

# Antihypertensives

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# Blood Pressure

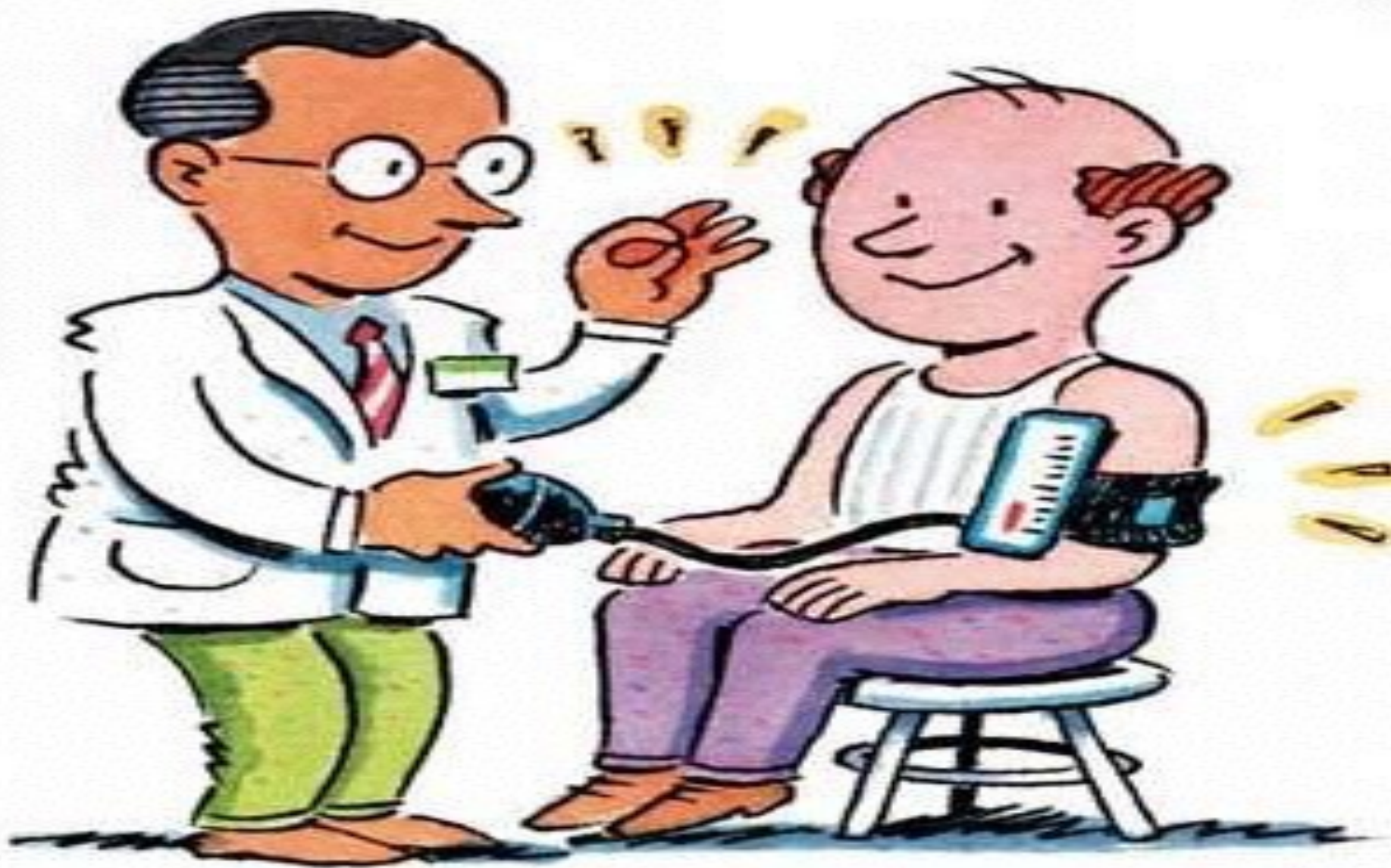
- Blood pressure is the force that circulating blood exerts on walls of arteries.
- Two blood pressures are measured, systolic blood pressure and diastolic blood pressure.
- Systole occurs while the heart contracts. Diastole occurs while the heart rests between beats.
- **Blood pressure=Cardiac output x Peripheral vascular resistance(CO x PVR)**

