

Cardiac Arrest-Related Mortality in Patients with Hypertension

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DESCRIPTION

When the heart stops beating and pumping blood, cardiac arrest occurs. As a result, the left ventricle will lower and thickens left chamber of the heart. Heart attacks, heart failure, and sudden cardiac death are all increased by a thickened left ventricle. The national hypertension-related CVD death rate in 2019 was 44.6 per 100,000 persons aged 35 to 64 years, with increases from 2000 to 2010 and 2010 to 2019. Elevated blood pressure is the single most significant contribution to the worldwide disease burden, accounting for two-thirds of strokes, half of Coronary Heart Disease (CHD) cases, and 9.4 million global deaths each year [1-3].

Healthy arteries are robust, flexible, and elastic. Their inner lining is smooth, letting blood to flow freely for vital organs and tissues to get nutrition and oxygen. Hypertension (high blood pressure) progressively raises the pressure of blood flowing through the arteries [4]. Damaged and constricted arteries may result from hypertension. High blood pressure can cause damage to the cells that coat the insides of the arteries. When dietary lipids reach the bloodstream, they can accumulate in the damaged arteries. The artery walls eventually grow less elastic, reducing blood flow throughout the body [5-8].

Aneurysm is the persistent pressure of blood flowing through a weaker artery can cause a piece of its wall to expand and bulge (aneurysm) over time. An aneurysm can rupture and produce possibly fatal internal hemorrhage. Aneurysms can form in any artery, although the aorta is the most commonly affected. A medical emergency known as cardiac arrest occurs when the heart suddenly stops beating [9]. If hypertension, or high blood pressure, is the underlying reason, the goal of treatment is to restore normal blood flow and pressure. To treat sudden cardiac arrest and avoid mortality, Cardio Pulmonary Resuscitation (CPR) must be administered right away so that heart's rhythm would be reset. This procedure is known as defibrillation. In the case of hypertension, this may imply using blood pressure-lowering medications such as ACE inhibitors, beta-blockers, or diuretics.

More intensive treatment may be required in rare circumstances. In order to the person's organs to continue working as a recuperate, oxygen treatment can help them receive enough oxygen into thier lungs. Blood is pumped through an artificial lung as part of an Extra Corporeal Membrane Oxygenation (ECMO) procedure to supply oxygen and remove carbon dioxide before returning the blood to the patient body.

Furthermore, if a severe arrhythmia (irregular heartbeat) leads to cardiac arrest, a technique such as electrical cardioversion may be required to restore normal heart rhythm [11]. In addition to blood pressure medicine, future cardiac events must be avoided. This could include modifications to one's lifestyle, such as eating a balanced diet, exercising regularly, and routinely testing blood pressure, cholesterol, and blood sugar levels. It becomes tough for the patient to follow the doctor to ensure that they are taking their meds as recommended and that any adverse effects or changes in symptoms are reported to the doctor. If in-person visits are not possible, an online prescription and consultation may be considered. Individuals on pre-existing hypertension drugs may consider prescription refill to avoid missing medication doses [12,13].

CONCLUSION

Cardiac arrest is a potentially fatal ailment that must be treated immediately. Hypertension-related cardiovascular arrest is treated with a mix of emergency interventions to restore normal heart function, followed by drugs and dietary changes to lower blood pressure and avoid recurring cardiac crises. In other circumstances, more aggressive treatment, such as surgeries or procedures, may be required.

REFERENCES

- 1. Kim EY, Yang HJ, Sung YM. Multidetector CT findings of skeletal chest injuries secondary to cardiopulmonary resuscitation. Resuscitation. 2011; 82(10):1285-1288.
- Vaahersalo J, Hiltunen P, Tiainen M, Oksanen T, Kaukonen KM, Kurola J, et al. Therapeutic hypothermia after out-of-hospital cardiac arrest in Finnish intensive care units: the FINNRESUSCI study. Intensive Care Med. 2013;39(5):826-837.

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Received: 27-Jul-2023, Manuscript No. IME-23-26810; Editor assigned: 01-Aug-2023, PreQC No IME-23-26810 (PQ); Reviewed: 15-Aug-2023, QC No. IME-23-26810; Revised: 22-Aug-2023, Manuscript No. IME-23-26810 (R); Published: 29-Aug-2023, DOI: 10.35248/2165-8048.23.13.425

Citation: Shiro T (2023) Cardiac Arrest-Related Mortality in Patients with Hypertension. Intern Med. 13:425.

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- 3. Calderona LM, Guyetteb FX, Doshi AA, Callaway CW, Rittenberger JC. Combining NSE and S100B with clinical examination findings to predict survival after resuscitation from cardiac arrest. Resuscitation. 2014;85(8):1025-1029.
- Tibballs J, Kinney S. Reduction of hospital mortality and of preventable cardiac arrest and death on introduction of a pediatric medical emergency team. Pediatr Crit Care Med. 2009;10(3): 306-312.
- Yang WC, Lin YR, Zhao LL, Wu YK, Chang YJ, Chen CY, et al. Epidemiology of pediatric critically-ill patients presenting to the pediatric emergency department. Klin Padiatr. 2013;225(1):18-23.
- 6. Moriwaki Y, Sugiyama M, Yamamoto T, Tahara Y, Toyoda H, Kosuge T, et al. Outcomes from prehospital cardiac arrest in blunt trauma patients. World J Surg. 2011;35(1):34-42.
- Cunningham LM, Mattu A, O'Connor RE, Brady WJ. Cardiopulmonary resuscitation for cardiac arrest: the importance of uninterrupted chest compressions in cardiac arrest resuscitation. Am J Emerg Med. 2012;30(8):1630-1638.
- Herlitz J, Engdahl J, Svensson L, Young M, Angquist KA, Holmberg S. Characteristics and outcome among children suffering from out of hospital cardiac arrest in Sweden. Resuscitation. 2005;64(1):37-40.

- Li CJ, Kung CT, Liu BM, Chou CC, Chang CF, Wu TK, et al. Factors associated with sustained return of spontaneous circulation in children after out-of-hospital cardiac arrest of noncardiac origin. Am J Emerg Med. 2010;28(3):310-317.
- Ameloot K, Genbrugge C, Meex I, Jans F, Boer W, Vander Laenen M, et al. An observational near-infrared spectroscopy study on cerebral autoregulation in post-cardiac arrest patients: time to drop 'one-size-fits-all' hemodynamic targets?. Resuscitation. 2015;90:121-126.
- Bottiger BW, Motsch J, Bohrer H, Böker T, Aulmann M, Nawroth PP, et al. Activation of blood coagulation after cardiac arrest is not balanced adequately by activation of endogenous fibrinolysis. Circulation. 1995;92(9):2572-2578.
- Szymanski FM, Karpinski G, Filipiak KJ, Platek AE, Hrynkiewicz-Szymanska A, Kotkowski M, et al. Usefulness of the D-dimer concentration as a predictor of mortality in patients with out-ofhospital cardiac arrest. Am J Cardiol. 2013;112(4):467-471.
- 13. Sasson C, Rogers MAM, Dahl J, Kellermann AL. Predictors of survival from out-of-hospital cardiac arrest: a systematic review and meta-analysis. Circ Cardiovasc Qual Outcomes. 2010;3(1):63-81.