Hypertension: Understanding the silent killer and emerging treatment strategies.

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Introduction

hypertension, commonly known as high blood pressure, is a chronic medical condition where the force of the blood against the walls of the arteries remains elevated over time. It is often termed the "silent killer" because many people with hypertension are asymptomatic, yet it significantly increases the risk of serious health problems, including heart disease, stroke, kidney failure, and even death. Blood pressure is the force exerted by circulating blood on the walls of blood vessels, and it is determined by two factors: cardiac output (the amount of blood the heart pumps) and the resistance to blood flow in the arteries. When this pressure remains high, it puts extra strain on the heart and blood vessels, which can lead to severe complications. Hypertension is generally classified into two types. This is the most common type of hypertension, with no identifiable cause. It tends to develop gradually over many years.: This type is caused by an underlying condition such as kidney disease, hormonal disorders, or the use of certain medications like oral contraceptives. [1,2].

Several factors contribute to the development of hypertension. The risk of hypertension increases as people age. A family history of hypertension can make individuals more susceptible to developing the condition. A diet high in salt, fat, and processed foods can lead to hypertension. Sedentary lifestyles are closely linked to increased blood pressure. Excess body weight is a major risk factor. Both smoking and excessive alcohol intake can contribute to elevated blood pressure. Chronic stress can also contribute to hypertension, although the mechanisms are not entirely clear. Hypertension is often referred to as a "silent" condition because most people do not exhibit any symptoms until the blood pressure levels are dangerously high. However, some may experience headaches, shortness of breath, dizziness, or blurred vision. Regular screening is crucial, as early diagnosis can prevent complications. Hypertension is diagnosed by measuring blood pressure using a sphygmomanometer. Blood pressure readings consist of two numbers. The top number, which represents the pressure when the heart beats. The bottom number, which indicates the pressure when the heart rests between beats. [3,4].

Uncontrolled hypertension can lead to a range of lifethreatening complications. Chronic high blood pressure causes damage to the heart and arteries, leading to heart attacks, heart

failure, and aneurysms . High blood pressure is a leading cause of strokes due to the damage it inflicts on blood vessels in the brain. Hypertension can damage the arteries around the kidneys, impairing their ability to filter waste from the blood. Hypertension can cause vision loss due to damage to blood vessels in the eyes hypertensive retinopathy. Hypertension can be effectively managed with lifestyle changes and medication. Key strategies include. The DASH diet (Dietary Approaches to Stop Hypertension) is often recommended. It emphasizes fruits, vegetables, whole grains, and lean proteins while reducing salt intake. Engaging in moderate physical activity for at least 30 minutes most days of the week can significantly lower blood pressure. Losing even a small amount of weight can have a large impact on reducing blood pressure in people who are overweight or obese. Several types of antihypertensive drugs, including diuretics, beta-blockers, ACE inhibitors, and calcium channel blockers, are used to manage blood pressure. [5,6].

Preventing hypertension involves maintaining a healthy lifestyle. Key preventive measures include eating a balanced diet low in sodium, staying physically active, avoiding excessive alcohol consumption, and managing stress levels. Routine blood pressure monitoring, especially for those with risk factors, is crucial for early detection and management. Hypertension is a global health crisis. The World Health Organization (WHO) estimates that over 1.13 billion people worldwide have hypertension, with two-thirds of them living in low- and middle-income countries. As urbanization and sedentary lifestyles become more widespread, the prevalence of hypertension continues to rise. Public health initiatives aimed at increasing awareness, improving access to healthcare, and promoting healthy lifestyles are essential in reducing the global burden of hypertension. Addressing this condition is not only important for individual health but also for reducing healthcare costs associated with its complications. [7,8].

hypertension research are focusing on more personalized approaches to treatment. With the rise of precision medicine, genetic testing is being explored to better understand individual responses to antihypertensive medications. This could lead to tailored therapies that are more effective and have fewer side effects. Additionally, there is increasing interest in the role of the gut microbiome in regulating blood pressure, suggesting that future treatments could involve modifying gut bacteria to help manage hypertension. Innovations in wearable technology, such as continuous blood pressure monitors,

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are also making it easier for individuals to track their blood pressure in real-time, empowering patients to take a more active role in their health management. These emerging trends hold promise for more effective, individualized hypertension care in the future. [9,10].

Conclusion

Hypertension is a major, yet preventable, risk factor for many life-threatening diseases. By adopting healthy lifestyle changes, managing stress, and getting regular check-ups, individuals can reduce their risk of hypertension and its associated complications. Governments and healthcare organizations must work together to raise awareness, enhance healthcare access, and provide guidance on managing and preventing this silent killer.

References

- 1. Hirsh J, O'Donnell M, Eikelboom JW. Beyond unfractionated heparin and warfarin current and future advances. Circulation. 2007;116:552-60.
- 2. Wheeler AP, Rice TW. Coagulopathy in critically ill patients: Part 2 soluble clotting factors and hemostatic testing. Chest. 2010;137:185-94.
- 3. Farrah TE, Basu N, Dweck M, et al. Advances in therapies and imaging for systemic vasculitis. Arterioscler Thromb Vasc Biol. 2019;39(8):1520-41.

- 4. Miloslavsky E, Unizony S. The heart in vasculitis. Rheum Dis Clin. 2014;40(1):11-26.
- 5. Waller BF, Fry ET, Hermiller JB, et al. Nonatherosclerotic causes of coronary artery narrowing-Part I. Clin Cardiol. 1996;19(6):509-12.
- 6. Van der Wal AC. Coronary artery pathology. Heart. 2007;93(11):1484-489.
- 7. Markis JE, Joffe CD, Cohn PF, et al. Clinical significance of coronary arterial ectasia. Am J Cardiol. 1976;37(2):217–22.
- Aoki J, Serruys PW, van Beusekom H, et al. Endothelial Progenitor Cell Capture by Stents Coated With Antibody Against CD34: The HEALING-FIM (Healthy Endothelial Accelerated Lining Inhibits Neointimal Growth-First In Man) Registry. J Am Coll Cardiol. 2005;45:1574-1579.
- 9. Colombo A, Drzewiecki J, Banning A, et al. Randomized study to assess the effectiveness of slow- and moderate-release polymer-based paclitaxel-eluting stents for coronary artery lesions. Circulation. 2003;108:788-794.
- 10. Colombo A, Moses JW, Morice MC, et al. Randomized study to evaluate sirolimus-eluting stents implanted at coronary bifurcation lesions. Circulation. 2004;109:1244-1249.