# Definition: Hypertension

**Elevation of arterial blood pressure  
above 140/90 mm Hg**

# Introduction

- **Thirty percent of people with high blood pressure don't know they have it.**
- **Of all people with high blood pressure, 11 percent aren't on therapy (special diet or drugs), 25 percent are on inadequate therapy, and 34 percent are on adequate therapy.**



Average 14 readings: two per session, taken morning and evening for 7 days.

# Classification of Hypertension

A classification of hypertension is based on the impact on risk.

Category	Systolic (mm Hg)	Diastolic (mm Hg)
Normal	<120	<80
Prehypertensive	120-139	or 80-89
<u>Hypertensive</u>		
Stage 1	140-159	or 90-99
Stage 2	≥160	≥100

# Primary (Essential) Hypertension

**90% of cases have no specific cause**

**High blood pressure associated with increased peripheral vascular resistance**

**Multifactorial abnormalities**

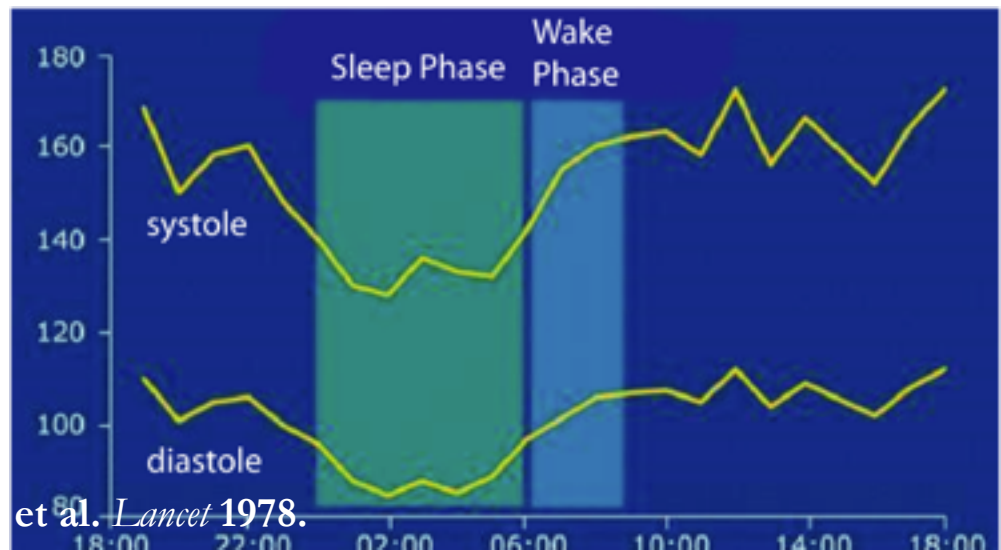
**Genetics**

**Stress**

**Environment and diet (Smoking/High salt diet)**

# Clinical Presentation

- **Most times asymptomatic (a 'silent' disease)**
- **Headache**
  - **Coincides with morning surge in BP**
  - **Circadian variation of blood pressure**



