

Blood Pressure Targets for the Treatment of People with Hypertension and Cardiovascular Disease

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Abstract

Hypertension is a leading cause of early morbidity and mortality that can be avoided. People with hypertension and established cardiovascular disease are especially vulnerable; therefore lowering blood pressure below recommended levels could be beneficial. This technique has the potential to reduce cardiovascular mortality and morbidity, but it also has the potential to increase adverse events. In persons with hypertension and established cardiovascular disease, the ideal blood pressure target is uncertain. To see if 'lower' blood pressure targets (135 mmHg/85 mmHg) in the treatment of people with hypertension and a history of cardiovascular disease are associated with lower mortality and morbidity than 'standard' blood pressure targets (140 mmHg to 160 mmHg/90 mmHg to 100 mmHg) in the treatment of people with hypertension and a history of cardiovascular disease (myocardial infarction, angina, stroke, peripheral vascular occlusive disease). High blood pressure is common in persons who have heart or vascular disorders. In those with a history of cardiac or vascular problems, certain clinical guidelines propose a lower blood pressure goal (135 mmHg/85 mmHg or lower) than in those without (normal blood pressure goals are 140 mmHg to 160 mmHg systolic and 90 mmHg to 100 mmHg diastolic). It's uncertain whether the reduced targets result in improved overall health

Keywords: Vascular disorders • Hypertension • Cardiovascular disease

Introduction

Hypertension is one of the leading causes of premature morbidity and mortality in the world. In 2013, it was identified as the second most important risk factor for the global burden of disease. Ischemic and haemorrhagic stroke, myocardial infarction, heart failure, chronic renal disease, peripheral vascular disease, cognitive decline, and early death are all linked to hypertension. Moreover, a vast number of observational studies have found a graded independent connection between systolic and diastolic blood pressures and mortality and morbidity. Untreated hypertension can lead to a steady rise in blood pressure, potentially leading to treatment resistance owing to vascular and renal damage. In a population, blood pressure is distributed regularly, and there is no natural cut off point over which hypertension is certainly present and below which it is not. Systolic and/or diastolic blood pressures may be raised in any given person. People under the age of 50 are more likely to have high diastolic pressure. Systolic hypertension becomes more of an issue as people get older, due to the gradual stiffness and loss of compliance of bigger arteries.

Discussion

Cardiovascular disease continues to be the top cause of death worldwide. Cardiovascular disease kills more people than all other

infectious, neonatal, maternal, and nutritional diseases combined, and it kills twice as many people as cancer. Around 17 million people die each year from cardiovascular disease around the world, accounting for nearly a third of all deaths. Hypertension-related consequences account for 9.4 million deaths worldwide each year. Despite this, between 1990 and 2013, age-standardized death rates for cardiovascular and circulatory disorders declined by 22%, owing primarily to developments in high and middle income countries. Ischaemic Heart Disease (IHD) and Cerebrovascular Disease (CVD) are both important cardiovascular disorders that caused 130 million disability-adjusted life years to be lost in 2010.

Conclusion

Thus, cardiovascular secondary prevention is considered to be a key issue. People who have had atherosclerotic stroke should be included among those deemed to be at high risk (20% over 10 years) of further atherosclerotic coronary events. A significant percentage of those who have a first myocardial infarction are expected to experience recurrent myocardial infarction, heart failure, stroke or fatal Coronary Heart Disease (CHD).

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