Management of Hypertension

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Abstract

Hypertension remains one of the most significant causes of mortality worldwide. It is preventable by medication and lifestyle modification. Office blood pressure (BP), out of office BP measurement with ambulatory BP monitoring, and self BP measurement at home are reliable and important data for assessing hypertension. Primary hypertension can be defined as an elevated BP of unknown cause due to cardiovascular risk factors resulting from changes in environmental and lifestyle factors.

Keywords: Blood Pressure; Stress, Cholestrol.

INTRODUCTION

Lifestyle changes should be the initial approach to hypertension management and include dietary interventions (reducing salt, increasing potassium, alcohol avoidance, and multifactorial diet control), weight reduction, tobacco cessation, physical exercise, and stress management.

CAUSES

The cause of hypertension is often not known. In many cases, it is the result of an underlying condition.

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High blood pressure that is not due to another condition or disease is known as primary or essential hypertension. If an underlying condition is a cause of increased blood pressure, doctors call this secondary hypertension.

- Having obesity
- Insulin resistance
- High salt intake
- Excessive alcohol intake
- Having a sedentary lifestyle
- Smoking

Secondary hypertension has specific causes and is a complication of another health problem.

DIAGNOSIS

Our doctor will ask questions about your medical history and do a physical examination. The doctor, nurse or other medical assistant will place an inflatable arm cuff around your arm and measure your blood pressure using a pressure measuring gauge.

Your blood pressure generally should be measured

in both arms to determine if there is a difference. It's important to use an appropriate-sized arm cuff.

BLOOD PRESSURE MEASUREMENTS FALL INTO SEVERAL CATEGORIES

Normal blood pressure: Your blood pressure is normal if it's below 120/80 mm Hg.

Elevated blood pressure: Elevated blood pressure is a systolic pressure ranging from 120 to 129 mm Hg and a diastolic pressure below (not above) 80 mm Hg. Elevated blood pressure tends to get worse over time unless steps are taken to control blood pressure. Elevated blood pressure may also be called prehypertension.

Stage 1 hypertension: Stage 1 hypertension is a systolic pressure ranging from 130 to 139 mm Hg or a diastolic pressure ranging from 80 to 89 mm Hg.

Stage 2 hypertension: More-severe hypertension, stage 2 hypertension is a systolic pressure of 140 mm Hg or higher or a diastolic pressure of 90 mm Hg or higher.

Hypertensive crisis: A blood pressure measurement higher than 180/120 mm Hg is an emergency situation that requires urgent medical care. If you get this result when you take your blood pressure at home, wait five minutes and retest. If your blood pressure is still this high, contact your doctor immediately. If you also have chest pain, vision problems, numbness or weakness, breathing difficulty, or any other signs and symptoms of a stroke or heart attack, call 911 or your local emergency medical number.

Both numbers in a blood pressure reading are important. But after age 50, the systolic reading is even more important. Isolated systolic hypertension is a condition in which the diastolic pressure is normal (less than 80 mm Hg) but systolic pressure is high (greater than or equal to 130 mm Hg). This is a common type of high blood pressure among people older than 65.

Because blood pressure normally varies during the day and may increase during a doctor visit (white coat hypertension), your doctor will likely take several blood pressure readings at three or more separate appointments before diagnosing you with high blood pressure.

Hypertension: Mediated Organ Damage (HMOD)

Hypertension: Mediated organ damage (HMOD) is defined as the structural or functional alteration of the arterial vasculature and/or the organs it supplies that is caused by elevated BP. End organs include the brain, the heart, the kidneys, central and peripheral arteries, and the eyes.

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