



Therapeutic lifestyle management of primary and secondary hypertension

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Abstract:

Aim of work

High blood pressure, classified as a systolic blood pressure greater than 130 and diastolic over 80. Among the 1 in 3 Americans who have HTN (systolic blood pressure ≥ 130 mmHg or diastolic blood pressure ≥ 80 mmHg), 16% are diagnosed with resistant HTN (RHT). Hypertension, or high blood pressure, is dangerous because it can lead to strokes, heart attacks, heart failure, or kidney disease. The goal of hypertension treatment is to lower high blood pressure and protect important organs, like the brain, heart, and kidneys from damage. Treatment for hypertension has been associated with reductions in stroke (reduced an average of 35%-40%), heart attack (20%-25%), and heart failure (more than 50%), according to research. Lifestyle measures, are a crucial step in hypertension management. Dietary Approaches to Stop Hypertension (DASH) study showed that a diet low in sodium and high in fruits, vegetables, and calcium is helpful in treating hypertension. Exercise is critically important, especially in children and young adults with hypertension who often have heightened sympathetic nervous system activity. Patients with hypertension often feel stressed, and the stress aggravates their BP. Numerous short-term trials have documented that individuals can make these lifestyle changes which lower BP. A more recent trial has documented that individuals can simultaneously make multiple lifestyle changes but a vexing issue is the extent to which individuals can sustain lifestyle changes over the long term. This issue has been addressed in several long term trials such as phase 2 of the Trials Of Hypertension Prevention (TOHP2) and Trials Of Non-pharmacological interventions in the Elderly (TONE). These studies reported that in middle aged (TOHP2) as well as elderly (TONE) subjects with mild to moderate hypertension, diet, exercise induced weight loss and sodium restriction can be sustained and are associated with significant BP reductions. However, it is important to individually evaluate various factors (listed in Table I) for their importance in initial management of hypertension.



Biography:

With 14+years of experience spanning pharmaceuticals, medical, technology and research sectors, She has designed standardized Training modules, tools for Medical officers and front line health workers for 100 districts under NPCDCS (National Program for Prevention and Control of Cancer, Diabetes, cardiovascular disease and stroke) Guidelines. She is the founder of Indian Diabetes Educators group. Presently she is a member of American Heart Association (AHA), American Diabetes Association (ADA), Coeliac Society of India, Indian Dietetic Association and National Institute of Nutrition. She is co-founder and chief nutrition officer at Lilgoodness & sCoolMeal, supporting paediatric nutrition via delivering healthy nutritious meals straight to children's classroom.

Recent Publications:

- Nutrition Atlas of ICMR-National Institute of Nutrition: An Informatics Platform on Nutrition in India
- Nutritive value of Indian Foods. National Institute of Nutrition (NIN)
- Nutrition rehabilitation of children with severe acute malnutrition: Revisiting studies undertaken by the National Institute of Nutrition

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