HYPERTENSION

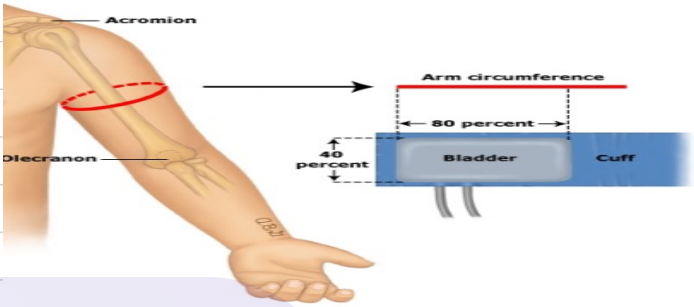
DEFINITION:

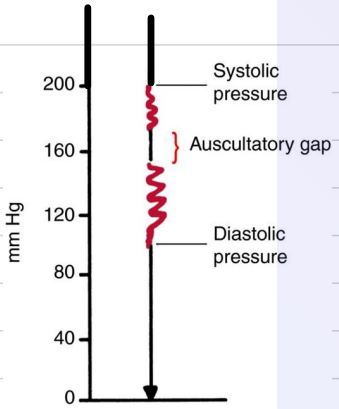
- Bladder Size

  - width - ……% of arm circumference

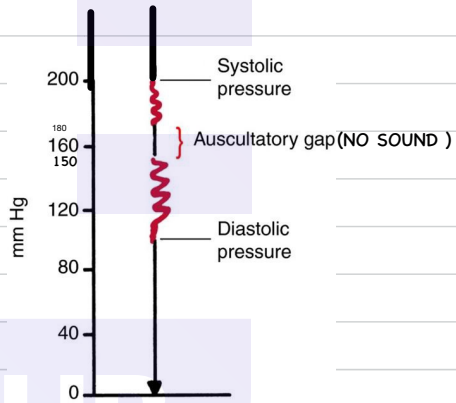
  —length - ……% of arm circumference

If cuff size is smaller than required -





BP-



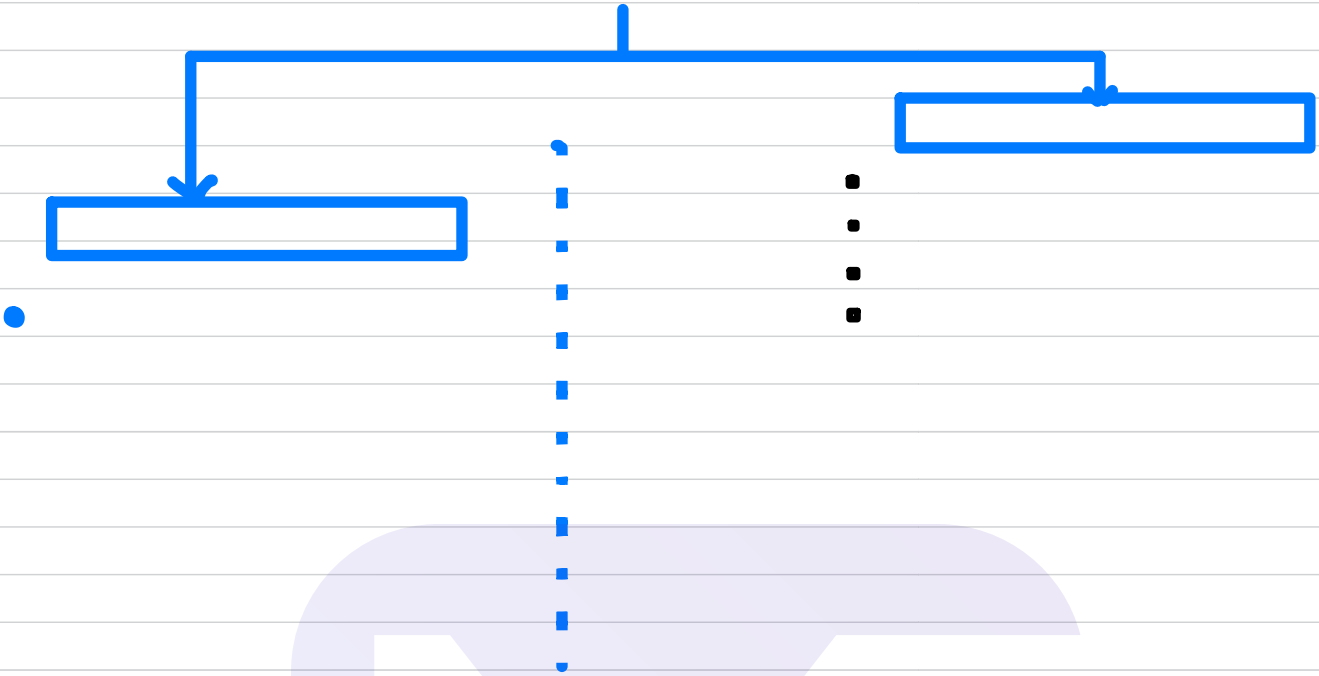
BP-

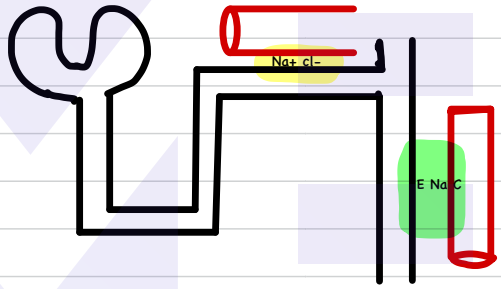
So, ausculatatory gap can lead to →

TABLE 277-1 Blood Pressure Classification in Adults			
BLOOD PRESSURE CATEGORY	SYSTOLIC (mmHg)		DIASTOLIC (mmHg)
[redacted]	<120	and	<80
[redacted]	120–129	and	<80
Hypertension			
[redacted]	130–139	or	80–89
