

Understanding hypertension: causes, symptoms, and management.

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Hypertension, also known as high blood pressure, is a condition that affects millions of people around the world. It is often referred to as the "silent killer" because it can cause damage to the body without any noticeable symptoms. Hypertension is a serious medical condition that requires proper management to prevent serious health complications. Hypertension occurs when the force of blood pushing against the walls of the arteries is consistently too high. The blood pressure is measured using two numbers: systolic pressure (the top number) and diastolic pressure (the bottom number). A normal blood pressure reading is usually around 120/80 mmHg. However, if the reading consistently shows a number above 130/80 mmHg, it is considered hypertension. There are two main types of hypertension: primary hypertension and secondary hypertension. Primary hypertension is the most common type of hypertension and has no identifiable cause. Secondary hypertension, on the other hand, is caused by an underlying medical condition such as kidney disease, hormonal disorders, or sleep apnea. There are several factors that can increase a person's risk of developing hypertension [1].

In most cases, hypertension has no noticeable symptoms. However, some people may experience headaches, nosebleeds, or shortness of breath. These symptoms may occur when the blood pressure is extremely high and may be a sign of a hypertensive crisis, which requires immediate medical attention. Hypertension can lead to several complications if left untreated. It can damage the blood vessels and increase the risk of heart disease, stroke, and kidney disease. It can also cause vision problems, sexual dysfunction, and cognitive impairment. The management of hypertension involves a combination of lifestyle changes and medication. Lifestyle changes may include: Maintaining a healthy weight: Losing weight if overweight or obese can lower blood pressure. Eating a healthy diet: A diet rich in fruits, vegetables, and whole grains can help lower blood pressure. Regular exercise: Regular physical activity can help lower blood pressure. Quitting smoking: Quitting smoking can lower blood pressure and reduce the risk of heart disease. Limiting alcohol consumption: Limiting alcohol consumption can help lower blood pressure. In some cases, medication may be prescribed to manage hypertension [2].

These medications include diuretics, ACE inhibitors, beta-blockers, and calcium channel blockers. Hypertension is a serious medical condition that requires proper management to prevent serious health complications. While it may have no

noticeable symptoms, it can cause damage to the body over time. Lifestyle changes such as maintaining a healthy weight, eating a healthy diet, regular exercise, quitting smoking, and limiting alcohol consumption can help manage hypertension. In some cases, medication may be required to manage hypertension. If you have any concerns about your blood pressure, you should speak to your doctor. Diastolic pressure is one of the two measurements that make up a person's blood pressure reading. It represents the pressure in the arteries when the heart is at rest between beats. Diastolic pressure is measured using a blood pressure cuff and is expressed as the bottom number in the reading, such as 120/80 mmHg [3].

When the heart beats, it contracts and pushes blood through the arteries, creating a surge of pressure known as systolic pressure. As the heart relaxes between beats, the pressure in the arteries drops, creating diastolic pressure. The diastolic pressure measurement reflects the resistance to blood flow in the arteries when the heart is relaxed. A normal diastolic pressure reading is usually around 80 mmHg or lower. However, if diastolic pressure consistently reads higher than 80 mmHg, it can be an indication of hypertension, or high blood pressure. Hypertension is a serious health condition that can lead to various complications, such as heart disease, stroke, and kidney disease. There are several factors that can cause high diastolic pressure. Some of these include obesity, lack of physical activity, smoking, stress, and genetics. Additionally, certain medical conditions such as kidney disease and thyroid problems can also lead to high diastolic pressure [4].

Managing high diastolic pressure involves lifestyle changes such as maintaining a healthy weight, regular exercise, quitting smoking, and reducing stress. A low-salt diet and reducing alcohol intake can also help lower blood pressure levels. If lifestyle changes alone are not enough to manage high diastolic pressure, medication may be prescribed by a healthcare professional. Common medications for hypertension include diuretics, ACE inhibitors, calcium channel blockers, and beta-blockers. These include: Age: The risk of hypertension increases with age. Family history: If a person's family members have hypertension, they are at a higher risk of developing it. Obesity: Being overweight or obese increases the risk of hypertension. Sedentary lifestyle: Lack of physical activity is a risk factor for hypertension. Smoking: Smoking damages the blood vessels and increases the risk of hypertension. Alcohol consumption: Heavy alcohol consumption can lead to hypertension [5].

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References

1. Righini M, Van Es J, Den Exter PL, et al. Age-adjusted D-dimer cutoff levels to rule out pulmonary embolism: the ADJUST-PE study. *Jama*. 2014;311(11):1117-24.
2. Heit JA, O'Fallon WM, Petterson TM, et al. Relative impact of risk factors for deep vein thrombosis and pulmonary embolism: a population-based study. *Arch Intern Med*. 2002;162(11):1245-8.
3. Anderson Jr FA, Spencer FA. Risk factors for venous thromboembolism. *Circulation*. 2003;107(23_suppl_1):I-9.
4. Oger E, EPI-GETBO study group. Incidence of venous thromboembolism: a community-based study in Western France. *Thromb Haemost*. 2000;83(05):657-60.
5. Cushman M, Tsai AW, White RH, et al. Deep vein thrombosis and pulmonary embolism in two cohorts: the longitudinal investigation of thromboembolism etiology. *Am J Med*. 2004;117(1):19-25.