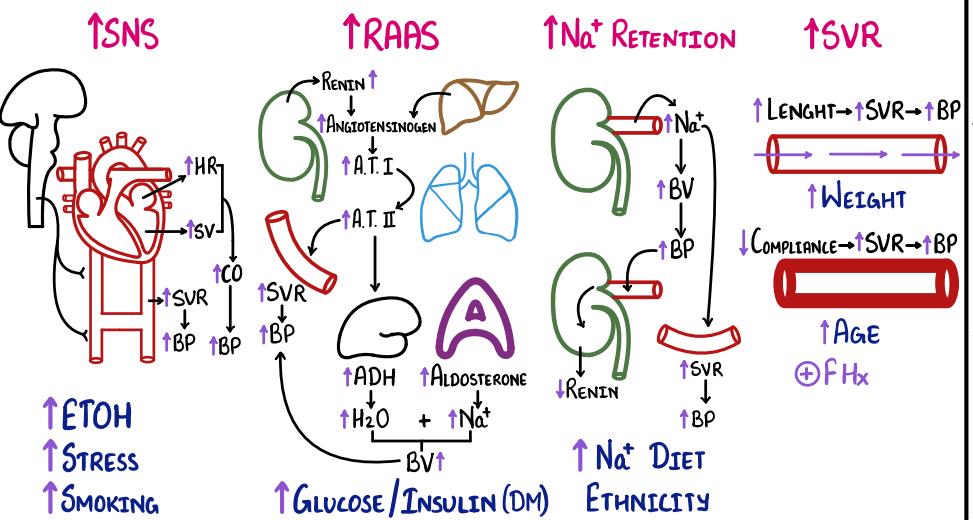
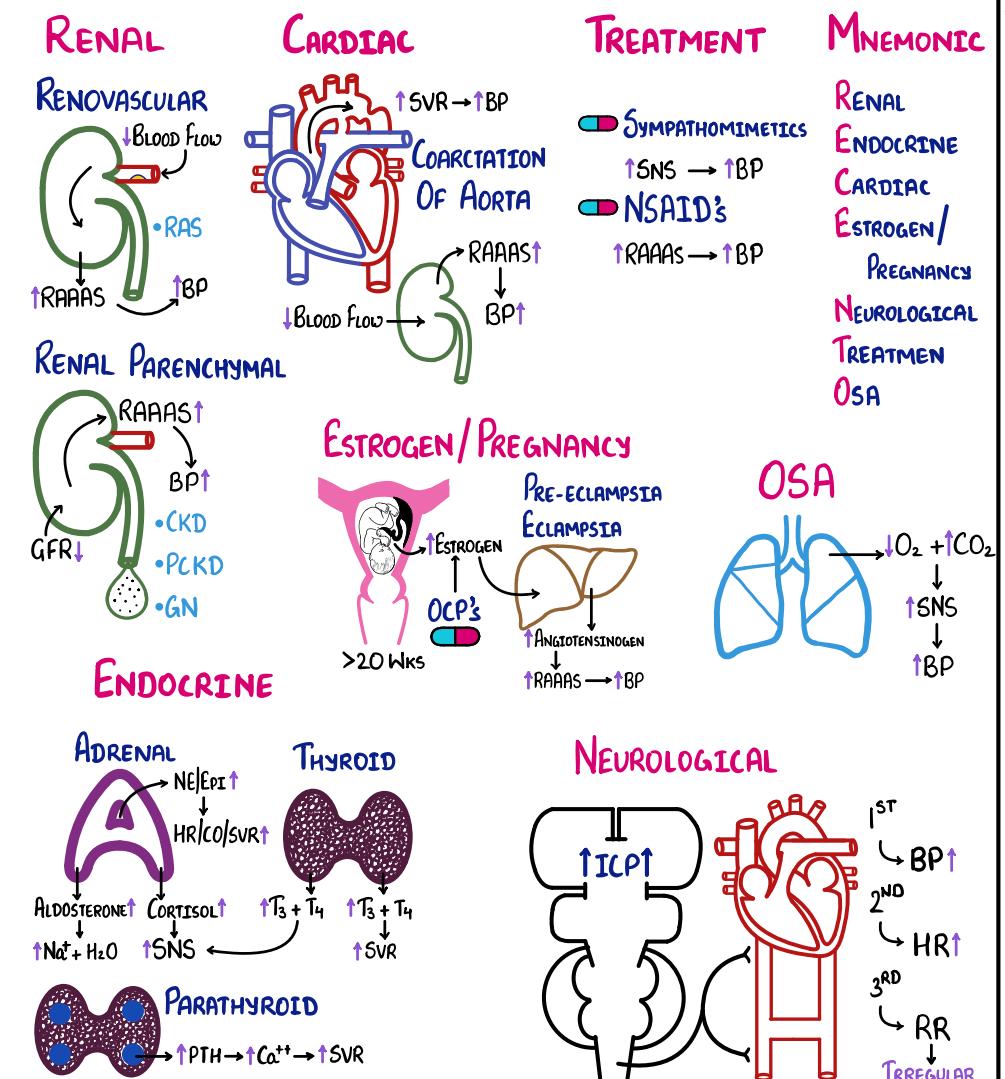


