

Tip 23 (August 2014)

Forget about renal denervation – at least for the time being

In my Tip 21 (October 2013) I referred to the new renal sympathetic denervation (for refractory hypertension) programme based at North Shore Hospital. Then in my “Comment” of February 2014 I referred to the fact that the programme had been put on hold, pending the publication of the *SymplcityHTN-3* study¹, because there had been an early head-ups to the profession that the results were not as expected.

Indeed, the published results¹ showed that there were trivial differences between the achieved blood pressures in the denervated and sham-operated (control) groups. Following further discussion locally the Waitemata DHB renal denervation programme was closed down.

Since the publication of *SymplcityHTN-3* there has been lively debate on denervation. The believers² say that the negative result was due widespread technique failure in the trial;- many of the cardiologist investigators had little or no experience of the procedure prior to the trial and many undertook only 1 or 2 procedures in the trial. The non-believers³, say that denervation probably does not work, and caution physicians and device-makers about the follies of adopting new treatments or technologies before good clinical trial evidence is available.

My advice, in the New Zealand context, is to forget about denervation for now. The majority of patients with apparently refractory hypertension can in fact be brought under control by conventional means with sufficient expertise and patience.

1. *N.Engl.J.Med.*2014;370:1393-1401

2. *JASH.*2014;8593-8

3. *J.Clin.Hypertens.*2014;11:472-3