A Global Challenge in Need of a Global Strategy

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In ancient Indian Ayurvedic medicine, the quality of a patient’s pulse was correlated with cardiovascular health. A “hard pulse” was probably synonymous with the modern term “hypertension.” The history of hypertension of course would not be complete without describing Dr. Fredrick Akbar Mahomed’s contributions in the late 19th century. This Irish-Indian physician working in London at the Guy’s hospital first described conditions that later came to be known as “essential hypertension.” Some of his other important contributions were the demonstration that high blood pressure could exist in apparently healthy individuals, that high blood pressure was more prevalent in the elderly, and that the heart, kidneys, and brain could be affected negatively by high arterial pressure.\(^1\text{,}\text{2}\)

Welcome to this special edition of the Indian Journal of Hypertension in which authors from the University of Rochester explore eight areas in hypertension management that are commonly encountered by the treating clinician. Over the past several years, numerous professional societies have come up with guidelines that differ slightly in blood pressure goals for the general population and sometimes have specific goals for patients with diabetes, renal disease, or cardiovascular disease. There is profound agreement in the importance of intensive goal-directed treatment of hypertension, and rather than focus on the nuances of the guidelines, we focus on blood pressure measurement, pathophysiology, and different approaches to treatment that one may routinely encounter in special populations.

Worldwide, the prevalence of hypertension remains high with approximately 1 billion individuals affected and 7.1 million deaths attributed to hypertension each year.\(^3\) Proper treatment of hypertension, therefore, is essential, particularly in populations at the highest risk of cardiovascular and renal disease, which will result in significant improvements in public health, adding life-years to the population and conserving limited health-care resources. Blood pressure management, in addition to lipid management and smoking cessation efforts, has entered a golden age of drug therapy with most medications being low cost with low side effects. However, all of these therapies should be used in addition to lifestyle modifications that include proper diet, moderation of sodium intake, frequent exercise, and efforts at achieving ideal body weight. Public health efforts that decrease the risk of heart attacks, heart failure, stroke, and renal disease include improving diet and educating patients regarding the dangers of smoking and a sedentary lifestyle. We hope that these articles will be helpful in improving your patients’ health.

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References


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