TREATMENT

Effective treatment of HTN reduces morbidity and mortality significantly. There is a 40% reduction in stroke risk and 20% reduction of MI risk.

LIFESTYLE CHANGES:
- Smoking cessation
- Reduction in alcohol/caffeine/salt intake
- More fruit and veg
- More exercise
- Less stress
- Achieve ideal body weight
- Statins for primary prevention
- Aspirin if over 50

ANTI HYPERTENSIVE DRUGS:
- **Beta blockers (BISOPROLOL)** – prevent activation of adrenergic receptors that are responsible for increased cardiac action. They reduce HR and force of contraction.
- **Calcium Channel Blockers** – Slow the movement of calcium into the heart and blood vessel walls. They relax and widen blood vessels making it easier for blood to flow.
  - **NONDIYDROPYRIDINES** – additional effect, block calcium entering conduction tissues, slowing heart rate.
- **Diuretics** – help kidneys to eliminate excess water and salt from the body
- **ACE Inhibitors (RAMAPRIL)** – Stop kidneys from producing angiotensin II which is a vasoconstrictor; it also causes water retention. ACE inhibitors reduce levels of angiotensin II meaning blood vessels vasodilate and reduce the amount of water retained in the body.

HYPOTENSION

Hypotension is a sufficient drop in blood pressure that causes a symptomatic reduction in blood flow to the brain. Symptoms include syncope, blurred vision, lack of concentration and dizziness. These symptoms are as a result of reduced cerebral perfusion.

Common causes:
- Anemia
- Dehydration
- Pregnancy
- Blood/fluid loss
- Endocrine problems – low blood sugar
- Heart problems e.g. bradys/MI

Postural hypotension (most common):
Failure of normal change in blood pressure as a response to postural changes e.g. from