Professor Tsioufis, President of the European Society of Hypertension

1. **Today is World Kidney Day. What is the connection between hypertension and chronic kidney disease?**
   It is well established that there is a bidirectional cause-effect relationship between hypertension and chronic kidney disease. Prevalence of hypertension among patients with chronic disease is almost 87%. CKD is also associated with problems in controlling hypertension. Furthermore, hypertension is considered a primary “driver” of the kidney function deterioration and the development of renal disease.

2. **How important is it to monitor kidney function in patients with hypertension?**
   All hypertension guidelines emphasise that monitoring kidney function is imperative right from the start, when hypertension is diagnosed. Glomerular filtration rate and proteinuria should therefore be measured regularly, meaning every 6 – 12 months, in these high-risk patients.
   Our joint aim is to slow CKD progression and to lower proteinuria by RAAS blockade (ACE inhibitors and angiotensin II receptor antagonists), thus lowering the patient’s risk.

3. **Interdisciplinarity is vital these days, especially in research. Are there any joint projects or collaborations between hypertension experts and nephrologists that can serve as a role model?**
   We know that hypertensive patients have a high cardiovascular risk and that chronic kidney disease is one of the major causes of cardiovascular disease, so obviously there are some common areas where we can collaborate. For example, fibromuscular dysplasia is now regarded as a systemic disease. It can affect the renal and carotid arteries, and its most common manifestation is hypertension. So nephrologists, cardiologists and rheumatologists have to work together to improve patient outcomes. A European Fibromuscular Dysplasia Initiative was launched a few years ago, which can serve as a role model for interdisciplinary work. Another promising field for collaboration between nephrologists, cardiologists and radiologists is renal denervation. It is important to pool our strength and resources.

4. **Do the European Society of Hypertension (ESH) and the ERA-EDTA work together? Are there any special programmes, joint initiatives?**
   ESH and ERA-EDTA are engaged in strong collaboration. We hold joint symposia at our congresses and have jointly published quite a few consensus papers, for example the recently published one on management of hypertension in dialysis patients. There is some very productive cooperation going on between our two medical societies.

5. **Given the considerable overlap between hypertensiology and nephrology, do you as President of the European Society of Hypertension plan to intensify your collaboration with nephrologists and the ERA-EDTA?**
   This is definitely one of my personal aims! Although I am a cardiologist, I have been supporting the interests of nephrology in the ESH right from the beginning, because I have always been very keen on nephrological topics. My first scientific work was on proteinuria, for example. So, yes, I think collaboration between the ESH and the ERA-EDTA should be further intensified!