## **Treatment of Hypertension**

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## **Key Points**

- Hypertension is raised or high blood pressure
- Risk factors for hypertension
- Treatment of hypertension
- > Side effects of antihypertensives

Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Common factors that can lead to high blood pressure include: A diet high in salt, fat, and cholesterol. Chronic conditions such as kidney and hormone problems, diabetes, and high blood pressure. Some common symptoms include: headaches, nosebleeds, fatigue, confusion, chest pain, irregular heartbeat, difficulty in breathing and high cholesterol levels. Family history, especially if your parents or other close relatives have high blood pressure.1

An updated, evidence-based guidelines for the diagnosis, assessment, prevention, and treatment of hypertension in adults and children is provided by hypertension china every year. The adult and pediatric guidelines are combined in one document this year. The new 2018 pregnancy-specific hypertension guidelines were published separately. They published 5 new guidelines for 2018, and revised 1 existing guideline on the blood pressure thresholds and targets in the setting of thrombolysis for acute ischemic stroke. The use of validated wrist devices for the estimation of blood pressure in individuals with large arm circumference was included. Guidance is provided for the follow-up measurements of blood pressure, with the use of standardized methods and electronic (oscillometric) upper arm devices in individuals with hypertension, and either ambulatory blood pressure monitoring or home blood pressure monitoring in individuals with white coat effect. It specifies that all individuals with hypertension should have an assessment of global

cardiovascular risk to promote health behaviours that lower blood pressure. An angiotensin receptorneprilysin inhibitor combination should be used in place of either an angiotensin-converting enzyme inhibitor or angiotensin receptor blocker in individuals with heart failure (with ejection fraction < 40%) who are symptomatic despite appropriate doses of guideline-directed heart failure therapies. The specific evidence and rationale underlying each of these guidelines were discussed finally. Renal denervation is used alternatively to antihypertensive drug therapy. However, data on patient preference for this treatment option are limited and provides no data specifically from Asian patients.<sup>2,3</sup> This study evaluated patient preference for renal denervation in patients with hypertension from Japan. It includes those patients who participated in a March 2020 online electronic survey of patients with hypertension who had regularly visited medical institutions treatment. for were antihypertensive drug therapy and had home blood pressure recordings available. A question about patient preference for treatment with renal denervation was included in this survey. A total of 2,392 patients were included (66% male, mean age  $59.8 \pm 11.6$  years, mean duration of hypertension  $11.4 \pm 9.5$  years). Out of these, 755 patients expressed their preference for renal denervation (31.6%), and the ratio was higher in males than in females, in younger compared with older patients, in those with higher versus lower blood pressure, in patients who were less adherent versus more adherent to antihypertensive drug therapy, and in those who did rather than did not have

antihypertensive drug-related side effects. Significant predictors of preference for renal denervation on logistic regression analysis were younger patient age, male sex, higher home or office systolic blood pressure, poor antihypertensive drug adherence, the presence of heart failure, and the presence of side effects during treatment with antihypertensive drugs. Overall, a relevant proportion of Japanese patients with hypertension expressed a preference for renal denervation. This should be taken into account when making shared decisions about antihypertensive drug therapy. <sup>4</sup>

## References:

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