

Free hypertension essay example

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It is well known that hypertension is a condition that can be controlled with various forms of lifestyle modification and medicines, however there are several other major factors that hinders or affect how such high blood pressure can be effectively controlled. Mrs Kingston's health history (abnormal cholesterol level and diabetes), BMI (obesity), and lifestyle (tobacco smoking, diet) place her at a high risk of complications if her blood pressure is not properly controlled. Those potential complications that could ensue from the hypertension can be related to affectations of organs such as the kidneys, eyes, and heart. The commonest of the complications associated with hypertension is the heart attack and stroke (75 percent of stroke and heart attack cases are due to hypertension).

She is likely to develop either coronary artery disease or heart failure as the cardiovascular complications, stroke or end stage kidney disease. The main reasons for the likelihood of developing these sets of complication can be linked to the listed medical history of being a diabetic patient, her lifestyle which is associated with high fat diet and tobacco consumption and genetic factor. The genetic factor is indicated simply because this same condition killed both parents. Lifestyle factors were indicated because of factors that contribute to heart failure are majorly found as lifestyle conditions.

Those highlighted factors also contribute to the development of thrombosis, thrombo-embolism or intracranial hemorrhage, which is some of the major factors resulting from hypertension and causing strokes (Foex & Sear, 2004). Since this case is not a case of pre-hypertension, lifestyle of which are non-pharmacological modes of management are like a minor mode of management while the use of medicine is the major first line of therapy.

In managing Mrs. Kingston's hypertensive condition, the physician and the patient will have to set blood pressure goals that will target certain reduction rate considering the patient risk factor simply because of the complications that are likely to be related to the patient's condition. The pharmacological approach will focus by considering the actual first line of drugs which are known to be important in the management of hypertension. The drug is the thiazide diuretics the first line of medication I will prefer to give the patient. The rationale for preferring this category of drug is simply because of the actions of the drugs and less side effects associated with the medications. Diuretics help to get rid of the body's excess water salt. Since salt plays an important role in increasing blood pressure, diuretics will simply help to reduce those effects. Research has also shown that the thiazide diuretics when compared with the beta-blockers are also listed as a major anti-hypertensive drugs that helps to lower the mortality and morbidity noted to be associated with the above listed complications Mrs. Kingston is at risk of developing such as the stroke, heart attack or heart failure (Quynh, 2010). Since it has been proven that thiazide diuretics is the best first line of pharmacological treatment that can help this patient, I will prefer to institute that has the drug the patient will use. Another important rationale to be considered for the administration of the diuretics is simply because patients tend to tolerate it more when compared to other anti-hypertensive drugs. The diuretic is also less expensive. Diuretic is also effective in the primary prevention against various cardiovascular events Mrs. Kingston is prone simply because of the severity of her hypertension (Quynh, 2010). Taking the non-pharmacological approach that will be focused on into

consideration, it is important to consider the major medical history of Mrs. Kingston in order to plan those approaches so as to set achievable goals. Lifestyle changes are an essential non-pharmacological consideration that will be instituted. This is terms of the patient smoking habits, and diets. For instance, this woman smokes about 15 sticks of cigarettes per day, hence putting her at a greater risk of complications associated with the condition. The patient will have to reduce the amount of smoking she engages in per day. Stopping might not be possible suddenly, but reducing the amount of sticks per day till getting to " Smoking Cessation" point. This will be the best mode of reaching achievable goals. She will also need to lower her sodium intake, especially from reducing the amount of unnecessary salt intake. Her BMI has shown her to be overweight while the cholesterol level was also found to be high. As a result of the provided information, she will need to engage in activities that will help reduce the body fat hence treating the obesity.

Those steps can be achieved by building a diet sheet with or without dietetic appointment for her. Reduce snacks, consume more of whole grain and food rich in fibers are very important. She will need to select foods that are low in fat and reduce any form of caffeine consumption, especially coffee and those in soft drinks. She will need to engage in more physical activities and exercises such as having to work around, using stairs instead of the lift and minimizing any form of sedentary lifestyle. These highlighted management protocols are the best first line of pharmacological and non pharmacological approach I will prefer for Mrs Kingston's condition.

References

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