

Hypertension Guidelines : Behind The Scene

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Hypertension is the biggest cause of preventable death in the world. We physicians now have guidelines helping us to diagnose and treat hypertension. We first realised hypertension causes mortality in 1950. We then found out that treating high blood pressure improves morbidity and mortality. The evolution of treatment started without specific target, but further trials have shown that treating to target is extremely beneficial. The threshold for which we diagnosed hypertension have been contentious but it is fair to say that 140/90 is almost universally accepted as the threshold for treatment initiation. Not only is controlling the blood pressure important- the duration it takes to control blood pressure is also significant. Faster control is associated with better outcome. How do we achieve this fast reduction is via combination of medications with two different mechanisms of actions and one of the best combination is angiotensin receptor blocker and calcium channel blockers. Guideline makers were aware that adherence is vital for efficient blood pressure control and most of them recommend single-pill combination that improves adherence. Not all medications however are created equally. Even medication from single group differ in their pharmacokinetic and pharmacodynamics and choice of treatments is influenced by said differences. Guidelines however, is not made from heaven to be followed meekly by us doctors. Therefore treatment of hypertension need to be individualised to each of our patients. 21st century started with unimaginable horror from pandemic but long after covid-19 is relegated to dustbin of history-we doctors will still need to grapple with high blood pressure.

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