

Complications of hypertension among obese patients

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Introduction

Obesity is a growing problem among the general population, with more and more people being diagnosed with severe cases of obesity. Unfortunately, those complications can be even greater for those individuals who are also suffering from hypertension. Hypertension is a serious cardiovascular condition that can lead to heart failure, stroke, and other medical emergencies – all of which can be deadly in some cases. With the increase in obesity comes an increased risk of complications associated with hypertension, making it an important issue to consider when it comes to public health.

What is hypertension?

Hypertension, or high blood pressure, is a condition in which the force of blood against artery walls is too high. This extra force can damage the arteries, heart, and other organs. Obesity is a major risk factor for developing hypertension. In fact, obesity is thought to contribute to as much as 50% of all cases of hypertension.

High blood pressure is especially dangerous for obese patients because it puts them at increased risk for heart disease and stroke. In addition, obese patients with hypertension are more likely to develop kidney failure and other serious health problems. If you are obese and have high blood pressure, it is important to work with your healthcare team to manage your condition and reduce your risk of complications.

What are the complications of hypertension among obese patients?

The two conditions frequently occur together, which is likely due to the fact that obesity is a major risk factor for hypertension. Some of the potentially life-threatening complications of hypertension in obese patients include the following:

Cardiovascular disease High blood pressure can cause damage to the arteries, which can then lead to the development of cardiovascular disease. Some examples of cardiovascular disease include coronary artery disease, stroke, and

heart failure. Patients who are obese and already have hypertension have an increased likelihood of developing these conditions.

Kidney disease is another risk associated with high blood pressure, as it can damage the kidneys, which in turn can lead to kidney disease or even kidney failure. Patients who are obese and also have hypertension have an increased likelihood of developing kidney disease.

Diabetes: Being overweight and having high blood pressure both increase the likelihood of developing type 2 diabetes. The risk of developing cardiovascular disease and kidney disease can both be elevated when diabetes is present.

Sleep apnea is a condition in which a person's breathing stops and starts while they are sleeping. Obesity and hypertension are both risk factors for developing sleep apnea. The condition known as sleep apnea has been linked to an increased risk of cardiovascular disease as well as other health issues.

Cognitive decline High blood pressure can damage blood vessels in the brain, which can lead to a decline in cognitive abilities as well as an increased risk of dementia.

Other complications: Patients who are obese and have hypertension are at an increased risk of developing additional complications, including issues with their vision, sexual dysfunction, and peripheral artery disease.

Patients who are obese and have hypertension should collaborate closely with their healthcare providers to successfully control their blood pressure and lower the likelihood that they will experience complications. Alterations to one's lifestyle, such as slimming down, getting more exercise, and making dietary adjustments, in addition to taking medication to lower blood pressure, could be part of the solution.

How can obese patients avoid complications from hypertension?

There is a strong correlation between obesity and hypertension (also known as high blood pressure), and being obese can significantly raise the likelihood of developing hypertension. In its turn, hypertension can lead to a variety of complications, including heart disease, stroke, damage to the kidneys, and loss of vision.

The following are some ways that obese patients can protect themselves from the adverse effects of hypertension:

Weight loss: Obese patients can benefit greatly from having their blood pressure lowered by losing weight by following a healthy diet and increasing their physical activity. Aim for a weight loss of one to two pounds per week as your weekly goal.

Regular participation in physical activity, such as exercise, has been shown to help lower blood pressure and improve overall health. Aim to complete at least 30 minutes of exercise per day, most days of the week, at a moderate intensity.

Diet: Eating a healthy diet that is high in fruits, vegetables, whole grains, and dairy products that are low in fat is one way to help lower blood pressure. Steer clear of foods that are high in cholesterol, saturated and trans fats, and salt.

Medication: If making changes to one's lifestyle are not sufficient to control one's blood pressure, then the use of medication may be required. It is recommended that you seek the guidance of a healthcare provider regarding the medication that should be taken.

Monitoring of blood pressure on a regular basis Obese patients who have hypertension should regularly monitor their blood pressure and seek medical attention if either their blood pressure continues to be elevated or if they experience any symptoms.

The management of stress is important because prolonged stress has been linked to high blood pressure. Patients who are obese should seek out methods of stress management, such as meditation, yoga, or other relaxation techniques, in order to improve their health.

Put out that cigarette! Smoking raises both the risk of heart disease and the risk of high blood pressure. Patients who are obese and smoke should quit smoking in order to lower their risk of complications related to hypertension.

In order to effectively manage hypertension and obesity, it is critical to develop an individualised treatment strategy in close collaboration with a healthcare provider.

Conclusion

In conclusion, it is clear that obesity and hypertension can lead to a number of serious complications if left untreated. It is essential for obese patients with high blood pressure to seek medical attention as soon as possible in order to reduce their risk of developing more serious long-term health issues such as heart attacks or stroke. With regular check-ups and lifestyle changes, hypertensive patients have the opportunity to manage their condition and live a healthier life.

Reference

1. American Medical Association AMA Adopts New Policies on Second Day of Voting at Annual Meeting [Internet] 2013 [cited 2014 Apr 7]. Available from: <http://www.ama-assn.org/ama/pub/news/news/2013/2013-06-18-new-ama-policies-annual-meeting.page>.
2. Ng M, Fleming T, Robinson M, Thomson B, Graetz N, Margono C, et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet* [Internet] (0). Available from: <http://www.sciencedirect.com/science/article/pii/S0140673614604608>.
3. Stevens GA, Singh GM, Lu Y, Danaei G, Lin JK, Finucane MM, et al. National, regional, and global trends in adult overweight and obesity prevalences. *Popul Health Metr*. 2012;10(1):22. [

4. Kelly T, Yang W, Chen C-S, Reynolds K, He J. Global burden of obesity in 2005 and projections to 2030. *Int J Obes* 2005. 2008 Sep;32(9):1431–7.
5. Wang Y, Beydoun MA, Liang L, Caballero B, Kumanyika SK. Will all Americans become overweight or obese? estimating the progression and cost of the US obesity epidemic. *Obes Silver Spring Md*. 2008 Oct;16(10):2323–30.
6. Hu FB. *Obesity epidemiology*. Oxford University Press; Oxford; New York: 2008. p. 498.
7. Hu FB. Obesity and Mortality: Watch Your Waist, Not Just Your Weight. *Arch Intern Med*. 2007 May 14;167(9):875.
8. Alberti KGMM, Eckel RH, Grundy SM, Zimmet PZ, Cleeman JI, Donato KA, et al. Harmonizing the Metabolic Syndrome: A Joint Interim Statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity. *Circulation*. 2009 Oct 20;120(16):1640–5.
9. Alberti KGM, Zimmet P, Shaw J. The metabolic syndrome—a new worldwide definition. *The Lancet*. 366(9491):1059–62.
10. WHO Multicentre Growth Reference Study Group WHO Child Growth Standards based on length/height, weight and age. *Acta Paediatr Oslo Nor* 1992 Suppl. 2006 Apr;450:76–85.