TYPES OF HTN AND CAUSES / PATHOPHYSIOLOGY

ESSENTIAL (1^o) HYPERTENSION (~90-95%)

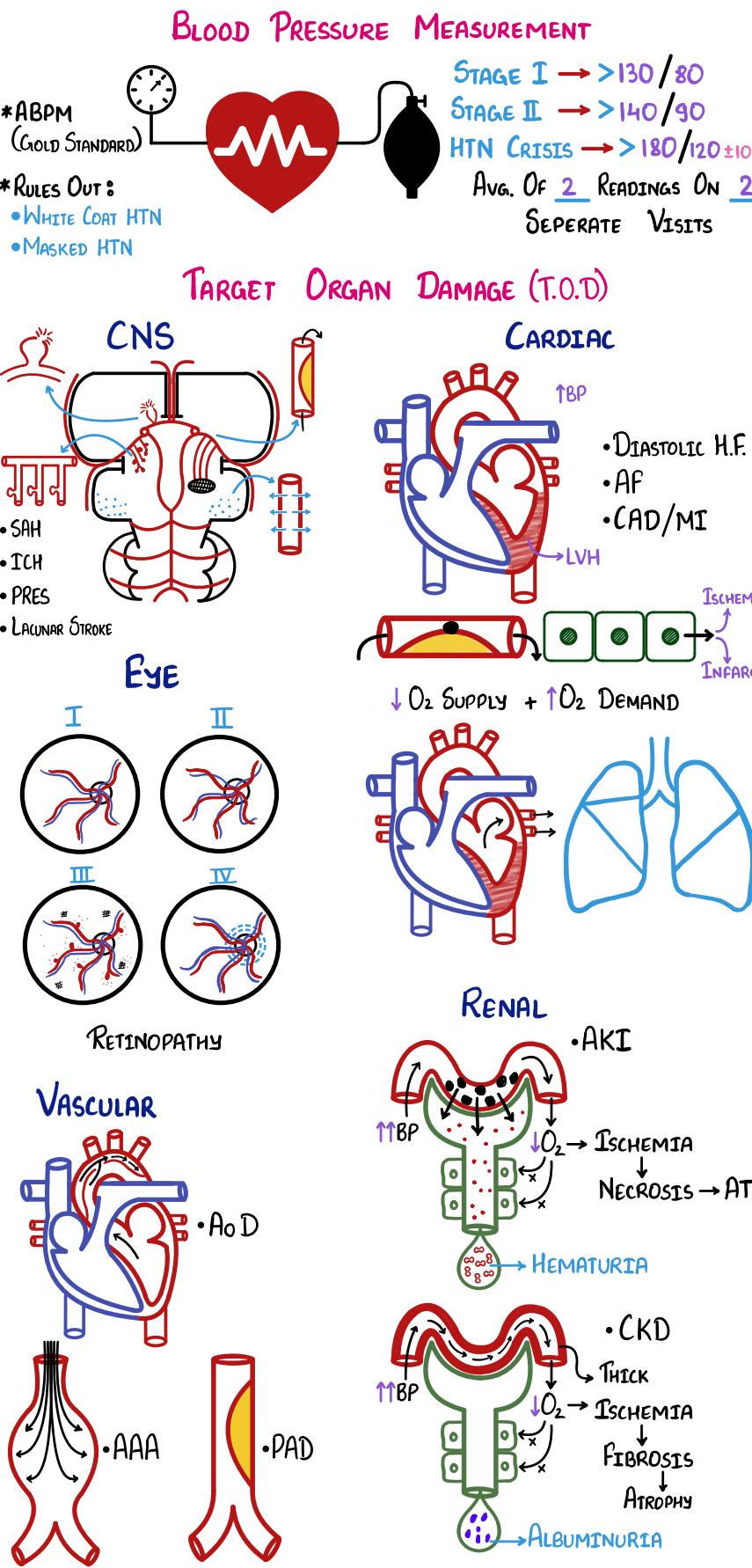


SECONDARY (2^o) HYPERTENSION (~5-10%)



HYPERTENSION

FEATURES AND COMPLICATIONS OF HTN



Juli. G

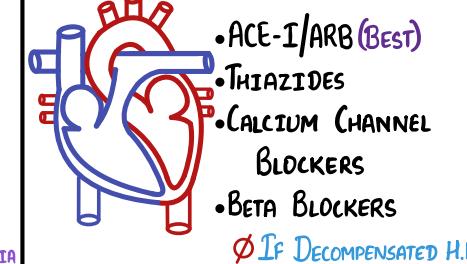
TREATMENT OF HYPERTENSION AND HTN CRISIS (GOAL: < 140 / 90)

LIFESTYLE CHANGES

- ↓ SNS
- ↓ ETOH
- ↓ STRESS
- ↓ SMOKING
- ↓ Na⁺ RETENTION
- ↓ Na⁺ DIET
- ↑ DASH DIET
- ↓ SVR
- ↑ EXERCISE
- ↑ WEIGHT LOSS (BEST)

COMORBIDITY BASED TREATMENT

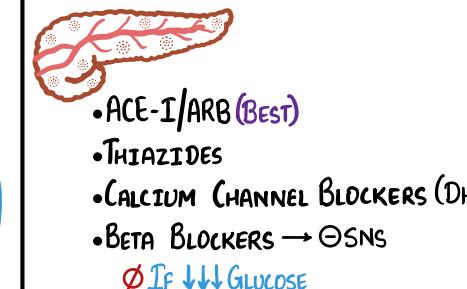
HEART FAILURE + HTN



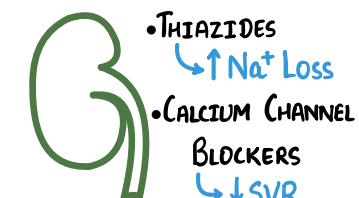
PREGNANCY + HTN



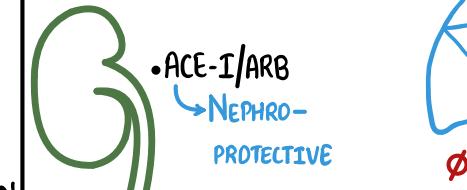
DM + HTN



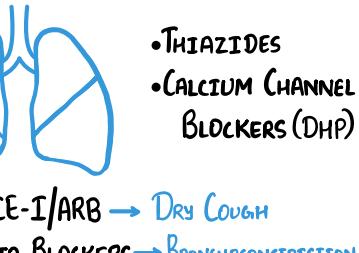
↓ RENIN HTN



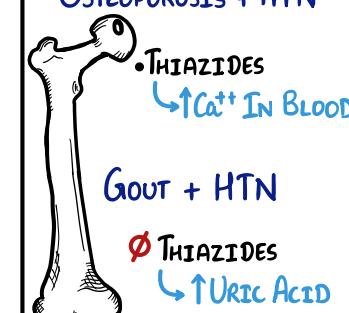
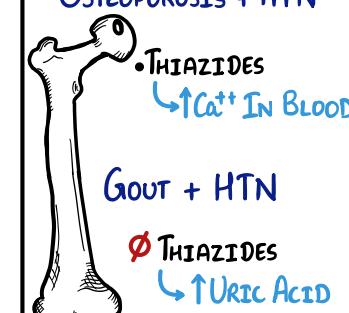
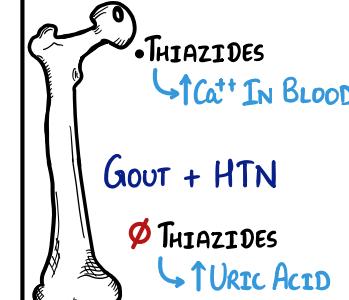
CKD + HTN



ASTHMA + HTN



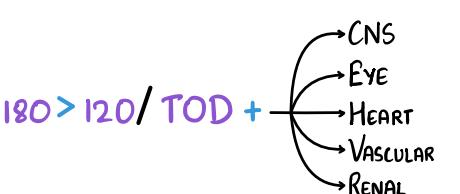
OSTEOPOROSIS + HTN



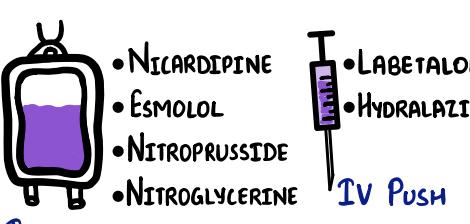
PHARMACOLOGICAL MANAGEMENT

- ACE-I/ARB's (↓ RAAAS)
- Thiazides (↓ Na⁺ Retention)
- Dihydropyridine (↓ SVR)
- CCB's
- Beta Blockers (↓ HR/Contractility)
 - α ± (↓ SVR)
- Alpha Blockers (↓ SVR)

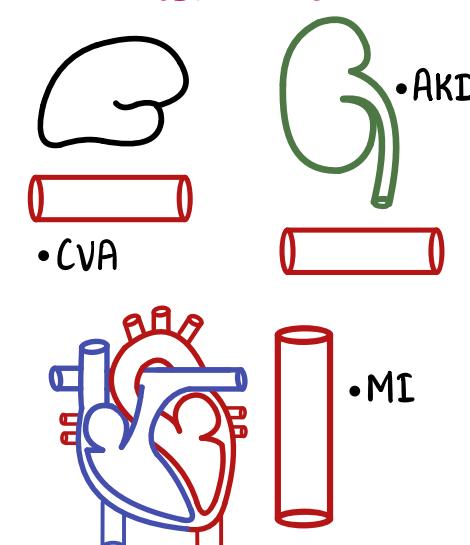
HTN EMERGENCY



>180/120 → 25% in 1st hour →
<160/100 → Next 2-6 hours →
Baseline next 2 days



AVOID ↓↓ BP



NINJA NERD