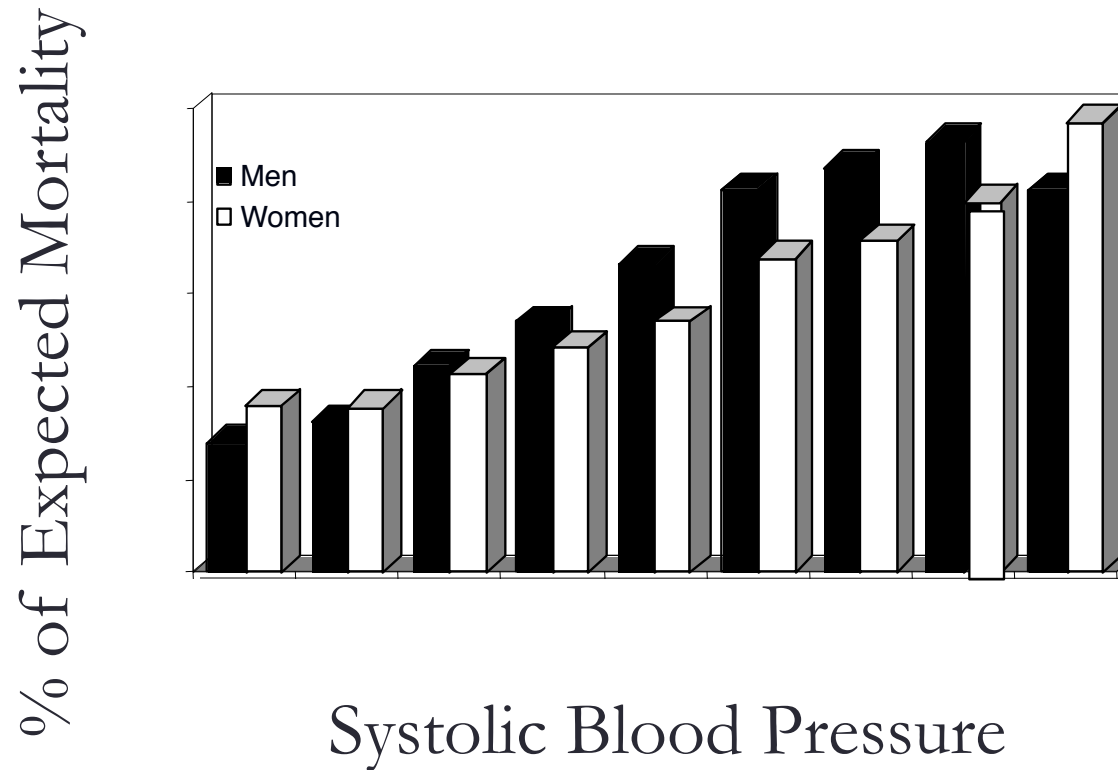


# BP variations

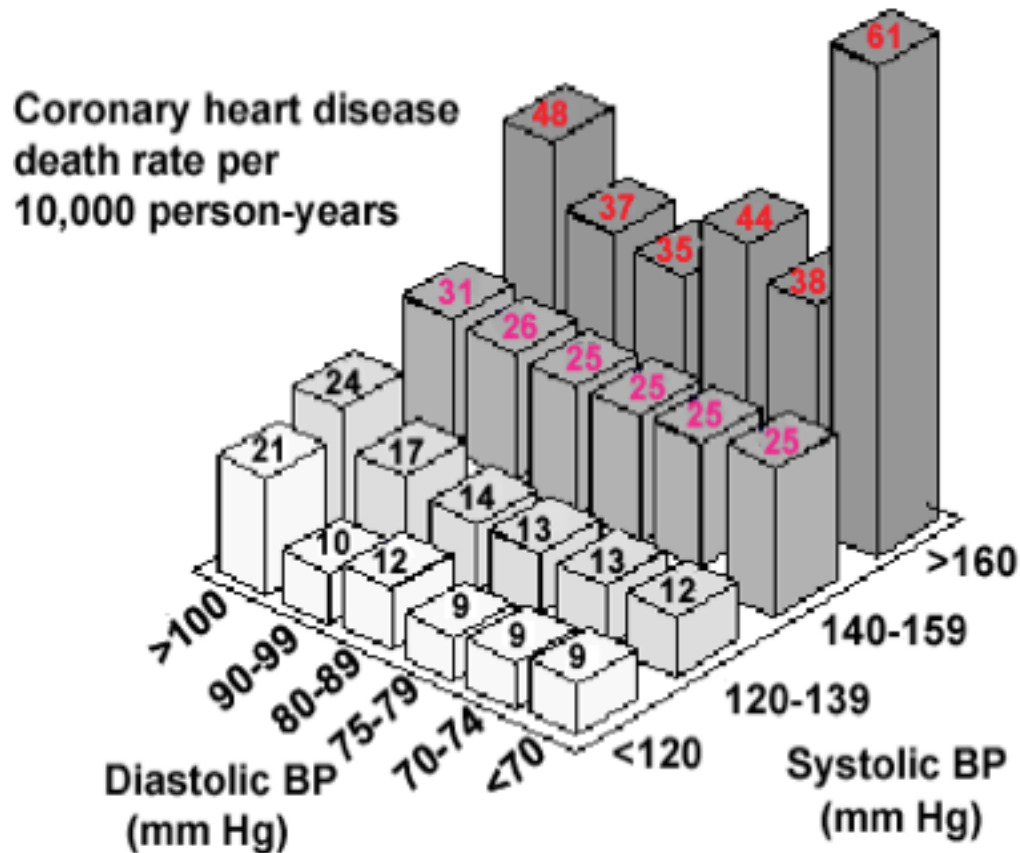
***Increased BP variability is associated with increased organ damage and cardiovascular morbidity.***

