**EFFECTS OF HYPERTENSION TREATMENT-TIME ON AMBULATORY BLOOD PRESSURE IN HYPERTENSIVE PATIENTS WITH CHRONIC KIDNEY DISEASE: THE HYGIA PROJECT**

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Objectives: We investigated the effects of hypertension treatment-time on the circadian blood pressure (BP) pattern and degree of BP control of patients with chronic kidney disease (CKD) enrolled in the Hygia Project, designed to evaluate prospectively cardiovascular risk by 48h ambulatory BP monitoring in primary care centers of Northwest Spain.

Methods: This cross-sectional report involved 2659 hypertensive patients with CKD (estimated glomerular filtration rate <60 ml/min/1.73 m2, albuminuria, or both, in at least two occasions >3 months apart), 1585 men/1074 women, 64.9+/-13.2 years of age. Among the participants, 1446 were ingesting all BP-lowering medications upon awakening, 359 patients were ingesting all BP-lowering medications at bedtime, and 854 were ingesting the full dose of some medications upon awakening and the others at bedtime.

Results: Nighttime BP control (asleep systolic/diastolic BP mean <120/70 mmHg) was highest among patients ingesting all medications at bedtime (49 vs. 38% in patients ingesting all of them upon awakening; P<0.001). The sleep-time relative BP decline was significantly attenuated and thus the prevalence of non-dipping significantly higher when all hypertensive medications were ingested upon awakening (68.3%) than when at least one of them was ingested at bedtime (54.2%; P<0.001), and even further attenuated (47.9%; P<0.001) when all medications were ingesting at bedtime.

Conclusions: Our findings demonstrate significantly lower asleep BP mean and attenuated prevalence of non-dipping in patients with CKD ingesting medications at bedtime. These findings indicate bedtime treatment, in conjunction with patient evaluation by ABPM to avoid treatment-induced nocturnal hypotension, should be the preferred scheme for CKD.