



HYPERTENSION

Patients perception/compliance

Current concepts

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CONSIDERATIONS

- Hypertension and BP
- Symptoms relating to hypertension
- Causes of non-adherence to long term medication
- Lifestyle modification and reduction in blood pressure
- Updated guidelines (NICE-BHS)

What is BP & why we worry

?

BP and Resistance

- BP = cardiac output x Systemic Vascular Resistance
- SVR** is the pressure exerted by the systemic circulation = Afterload
- Changes in SVR are caused by:
vasoconstriction or vasodilation
(in response to stimulation of baroreceptors in aortic & carotid arteries)

So...

- Changes in BP are caused by changes in circulatory volume or in SVR
- When CO drops, baroreceptors in aortic & Carotid arteries stimulate vasoconstriction & increase BP by increasing SVR



So...

• When is a patient HYPERTENSIVE ?



Symptoms relating to hypertension

- ☞ Chest pain
- ☞ Breathlessness
- ☞ Claudication
- ☞ Transient visual loss
- ☞ Wheeze
- ☞ Polyuria
- ☞ nocturia
- ☞ Palpitations
- ☞ Transient ischaemic attacks
- ☞ Gout
- ☞ Headaches?
- ☞ Epistaxis?

The asymptomatic patient

How patients find out they are hypertensives:

- ▣ Incidental finding at a routine medical examination
- ▣ Attendance to the doctor for other condition

Patients reactions and perceived risks

- **Is it serious?**
- **Will I have a heart attack? Stroke?**
- **Will I be able to travel?, drive?,do I have to pay more insurance?**
- **Will I pass it to my children?**
- **Will I have to take 'tablets' for ever?**



The younger patients- implications

- Life-long drug therapy: if inappropriately prescribed may be penalise for insurance or employment
- Anxiety, uncertainty about future
- Young females, contraindications with oral contraceptives pill
- Side- effects from medications affecting sports, sexual activity etc.

Non-adherence to medications

- ✎ Lack of knowledge about disease
- ✎ Lack of knowledge about implications
- ✎ Inconvenience
- ✎ Fear
- ✎ Unable to keep follow-up appointments
- ✎ Not enough support from health professionals
- ✎ “natural” way
- ✎ Failure to compliance
- ✎ Denial
- ✎ It is only high when checked by Doctor

What to tell patients?

- Raised Bp is associated with higher risk of stroke and heart disease
- Risk may not be apparent until person is older
- Increase risk is already heart disease
- Rx is generally life long

Correctable lifestyle factors in the reduction of B/P



Regular physical exercise

- Improves fitness level*
- Reduces coronary events*
- 30 mins brisk walking for most days of week*

Alcohol intake and hypertension

- *80 g alcohol/day (4 pints of beer) causes extreme hypertension*
- *B/P falls soon after drinking stops and remains low*



Moderation of alcohol

aim for less than 21 u for men &
less than 14 for women

2-4 mm Hg BP

(potential lowering from various trials)

Weight loss & BP lowering



aim for BMI 25

10Kg wt loss=5-10
mmHg

Salt restriction

Aim for less than 100mmol/2.4 gm sodium per/day

2-8 mm Hg SBP

(potential lowering from various trials)

If cardiovascular disease...

- Do not smoke
- Replace saturated fats by monounsaturated fats
- Increase fresh fruit and vegetables to at least 5 portions a day
- Regular intake of fish & other sources of omega 3 fatty acids (at least 2 serving of fish/day)

Updated recommendations

- NOT to recommend Beta-Blockers for first line therapy as:
 - “ They perform less well than other drugs, especially in the elderly, and the increasing evidence that most frequently used BB at usual doses carries an unacceptable risk of provoking type 2 diabetes”

New guideline include:

Hypertensive age 55 or over or black african or caribbean descend of any age:

initial dose

**Calcium channel blocker or
Thiazide-type diuretic**

Hypertensive younger than 55 initial choice should be:

- **ACE Inhibitor or ARB if Ace not tolerated**
- **If initial dose was Ca CB or Thiazide, and a second is required add ACE or ARB**
- **If initial was ACE add Ca CB or thiazide**

If treatment with 3 drugs is required
then combination with:

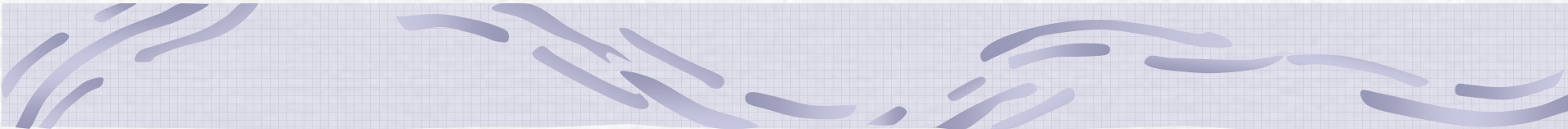
**ACE (or ARB) Ca CB and Thiazide
should be used.**



About the British Hypertension Society

www.bhsoc.org





**Remember Lifestyle
interventions remain crucial to
a proper holistic approach to
controlling blood pressure**