- “White Coat” or isolated office hypertension.**
- Masked hypertension.**
- Morning surge of BP.**
- During Sleep: “Non dipping” and “extreme dipping”.**

# Mortality is Related to Blood Pressure



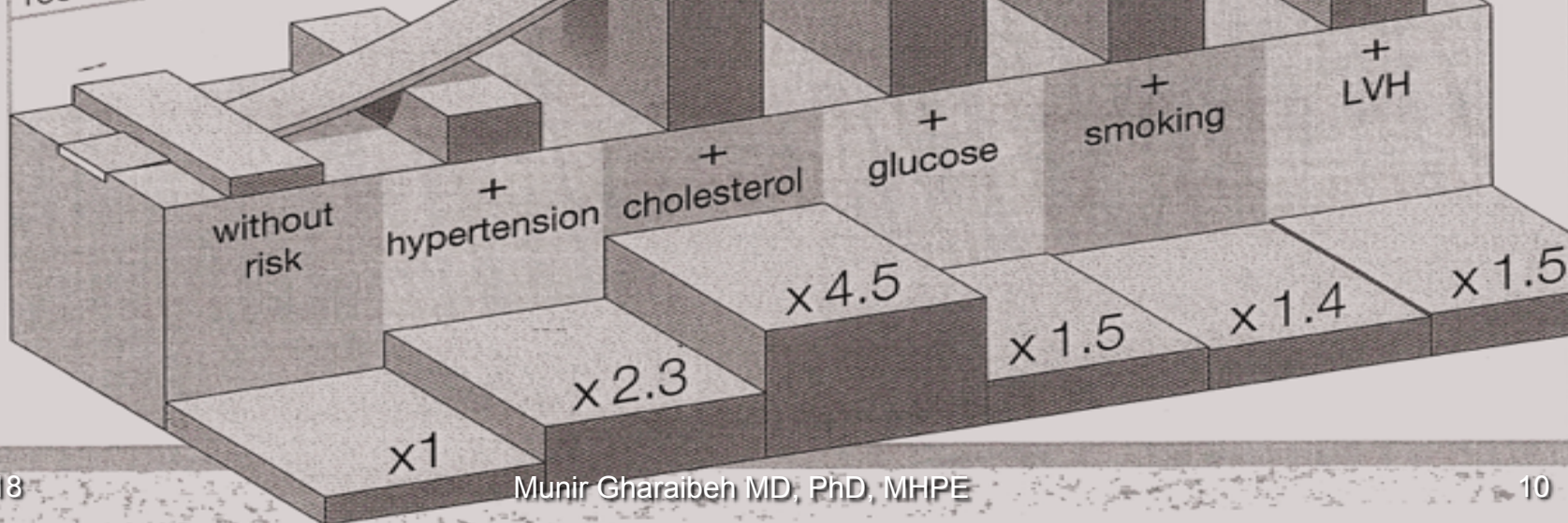
# Mortality is related to blood pressure



