status classification 1 observed in 104 patients (ASA 3\_61 e ASA 4\_6). HBP values were present in about 40% (148) patients on HA, 49% had a previous diagnose of HBP and despite ongoing HBP treatment, approximately half of these patients presented HBP values (48%, n=95) on HA. The overall mortality rate during the 30 months follow-up was 6% (25 patients), 10 patients with controlled HBP and 9 patients presenting HBP on HA. Postoperative morbidity was observed in 132 (33%) patients (48 presenting HBP on HA).

Age (OR = 1.02;95% CI 1-1.04), dyslipidemia (OR = 1.61; 95% CI 1.07-2.42), alcohol consumption (OR = 1.73;95% CI 1.15-2.59) and diabetes (OR = 1.73; 95% CI 1.02-2-94) were predictors to present preoperative HBP.

**Conclusions:** The prevalence of HBP on HA for elective surgery in our institution cannot be neglected neither the observed morbidity nor mortality. This study identified modifiable HBP predictors on HA such us the non-optimization of hypertension treatment. All patients who died during 1 year´s follow-up had HBP and presented intraoperative hypotension. The investigators highlight the importance of pre-habilitation programs improvement regarding patients with HBP and others with associated risk factors factors in order to minimized adverse outcomes.

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