

# A Short Note on Clinical Hypertension

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## Description

In 1994, the Korean Society of Hypertension was established to provide a forum for all scientists interested in hypertension. Since then, the Society has hosted a number of yearly academic and educational meetings, and it has grown to become one of Korea's largest academic gatherings, with over 2,887 members. Six working groups make up the society, each of which focuses on a different component of hypertension, such as epidemiology, paediatric hypertension, blood pressure monitoring, and target organ damage. They also participate in a number of public health campaigns aimed at increasing awareness and preventing hypertension-related disorders.

Hypertension-related disorders are the leading cause of cardiovascular disease and death worldwide, and they constitute a serious global issue. As a result, Clinical Hypertension seeks to assist the community by making new research in the field as broadly and publicly accessible as feasible.

Despite the fact that Clinical Hypertension is the official journal of the Korean Society of Hypertension, we would want to urge colleagues from all over the world to publish in our journal. This internationalisation is one of the driving forces behind our decision to shift to BioMed Central. Clinical Hypertension is an online publication that is freely accessible to peers all around the world. We believe that taking an international approach to publishing research is crucial since it enables for further development of both research studies and clinical applications by sharing data across borders.[1-5]

A dynamic statistic that depicts how HR evolves over time is the heart rate (HR) trajectory. Elevated HR has been linked to stroke occurrences in previous studies. However, little study has been done on the impact of shifting HR on clinical outcomes during the acute phase. The goal of this study is to see how HR trajectories affect functional outcomes in patients with acute ischemic stroke (AIS). The study comprised a total of 981 AIS patients. HR trends over the first 7 days after disease onset were assessed using a latent mixture model.

Based on distinct HR trajectories, the patients were categorised into four groups: notably reducing in 48 hours (T1), moderately decreasing in 48 hours (T2), sustained moderate in 7 days (T3), and persistent high in 7 days (T4) (T4).

A modified Rankin Scale (mRS) score of 3 in 3 months was considered a poor outcome. The association between different HR trajectories and outcomes was investigated using logistic regression. In the T1 (n = 133), T2 (n = 352), T3 (n = 441), and T4 (n = 55) groups, the incidence of unsatisfactory outcomes was 9.02 percent, 10.80 percent, 11.79 percent, and 16.36 percent, respectively.

## Conclusion

T4 group had a substantially increased risk of poor outcome at 3 months compared to T1 group (odds ratio = 3.00, 95 percent confidence range = 1.06–8.54, p value = .0392). This shows that a persistently high HR trajectory in AIS patients is associated with a higher risk of poor functional outcome than a rapidly dropping HR trajectory. The efficacy of repeated HR measurements for outcome assessment is demonstrated by HR trajectories.

## Conflict of Interest

None

## References

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