Number of cases / 1000 over 8 years

Multiplication of risk of coronary heart disease

600  
500  
400  
300  
200  
100



# Benefits of Lowering BP

***Antihypertensive therapy has been associated with:***

- **35% to 40% mean reduction in stroke incidence.**
- **20% to 25% reduction in myocardial infarction.**
- **More than 50% reduction in HF**

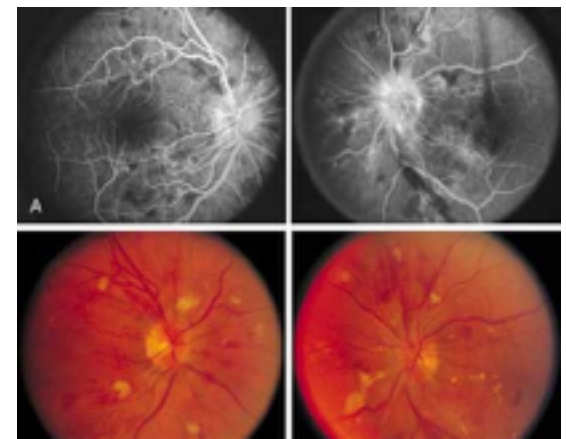
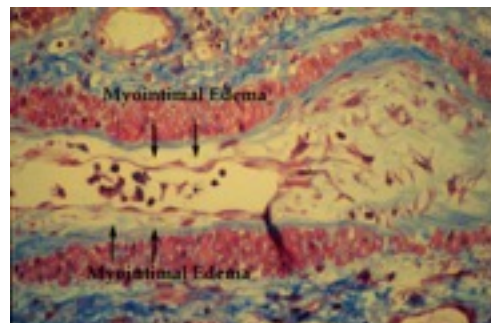
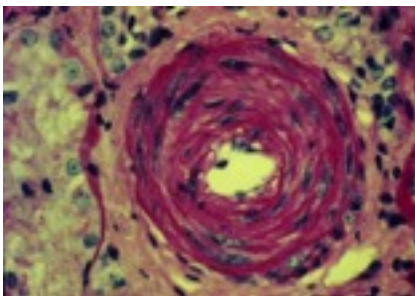
# Epidemiology

Currently, the prevalence of hypertension in the US age 35-45 years is as follows:

<b>Category</b>	<b>Percentage</b>
White Women	17%
White Men	26%
African American Women	37%
African American Men	44%

## Uncomplicated to Complicated/Malignant Hypertension': End-Organ Damage

- Chronic hypertension alters blood vessel/cardiac muscle structure
  - Decreases blood vessel diameter
  - Diminishes distribution of oxygenated blood to tissue targets
  - Cardiac hypertrophy
  - High blood pressure ultimately leads to major end-organ damage i.e., heart attack, stroke, renal failure
- Need to diagnose and treat hypertension early



# Treating Hypertension

**Lifestyle Modification:** Alterations in diet and exercise may reduce blood pressure in some patients.

**Drug Treatments:** There are many antihypertensive drugs, commonly used in combination therapy.

## **Tailor treatment according diagnostic exam**

- Uncomplicated vs complicated disease
- Ethnicity
- Severity of hypertension
- Pregnancy
- Drug Interactions
- Patient compliance