[redacted]	≥140	or	>90

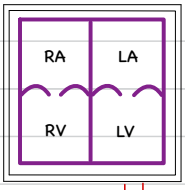
- If only increase in systolic or diastolic BP- ……. HTN.
- Cause of

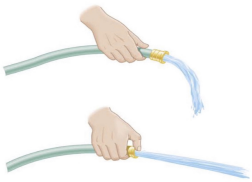
CAUSES OF HYPERTENSION

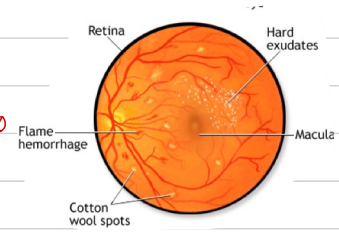




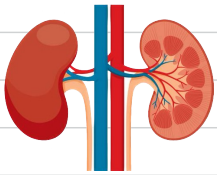
TARGET ORGAN DAMAGE

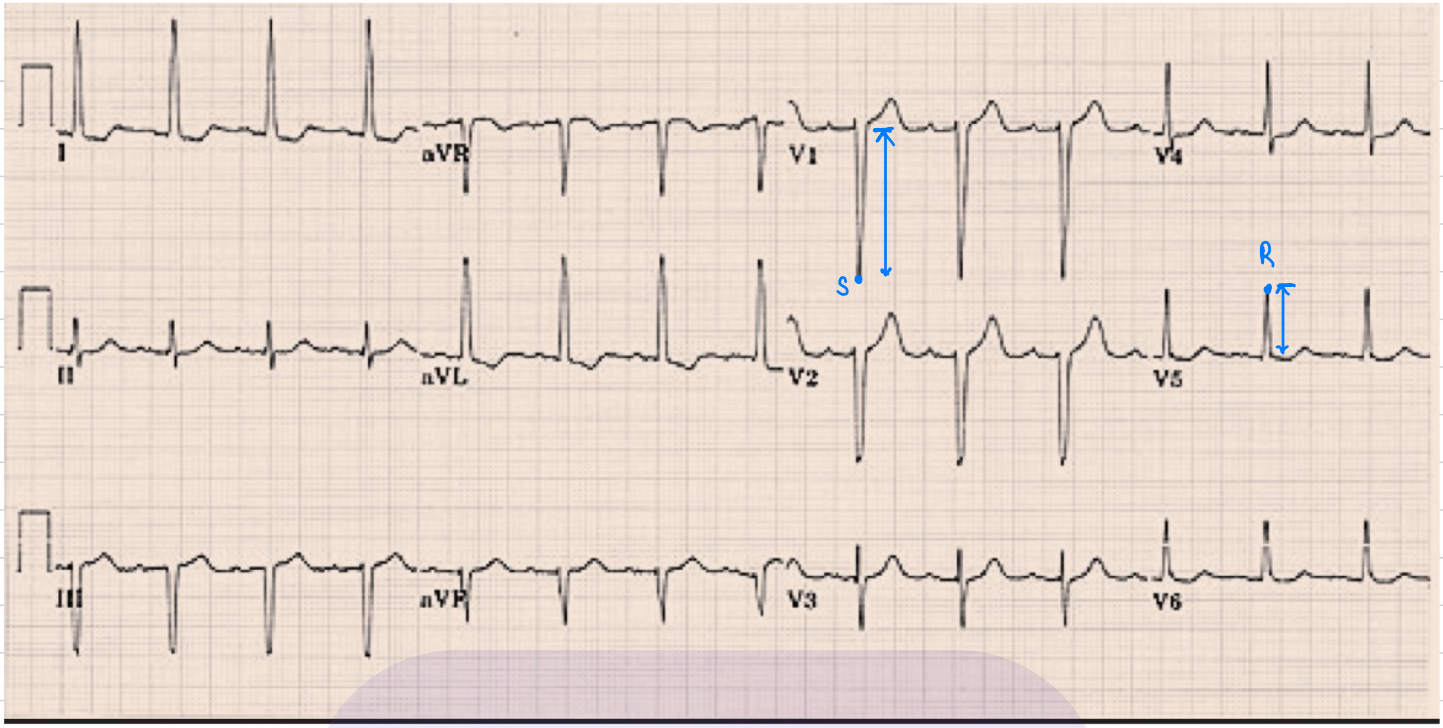






AORTA





MANAGEMENT OF HYPERTENSION

→ Elevated [120-129 / < 80] →

→ Stage - I [130-139 / 80-89] →

↳ Stage - II [≥140 / ≥90] →

Extra point

- HTN After 20 week of pregnancy + proteinuria - ……
- HTN After 20 week of pregnancy + proteinuria + seizure - ……
- Tumor of adrenal medulla - ……

