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Statement of the Swiss Hypertension Society about arterial hypertension and COVID-19 infection (19.3.2020)

Among patients with COVID-19 infection characterized by complications and worst prognosis, data from China and Italy showed a relatively high prevalence of arterial hypertension (around 25%). However, this observation does not necessarily implicate that hypertension or its treatment is a causal factor for an increased risk of infection by COVID-19 or for a more severe course of the disease. In the absence of age-adjusted and multivariate analyses including hypertension, the association of hypertension with severe COVID-19 infection may be due to the high prevalence of arterial hypertension in older patients, who have a higher risk of severe disease because of their age and/or of chronic comorbidities.

Current evidence or missing evidence is as follows:

- So far, there are no data indicating that patients with arterial hypertension are more prone to be infected by COVID-19.
- In univariate analysis, hypertension was associated with worse prognosis. However, there is no evidence so far that arterial hypertension *per se* does cause a more severe course of the COVID-19 disease.
- So far, there are no data on associations between antihypertensive drugs and prognosis (better or worse).

In accordance with statements of the International Society of Hypertension (<https://ish-world.com/news/a/A-statement-from-the-International-Society-of-Hypertension-on-COVID-19/>) and of the European Society of Hypertension (<https://www.eshonline.org/spotlights/esh-statement-on-covid-19/>) we conclude that patients with hypertension should apply the same precautions as subjects of the same age category and with the same profile of other chronic comorbidities. We also recommend continuing pharmacological antihypertensive therapy without changes or interruptions, unless side effects or the clinical situation requires it.

A note of caution!

This statement reflects current evidence at time of release and may need updating according to novel evidence.

Berne, 19 March 2020