

Management of Hypertension

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Opinion

Hypertension is treated with a combination of lifestyle changes and antihypertensive medicines. The goal of hypertension treatment is to lower blood pressure to between 140/90 and 160/100 mmHg. According to a 2003 review, lowering blood pressure by 5 mmHg reduces the risk of stroke by 34% and ischemic heart disease by 21%, as well as the likelihood of dementia, heart failure, and cardiovascular disease mortality. Blood pressure should be kept between 140/90 mmHg and 160/100 mmHg for the majority of people. In general, attempting to drop blood pressure below the prescribed 140/90 mmHg can cause more harm than good for persons with high blood pressure, especially for the elderly. Some people with diabetes or kidney illness are advised to keep their blood pressure below 120/80 mmHg; however, data does not support this.

Medication benefits are proportional to a person's risk of developing heart disease. The evidence supporting drugs in people with mild hypertension (blood pressure between 140 and 160 mmHg) and no other health concerns is mixed, with some studies finding no effect and others finding benefit. According to a 2012 Cochrane analysis, drugs for mild hypertension did not reduce the risk of mortality, stroke, or cardiovascular disease, although they did induce side effects in one out of every twelve persons. A second study of higher-risk persons (mainly diabetics with problematic blood pressure control) found that the medicine averted stroke in 1 in 223 people and mortality in 1 in 110 people who took it. The first line of treatment for hypertension is dietary adjustments, physical activity, and weight loss, which are all part of the suggested preventive lifestyle changes. All of these have been demonstrated to dramatically lower blood pressure in hypertensive patients. Their potential efficacy is comparable to, and in some cases exceeds, that of a single medicine. If hypertension is severe enough to require treatment right away, lifestyle adjustments should be made in addition to medication [1, 2].

Changes in diet, such as a low-sodium diet or a vegetarian diet, are beneficial. In patients with hypertension and people with normal blood pressure, a long-term (greater than 4-week) low-sodium diet is beneficial in lowering blood pressure. The DASH diet, which includes nuts, whole grains, fish, poultry, fruits, and vegetables, also helps to decrease blood pressure. The approach emphasises minimising sodium intake while also providing plenty of potassium, magnesium, calcium, and protein. Switching to a vegetarian diet has been linked to lower blood pressure; therefore it may be beneficial for lowering high blood pressure. A 2012 review found that a high-potassium diet lowers blood pressure in people with high blood pressure and may improve outcomes in people with normal kidney function, whereas a 2006 review found inconsistent evidence; additionally, the review found no significant reduction

in blood pressure overall for people with high blood pressure who were given oral potassium supplementation. The Cochrane Hypertension group conducted meta-analyses and found no evidence of a significant reduction in blood pressure from any combination of calcium, magnesium, or potassium supplements; this information contradicts previous systematic reviews that suggested that dietary intake adjustments for each of these nutrients may benefit adults with high blood pressure. While weight loss regimens reduce body weight and blood pressure, it is unknown whether they also lessen unfavourable consequences [3-5].

Some psychological stress-reduction methods, such as biofeedback or transcendental meditation, may be useful additions to other hypertension treatments. However, other treatments, such as yoga, relaxation, and other forms of meditation, do not appear to lower blood pressure, and many studies of stress reduction strategies have significant methodological flaws. There is no conclusive evidence that using stress reduction techniques to lower blood pressure leads to a lower risk of cardiovascular disease. Resistant hypertension is defined as hypertension that persists over the target blood pressure despite the use of three antihypertensive drugs from different pharmacological classes at the same time. In the United Kingdom and the United States, treatment guidelines for resistant hypertension have been issued. It has been suggested that a portion of resistant hypertension is caused by prolonged high autonomic nervous system activity, often known as "neurogenic hypertension." Resistant hypertension is often caused by poor adherence to medication. Many patients' poor health literacy, expensive antihypertensive drugs, and inability to effectively follow complex regimens contribute to low adherence to blood pressure treatment.

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