ANTI-HTN MEDICATION

A-Angiotensin converting enzyme inhibitors [ACE#]

- -Eg:
- -Additional effect:
- -So, preffered in:
- -S/E

-Angiotensin Receptor Blocker [ARB]

- -Eg:
- -Additional effect:
- -So, preffered in:

B-

- -Eg:
- -Preffered in:

C-

- -Eg:
- -S/E:

D-

- -Eg:
- -S/E:



Ist visit → IInd visit → IIIrd visit → IVth visit

BP- → BP- → BP- → BP-

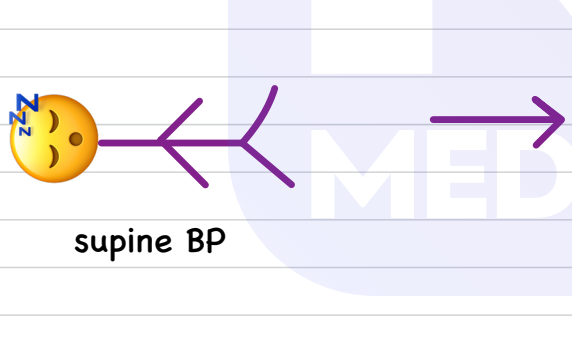
Rx- Rx- Rx-

△-If BP not controlled despite_____ classes of anti-HTN drug including _____.

C/a-△ -

Rx-

ORTHOSTATIC HYPOTENSION OR POSTURAL HYPOTENSION



BP on standing after ..... Min

If SBP falls :

OR DBP falls :

Rx of Orthostatic Hypotension:

HYPERTENSIVE URGENCY vs HYPERTENSIVE EMERGENCY

If SBP > ……or /& DBP > ……

Target organ damage

HYPERTENSIVE……

Control the BP in next ……. Hrs

HYPERTENSIVE ……

Control the BP in next …….Hr

Rx -

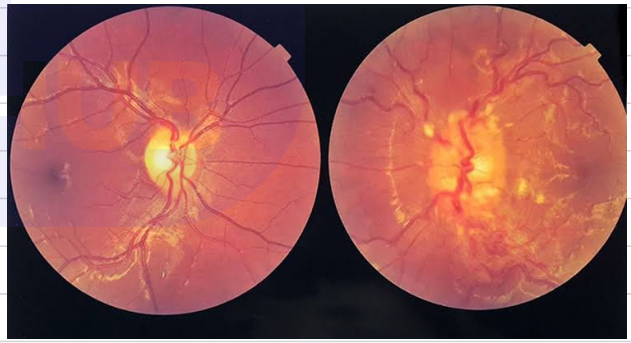
Control the BP in next ……. Hrs

MALIGNANT HYPERTENSION

If BP more than ……

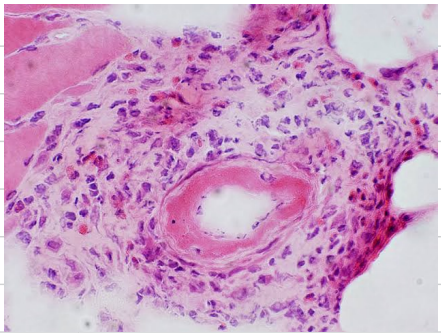
+

……



Associated with -

……Appearance



SUMMARY FOR HYPERTENSION

- Deflation rate = _____mm go Hg/sec. (< 2 / <3 / <4 / <5)
- If small cuff is used = _____ _____ BP. (false high / false low)
- HTN pt. taking Allopurinol which anti-HTN should be avoided _____. (ACE# / ARB / Diuretic / B-blocker)
- DM+HTN — _____. (ACE# / ARB / Diuretic / B-blocker)
- HTN+Protienuria(CKD) — _____. (ACE# / ARB / Diuretic/ B-bloc
- Post MI — HTN — Rx 1st line-

  2nd line-
- BP+Papilloedema — c/a — _____ _____.
- Mean Arterial Pressure -
- Pulse Pressure -

  High pulse pressure -

  Low pulse pressure -
- permissive HTN -
- DOC for scleroderma crisis - (ACE# / ARB / Diuretic/ B-blocker)
- DOC for u/l renal artery stenosis -(ACE# / ARB / Diuretic/ B-blocker)
- If HTN is due to excessive sympathomimetic activity such as with the use of cocaine - Rx will be - CCB/ PRAZOSINE/ ACE#
- if diuretic is given with ACE # can lead to first DOSE HYPOTENSION