PREVALENCE OF HYPERTENSION IN OUTDOOR PATIENT PRESENTING AT RURAL DISPENSARIES

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ABSTRACT:
Hypertension (HTN or HT), also known as high blood pressure (HBP), is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. This survey study was conducted at different rural dispensaries. All the patients presenting in rural dispensary were included in the study. A total of 130 patients participated in this study. There were 82 males and 48 female students. The mean age of the patients was 41.23±3.45 years. The mean systolic blood pressure was 118.45±2.34mmHg and mean diastolic blood pressure was 78.23±1.89mmHg. Out of 130 patients, 15 were hypertensive (blood pressure more than 130/80mmHg), 109 patients were normotensive (blood pressure between 110-130/70-80mmHg) and only 6 were having blood pressure than 110/70mmHg at the time of presentation.

Keywords: Hypertension, Rural Dispensary
INTRODUCTION:
Hypertension (HTN or HT), also known as high blood pressure (HBP), is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. High blood pressure typically does not cause symptoms. Long-term high blood pressure, however, is a major risk factor for coronary artery disease, stroke, heart failure, atrial fibrillation, peripheral arterial disease, vision loss, chronic kidney disease, and dementia. High blood pressure is classified as primary (essential) hypertension or secondary hypertension. About 90–95% of cases are primary, defined as high blood pressure due to nonspecific lifestyle and genetic factors. Lifestyle factors that increase the risk include excess salt in the diet, excess body weight, smoking, and alcohol use. The remaining 5–10% of cases are categorized as secondary high blood pressure, defined as high blood pressure due to an identifiable cause, such as chronic kidney disease, narrowing of the kidney arteries, an endocrine disorder, or the use of birth control pills.

Blood pressure is expressed by two measurements, the systolic and diastolic pressures, which are the maximum and minimum pressures, respectively. For most adults, normal blood pressure at rest is within the range of 100–130 millimeters mercury (mmHg) systolic and 60–80 mmHg diastolic. For most adults, high blood pressure is present if the resting blood pressure is persistently at or above 130/80 or 140/90 mmHg. Different numbers apply to children. Ambulatory blood pressure monitoring over a 24-hour period appears more accurate than office-based blood pressure measurement. Lifestyle changes and medications can lower blood pressure and decrease the risk of health complications. Lifestyle changes include weight loss, physical exercise, decreased salt intake, reducing alcohol intake, and a healthy diet. If lifestyle changes are
not sufficient then blood pressure medications are used. Up to three medications can control blood pressure in 90% of people. The treatment of moderately high arterial blood pressure (defined as >160/100 mmHg) with medications is associated with an improved life expectancy. The effect of treatment of blood pressure between 130/80 mmHg and 160/100 mmHg is less clear, with some reviews finding benefit and others finding unclear benefit. High blood pressure affects between 16 and 37% of the population globally. In 2010 hypertension was believed to have been a factor in 18% of all deaths (1-3).

MATERIAL OF METHODS:
This survey study was conducted at different rural dispensaries. All the patients presenting in rural dispensary were included in the study. The demographic information of all the patients was collected on a predefined proforma. Blood pressure of all the patients was recorded. The patients who were known hypertensives or taking any anti-hypertensive medications were excluded from this study. All the data was analyzed with SPSS Ver. 23.0. Relevant statistical analysis was performed. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:
A total of 130 patients participated in this study. There were 82 males and 48 female students. The mean age of the patients was 41.23±3.45 years. The mean systolic blood pressure was 118.45±2.34mmHg and mean diastolic blood pressure was 78.23±1.89mmHg. Out of 130 patients, 15 were hypertensive (blood pressure more than 130/80mmHg), 109 patients were normotensive (blood pressure between 110-130/70-80mmHg) and only 6 were having blood pressure than
110/70mmHg at the time of presentation.

**DISCUSSION:**
Hypertension is rarely accompanied by symptoms, and its identification is usually through screening, or when seeking healthcare for an unrelated problem. Some people with high blood pressure report headaches (particularly at the back of the head and in the morning), as well as lightheadedness, vertigo, tinnitus (buzzing or hissing in the ears), altered vision or fainting episodes. These symptoms, however, might be related to associated anxiety rather than the high blood pressure itself. On physical examination, hypertension may be associated with the presence of changes in the optic fundus seen by ophthalmoscopy. The severity of the changes typical of hypertensive retinopathy is graded from I to IV; grades I and II may be difficult to differentiate. The severity of the retinopathy correlates roughly with the duration or the severity of the hypertension.

Hypertension with certain specific additional signs and symptoms may suggest secondary hypertension, i.e. hypertension due to an identifiable cause. For example, Cushing’s syndrome frequently causes truncal obesity, glucose intolerance, moon face, a hump of fat behind the neck/shoulder (referred to as a buffalo hump), and purple abdominal stretch marks. Hyperthyroidism frequently causes weight loss with increased appetite, fast heart rate, bulging eyes, and tremor. Renal artery stenosis (RAS) may be associated with a localized abdominal bruit to the left or right of the midline (unilateral RAS), or in both locations (bilateral RAS). Coarctation of the aorta frequently causes a decreased blood pressure in the lower extremities relative to the arms or delayed or absent femoral arterial pulses. Pheochromocytoma may cause abrupt ("paroxysmal") episodes of hypertension.
accompanied by headache, palpitations, pale appearance, and excessive sweating (4-6).

REFERENCES: