

Hypertension and the Aged

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Commentary

Hypertension is a common problem in the geriatric population, and while the available literature is replete with the needed information, it sometimes becomes a dilemma on when to treat and how much the blood pressure needs to be controlled [1]. We would like to present some of our own peculiar experiences while dealing and managing hypertension in the aged.

Circumstantial hypertension

Stress is a known association. We had pointed out a long time ago that “circumstantial hypertension” can be the root cause [2,3]. Managing the circumstances becomes the cornerstone in such cases.

Pseudo-hypertension

Although not so common, we do come across some cases of pseudo hypertension in the elderly population. A few years ago we had tried focusing attention of the medical fraternity to this condition as well [4]. Here in this condition that is attributed to arteriosclerosis; blood pressure may be apparently high and could prompt unwarranted excessive treatment due to falsely high blood pressures levels [4].

This peculiar situation in an elderly, in which despite blood pressures being apparently quite high the target organs remain spared, should raise the suspicion for pseudo-hypertension. Efforts to control blood pressure in such cases may result in adverse effects [4]. 'Osler's maneuver' can help differentiate pseudohypertension, and for the definitive diagnosis intra-arterial pressure record still remains the gold standard [4]. Life style changes, with diet modification and exercises within reasonable limits are known to help in cases of pseudo-hypertension.

Iodine supplementation

Another important factor that we had suggested, but often overlooked and ignored, is the wide spread and unchecked supplementation dietary salt with iodine. There are definite and identified geographical areas where iodine supplementation is certainly required. We are of the opinion that the order to supplement iodine in dietary salt even in areas where there is no iodine deficiency needs to be revisited [4].

As we had said earlier, the role of excess iodine should be reviewed in the backdrop of increasing numbers of hypertensive patients and of increasing adverse cardiovascular events [5]. Perhaps non-iodized common salt could be better suited and advisable for hypertensive patients living in geographical areas where there is no deficiency of iodine, as we had suggested earlier [5].

Such patients may exhibit an unexplained high resting heart rate and signs of raised BMR level (basal metabolic rates) that might mimic hyperthyroidism. In such situations, perhaps stopping iodine supplementation could be quite helpful.

Renal artery stenosis with hyponatraemia

Although quite rare, we should also consider this very rare condition hypertension that is associated with renal artery stenosis and hyponatremia. We had presented and discussed this syndrome some years ago, taking the example of one of our 95 year old patient [5]. Perpetually low sodium levels and raised blood pressures are the hall mark of this rare condition, in the presence of renal ischemia [5].

Kalhore technique

Finally we would like to state that there could be an innovative and novel non-drug modality that could be helpful in managing essential hypertension in some cases. This we had accidentally discovered and we had presented the technique that we had named as “Kalhore Technique” at an international medical conference about a year ago [6,7].

Yes this technique is effective to a certain extent in bringing down the blood pressure, but much more research is needed as we had repeatedly said [6,7]. In the absence of any help, support, or encouragement, we are unable to go any further and therefore would once again request the global medical fraternity to carry out thorough research on our accidental discovery.

Hypertension in an aged is usually a lifelong medical problem. We need to understand some of the oftentimes overlooked and rare conditions that could be associated with hypertension.

Perhaps well-organized detailed researches by medical fraternity may find some substance in our “Kalhore Technique” that we had accidentally fallen upon, which could help in management of hypertension. Detailed history and clinical would be of immense help in differentiating conditions like circumstantial hypertension,

References

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