Overview of Hypertension and its Treatment.

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Description

Hypertension is a serious health problem, especially among medically underserved people who may have inadequate health literacy, low income, and restricted access to treatment. Adverse outcomes such as cardiovascular or cerebrovascular events, vision impairment owing to retinal damage, and renal failure are reduced when the condition is managed properly. Lifestyle changes such as diet and exercise, in addition to medication therapy, are useful in treating hypertension. The DASH diet, a low-fat, low-sodium diet that emphasizes a high intake of fruits and vegetables, is now recommended. While the diet is successful in reducing hypertension, adherence is weak, and there are few suitable dietary alternatives, which can be a problem in at-risk communities due to a lack of health literacy. The goal of this review is to highlight the positive and negative effects of certain dietary components when developing a dietary strategy to hypertension management that ultimately aims to increase patient adherence to therapy and achieve improved hypertension control. According to the Centers for Disease Control and Prevention, hypertension affects over 30% of individuals in the United States. It plays a key role in the development of a variety of disorders, including obesity, cardiovascular disease, and stroke. Hypertension is caused by poor lifestyle choices such as drinking, drug addiction, smoking, high stress, or obesity, as well as certain non-modifiable characteristics such as age, gender, hereditary and genetic constitution, and racial or ethnic differences.

Treatment of Hypertension

The goal of hypertension treatment is to keep blood pressure within a target range while minimizing drug-related negative effects. The JNC 7 guidelines for hypertension treatment were updated in 2014, and the JNC 8 guidelines were laid forth in 2004. Blood pressure regulation was defined by the JNC 7 as 140/90 mmHg, or 130/80 mmHg in those with renal illness or diabetes, however the JNC 8 proposed revised guidelines of 150/90 mmHg in patients 60 years of age or older without kidney disease or diabetes. The recent SPRINT trial, on the other hand, took a more aggressive approach to blood pressure control, defining standard control as SBP less than 140 mmHg, intensive control as SBP less than 120 mmHg, and the primary composite outcome as a cardiovascular or cerebrovascular event, heart failure, or death. For primary composite outcomes, his study found a hazard ratio of 0.75 with a 95 percent confidence interval (CI) of 0.64 to 0.89 (p 0.001), and an all-cause mortality hazard ratio of 0.73 (95 percent CI: 0.6 to 0.9, p=0.003) for intensive therapy. Intensive therapy, on the other hand, has been linked to an increased incidence of negative side effects like hypotension, syncope, and electrolyte abnormalities. A wide range of pharmacological therapies are used to manage blood pressure. Treatment with antihypertensive medications can lower the risk of stroke by more than 40% and heart failure by about 50%. Among the lifestyle and diet modifications that are recommended, one that is recommended to all persons with hypertension, regardless of pharmacological intervention, is the DASH (Dietary Approaches to Stop Hypertension) diet, a diet that advocates the consumption of fiber and potassium via fruits and vegetables, reduction in total and saturated fat via a reduction in meat and animal products, and intake of adequate protein via lean meat and low-fat dairy products instead of high fat or processed meat. The DASH diet is a safe and effective method for managing hypertension, and patient education from physicians and other health professionals can help patients stick to the diet.

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