# Non-pharmacologic Treatment

## Lifestyle Modifications:

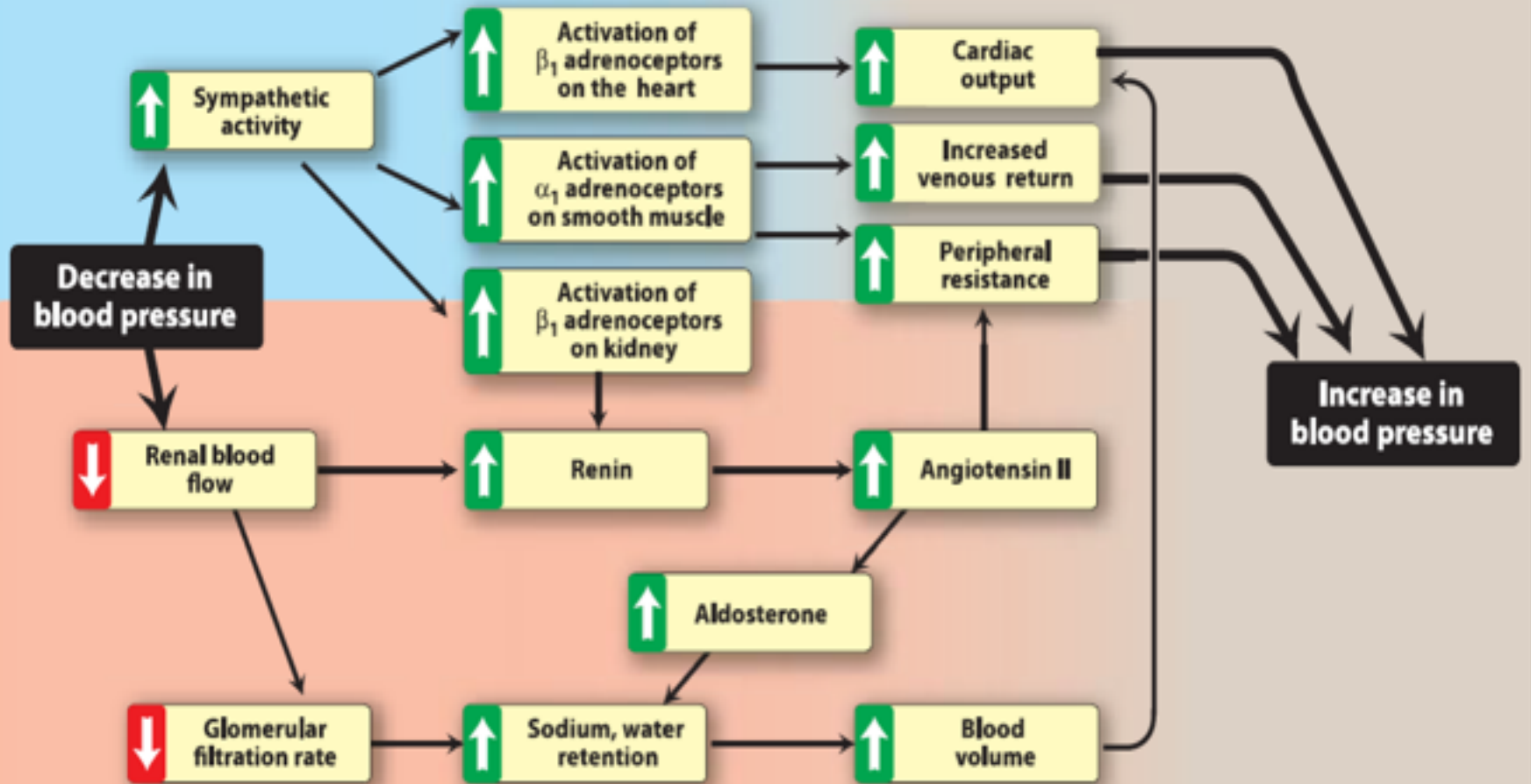
**Weight reduction**

**Diet rich in potassium and calcium and sodium reduction.**

**Dietary Approaches to Stop Hypertension (DASH) eating plan( 1600-mg sodium) has effects similar to single drug therapy.**

**Physical activity.**

### Response mediated by the sympathetic nervous system



### Response mediated by the renin-angiotensin-aldosterone system