

Isolated Systemic Hypertension: A Major Public Health Concern

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Increased systolic blood pressure (SBP) is a major risk factor for complication of hypertension.¹ Prevalence of isolated systolic hypertension is very high in virtually all population of the globe, particularly above 70 years of age.² Many prospective studies have shown the evidence of increased risk of coronary heart disease (CHD), stroke, renal failure and heart failure as SBP rises in comparison with diastolic blood pressure (DBP). A meta-analysis of more than 60 randomized clinical trials showed that each 20 mm Hg difference in systolic blood pressure is associated with 2 fold difference in the death rate from ischaemic heart disease and other vascular causes.³ This large analysis demonstrates that the predictive power of SBP measurement regarding stroke mortality is 89% and only 83% for DBP. Another meta-analysis showed that a decrease in SBP is associated with a reduction of 10% of mortality risk, 16% in cardiovascular mortality, 23% in serious cardiac events and 30% in stroke.⁴ Current international recommendations (both the US and European guidelines) for SBP is below 140 mm Hg, which is sometimes difficult to achieve particularly in elderly.

National Health and Nutrition Examination Survey III (NHANES III) showed that target DBP (less than 90 mm Hg) was reached in approximately 73% of hypertensive patients whereas target SBP (less than 140 mm Hg) was reached in only 34%. This study also revealed that 80% of hypertensive elderly patients have isolated systolic hypertension.

So more emphasis should be given to control blood pressure at its target level especially systolic blood pressure and thereby reduce morbidity and mortality. To achieve this along with dietary advice, increased physical activities, appropriate antihypertensive drugs should be selected. Indapamide may be the drug of choice either alone or in combination with others to reach the goal of blood pressure control.

References

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