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Hypertensive emergencies

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In spite of temporal advancements in medicine, hypertension (HTN) remains a leading cardiovascular risk factor with suboptimal rates of control. Although systemic hypertension is a common clinical disorder, hypertensive emergencies are unusual in clinical practice, defined as an elevated blood pressure with evidence of acute target organ damage and are associated with sudden, massive rise in blood pressure. It is a life-threatening complication of high blood pressure. Causes of acute rises in blood pressure include medications noncompliance, and poorly controlled chronic hypertension. The diagnosis of hypertensive emergencies depends on the clinical manifestations rather than on the absolute level of the blood pressure depending on the target organ that is affected. Till now, there are no clear guidelines on management of hypertensive emergency despite advances in antihypertensive medications. Hypertensive emergencies are accompanied with significant morbidity and mortality. Treatment of a hypertensive crisis should be tailored to each individual based on the extent of end-organ injury and comorbid conditions. Patients with a hypertensive emergency should always be admitted to the hospital. Parenteral treatment is given preference, since the effect of the treatment is rapid and occurs within a calculable period of time. Thus, parenteral treatment can also be better regulated than medication administered orally or by the sublingual route. With appropriate clinical diagnosis, hypertensive emergencies can be successfully treated, and the complications can be prevented with timely intervention. Hypertensive emergency consists of a syndrome where significant elevation of the systemic arterial pressure leads to acute target-organ damage, threatening life. Energetic measures must be taken for immediate treatment, initially with intravenous administration of drugs to reduce arterial pressure.