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New clinical hypertension study in Tripoli

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Background: Recently high blood pressure has seen an increasing prevalence in Tripoli and the incidence of complication has increased, we also noticed a weak rate of control. Hypertension continues to increase in prevalence both in developed and developing countries, thereby expanding its role in cardiovascular and renal morbidity and mortality worldwide despite steadily increasing understanding of its pathophysiology, the control of hypertension in USA has improved minimally in the last decade.

Objectives: So we need to do study to explain the causes of hypertension, its complication, types, prevalence in society and types of drugs used to treat it.

Methods: Cross sectional study among hypertensive patients, we analyze the data has been packaged in special questioner for patient, with hypertension research in advance to number 1100 relay in cardiology clinics, with Direct measurement of blood pressure by collaborator in search and Check the patient's files, data was packaged and analyzed by the software program, SPSS, case series study.

Results: Male 34.6% ,female 65.3% ,ISH 47.5% ,IDH 5.8% ,combined S+D HTN 46.8% ,home reading 6.8% ,clinic reading 60.4% ,dual reading 32.7% , 51.3% follow up in private , 20.8% in polyclinic , 9.6% secondary hospital , 16.2% tertiary hospital , 2.1% polyclinic + private , 73.6% with DBP<=90mmhg ,47% with SBP <=140 mmhg , 25.1% <140/90 mmhg , 27.4% have family history of HTN , 42.3% are diabetics - {25.9% pre HTN , 16.4% post HTN } , 2.1% unknown , 55.1% essential , 26% post diabetics , 11% PIH , 7.7% post renal disease , 2.5% post hypothyroid , .1% AVD , .1% Parkinson ,81.3% non smoker , 9.9% give- up smoker ,8.7% continue smoker ,71.1% decrease salt after HTN , 64.8% under life style modification ,3.5% have H/O oral contraceptive ,10.9% have MI , 8.1% have CVA or TIA ,patients under one medicine 49.2% and controlled to less 140/90 by 22% ,two medicine 26.45% and controlled by 26% ,three medicine 11.5% controlled by 33% ,four medicine 3% controlled by 33% ,the rate of participation of drugs in treatment was as follow , CCB-DHP 29.8% ,ARBs 28.5% ,BBs 27.5% ,ACEs 25.6% ,thiazid diuretics 18.8% ,loop diuretics 11.3% , alpha+B blocker 2.2% , aldosteron receptor blocker 2% ,central acting drugs 1.5% ,.09% K-sparing diuretics, resistant HTN >140/90 MMHG 1.9% , Resistant HTN >140 MMHG 2.9% , patients with BP <120/80 mmhg 4.6%.

Conclusion: Incidence of hypertension in female two times than in male. Prevalence in female increased exponentially by age. No age-specific associations in male, Prevalence of combined hypertension S+D more in male than female and vice versa in ISH , about 1/4 controlled to less 140/90 mmhg {25.1%}, Dual measurement {home + clinic} about 1/3 , White coat effect more in secondary HTN, And more in female than male , 28.4% in group of dual reading. Causes of hypertension, 55% essential, 26% DM, PIH 11%, Renal causes 7.7%, hypothyroid 2.5%, and Unknown 2.1%. Parkinson .1%, aortic valve .1%.Family history of hypertension playing role in pathogenesis of hypertension, and more in combined S+D HTN,ISH more in diabetics, Risk of MI and CVA&TIA in cases of ISH 3 times greater than that in combined S+D HT. Risk of MI in male more than that in female, CVA & TIA equal both in male and female And CVA & TIA and MI incidence increased by widening of pulse pressure. When BP decreased below 120/80 risk of CVD increased. CCBs, ARBs, BBs, ACEIs, thiazide groups and loop diuretics are the most commonly used drugs as Antihypertensive as ordered in the list. Diabetics developed in CCBs, BBs, thiazide, ACEIs, ARBs, and Loop diuretics as ordered in list. Resistant hypertension, Constitute 4.8% of total sample, More in female, in renal disease patient and, Diabetics and family history playing role, 2/3 has no dual reading {home+ office}.

Biography

Mohamed Al Zawam completed his Bachelors of medicine and surgery in 1998 from Alfath University In Tripoli which is now called as Tripoli University after February revolution. He has completed his Diploma of cardio- pulmonary resuscitation from Egypt in 2006. After that he completed his Master of cardiology at Holland Academy of Science and Arts in 2007. Now he is working as a cardiologist in Al Fardous Clinic in cardiology ward, Tripoli, Libya.

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