



Arterial Hypertension in Youth

1. Azizova Shoiray Kayumovna

Received 22nd Sep 2022,
Accepted 23rd Oct 2022,
Online 25th Nov 2022

¹ Samarkand region, Samarkand city
Samarkand State Medical University
assistant of the diseases of Internal
Medicine

Abstract: This article presents information about Arterial Hypertension, one of the diseases that seriously affect human life in all countries of the world today, its general features and stages of treatment. Also, the aging of the disease and its main causes are highlighted.

Key words: arterial hypertension, obesity, physical activity, metabolism, inflammation, blood pressure, kidney disease, cardiovascular risk.

As we all know that human health is the greatest blessing, its preservation has always been one of the most important issues. To a healthy person, the universe looks beautiful. He knows how to set goals and plans in life. After all, health and generosity play a key role in achieving world prosperity, peace of the country, and people's well-being. These days, a number of reforms are being done in our country to protect the health of the population, especially the formation of a healthy lifestyle among young people. In general, any healthy and well-rounded development of the young generation, which is the main link of this society, plays a key role in the development of the society. If the growing young generation is physically and mentally healthy, that country will develop, prosper and rise. Despite the introduction of many innovations in the field of medicine, diseases that pose a serious threat to human health are unfortunately increasing. It is a pity that these diseases are especially common among youth.

In recent years, an increase in the number of young people with arterial hypertension (AH) has occurred together with the increased prevalence of obesity. It is generally recognized that obesity plays an important role in the pathogenesis of hypertension in adolescents and young adults. In adolescents of non-European ethnicity with a family history of disease, a low birth weight and sedentary lifestyle, and insufficient physical activity and poor sleep quality, excess weight is accompanied by a high probability of AH. High tolerance to cardio-respiratory exertion and a number of genetic polymorphisms can play a protective role against this pathology. Biochemical studies in young people with hypertension and excess weight display a number of features, including levels of hormones and enzymes of the renin-angiotensin system, associated with lipid metabolism and inflammation. Adolescents with hypertension can be included in the group of young people at high risk of damage to affected organs and the subsequent development of cardiovascular diseases, based on a number of characteristics: blood pressure readings, BMI, age, family history and ethnicity.

If we look at the history of this disease arterial hypertension - an increase in blood pressure at rest systolic (up to 140 mm Hg. Art. And above), diastolic (up to 90 mm Hg. Art. And above), or both. Arterial hypertension, the cause of which is unknown (primary, essential), occurs most frequently; hypertension with a known cause of occurrence (secondary arterial hypertension) is most often the result kidney disease. Usually the patient does not feel the presence of hypertension until it becomes pronounced or permanent. The diagnosis is established by measuring blood pressure. Other studies are used to determine the cause, assess the risk and identify other cardiovascular risk factors. Treatment of arterial hypertension involves lifestyle changes and medications such as diuretics, b-blockers, ACE inhibitors, angiotensin II receptor blockers, calcium channel blockers. In the US, arterial hypertension is present in about 50 million people. Only 70% of them know that they have arterial hypertension, 59% are treated and only 34% have adequate blood pressure control (BP). Among adults, arterial hypertension is more common in African Americans (32%) than in Caucasians with white skin (23%) or Mexicans (23%). Morbidity and mortality are also higher among African Americans.

Blood pressure rises with age. About two thirds of people over 65 suffer from arterial hypertension. People over 55 years of age with normal blood pressure have a 90% risk of developing hypertension over time. Since an increase in blood pressure is common in the elderly, such "age-related" hypertension may seem natural, but increased blood pressure increases the risk of complications and death. Hypertension can develop during pregnancy. According to the criteria for the diagnosis of arterial hypertension, adopted by the World Health Organization in conjunction with the International Society of Hypertension (WHO-ISH), and the First Report of Experts of the Scientific Society for the Study of Arterial Hypertension of the All-Russian Scientific Society of Cardiology and the Interagency Council on Cardiovascular Diseases (DAG-1), arterial Hypertension is a condition in which the level of systolic blood pressure is equal to or greater than 140 mm Hg. And / or the level of diastolic blood pressure is equal to or greater than 90 mm Hg. With 3 different blood pressure measurements.

According to the modern classification of arterial hypertension, renal arterial hypertension is understood as arterial hypertension pathogenetically associated with kidney disease. This is the largest group of diseases of secondary arterial hypertension, which is about 5% of the number of all patients suffering from arterial hypertension. Even with normal renal function, renal arterial hypertension is observed 2-4 times more often than in the general population. With a decrease in renal function, the frequency of its development increases, reaching 85-90% in the stage of terminal renal failure. With normal blood pressure, only those patients who suffer from salt-losing kidney diseases remain. Primary arterial hypertension has no cause, but in some variants of secondary arterial hypertension, the cause can be affected. In all cases, blood pressure control can significantly reduce the number of complications. Despite the treatment of hypertension, blood pressure is reduced to the target numbers in only one third of patients with arterial hypertension in the United States. The higher the blood pressure and the more pronounced changes in retinal vessels or other manifestations of target organ damage, the worse the prognosis. Systolic blood pressure is the best predictor of fatal and non-fatal complications than diastolic. Without arterial hypertension treatment, the one-year survival of patients with retinosclerosis, cloud-like exudates, narrowing of arterioles and hemorrhages (III stage of retinopathy) is less than 10%, and in patients with the same changes and edema of the optic nerve (IV stage of retinopathy) - below 5%. PVA is becoming the most frequent cause of death in treated patients with arterial hypertension. Ischemic and hemorrhagic strokes are frequent complications of arterial hypertension in patients who have not properly chosen treatment. In general, effective control of blood pressure prevents the development of most complications and increases life expectancy.

REFERENCES:

1. High Blood Pressure Fact Sheet". *CDC*. 19 February 2015. Archived from the original on 6 March 2016. Retrieved 6 March 2016.
2. Hernandorena I, Duron E, Vidal JS, Hanon O (July 2017). "Treatment options and considerations for hypertensive patients to prevent dementia". *Expert Opinion on Pharmacotherapy* (Review). **18** (10):
3. Whelton PK, He J, Appel LJ, Cutler JA, Havas S, Kotchen TA, Roccella EJ, Stout R, Vallbona C, Winston MC, Karimbakas J (October 2002). "Primary prevention of hypertension: clinical and public health advisory from The National High Blood Pressure Education Program"
4. https://m.iliveok.com/health/arterial-hypertension_108060i15945.html

