

STAGES AND RISKS OF ARTERIAL HYPERTENSION, DIFFERENCES BETWEEN STAGES

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Abstract: The word "hypertension" is translated from Latin as "excess pressure". What are the stages and levels of hypertension and how many risk factors affect its development - in detail in our article.

Key words: Stages, risk groups, levels, prevention.

Classification of hypertension and the difference between them

Doctors distinguish three levels and three stages of the disease. These concepts are often confused, but there is a significant difference between them.

Levels of arterial hypertension

It is a classification based on blood pressure (BP) levels: high (systolic) and low (diastolic).

Expanded classification of blood pressure levels (in accordance with national clinical guidelines for the treatment of hypertension). It is a mistake to consider blood pressure as a "pure technical indicator": the higher its constant level, the more serious the situation

Stages of arterial hypertension

Here, the division into categories is based on the severity of the changes in the body: how specific these changes are and how much the target organs - blood vessels, heart and kidneys - suffer. Their defeat is a separate criterion for risk assessment.

The term "hypertension" was proposed by GFLang in 1948 and corresponds to the term "essential hypertension" (hypertension) used in foreign countries.

At any stage of the disease, the pressure can also correspond to any level - from the first to the third. It is very individual, so in addition to the readings on the tonometer, you should pay attention to the examination data. Specific indications are always taken into account when prescribing therapy, recommendations and prognosis.

Arterial hypertension stage 1

With regular visits to the doctor and following the rules of life, hypertension does not require serious medical intervention if there is no deterioration of health.

The prognosis depends on the level of blood pressure and the number of risk factors: smoking, obesity, cholesterol level, etc.

Arterial hypertension stage 2

If the process is not corrected in time with drugs, the disease can progress and move to the third stage. There is only one way to prevent this: monitor the condition of the cardiovascular system and undergo regular examinations.

Arterial hypertension stage III

In this case, drugs are required not only to lower blood pressure, but also to treat concomitant diseases. The recommendation also applies to the first two stages of hypertension if the patient is diagnosed with diabetes, kidney disease or other pathologies.

Arterial hypertension - 4 risk groups

To protect the heart and blood vessels from damage and not to miss the situation when it is too late, you need to know what factors the disease depends on.

4 groups of risk factors:

low risk;

average;

high;

very high.

There is a direct correlation between risk factors and classification according to the severity of the disease. This is clearly stated in the National Clinical Guidelines of the Ministry of Health of the Russian Federation "Arterial hypertension in adults".

To determine the risk group, you need to know the level of blood pressure and the stage of the disease.

High and very high risk groups

These conditions are the most serious and require special attention.

When more than three risk factors are combined and arterial hypertension of the 2nd stage is present, the patient is placed in a high-risk group. It also includes anyone with significant at least one of the following:

increase total cholesterol from 8 mmol / l (310 mg / dl);

third-degree hypertension (systolic blood pressure greater than or equal to 180 mm Hg, diastolic blood pressure greater than 110 mm Hg),

third stage of chronic kidney disease,

left ventricular hypertrophy,

diabetes mellitus without damage to target organs.

Patients at very high risk are those who have any of the following factors:

Atherosclerotic diseases of the heart and blood vessels confirmed by clinical or imaging studies (ASCVD). This may include stable angina, coronary revascularization (coronary artery bypass grafting and other arterial revascularization procedures), stroke and transient ischemic attacks, previous acute coronary syndrome (heart attack or unstable angina), and peripheral arterial disease. It is necessary to take into account the results of imaging studies that are important for the prognosis of clinical events: a significant number of plaques in coronary angiograms or computer tomography (multivessel disease of the coronary arteries with stenosis of two main epicardial arteries). 50%) or according to the results of ultrasound examination of the carotid arteries.

Target organ damage or the presence of at least three important risk factors listed in the next section of the article is diabetes mellitus, which also includes early-onset and long-term (more than 20 years) type 1 diabetes.

Severe chronic kidney disease (eGFR < 30 ml/min/1.73 m²).

Familial hypercholesterolemia with ASCVD or other significant risk factors.

The degree of arterial hypertension can be the first, second or third.

With any triggering factors (for example, smoking or alcohol abuse), the threat to health and life increases in this case.

If you find yourself in the high or moderately high risk group, you should see a cardiologist as soon as possible

Common cardiovascular risk factors in hypertension

Male.

Over 55 years for men, over 65 years for women.

Smoking and excessive alcohol consumption.

Dyslipidemia is an increase in fats in the blood (every indicator of lipid metabolism is taken into account).

A total cholesterol level of more than 4.9 mmol/l (190 mg/dL).

Alternative indications: low-density lipoprotein cholesterol level greater than 3.0 mmol/L (115 mg/dl) and/or high-density lipoprotein cholesterol level 1.0 mmol/L (40 mg/dl) in men, less than 1 in women . 2 mmol/L (46 mg/dl).

Triglycerides greater than 1.7 mmol/L (150 mg/dL).

Increased fasting blood glucose: 5.6-6.9 mmol / L fasting (101-125 mg / dL) or n.

Impaired glucose tolerance: glucose readings between 7.8 mmol/l and 11.0 mmol/l should be alarming during the test.

Obesity: body mass index is 30 kg/m² and above, waist circumference is more than 102 cm in men and 88 cm in women.

If we talk about men, before the age of 55, or if we talk about women, before the age of 65, the presence of relatives who developed cardiovascular diseases.

The most dangerous conditions for arterial hypertension

Diagnosed heart diseases: myocardial infarction, atrial fibrillation, heart failure, angina.

Vascular diseases: acute coronary syndrome, coronary revascularization or arterial revascularization of any other place, stroke, transient ischemic attacks, aortic aneurysm, pathologies of peripheral arteries.

The presence of atherosclerotic plaques in the vessels during visualization.

Diabetes mellitus with damage to target organs or its combination with the main provoking factors.

Severe chronic kidney disease.

In any of these cases, the patient needs therapy under the supervision of a doctor.

If you find yourself in one of the risk categories, you should do the following:

measure blood pressure every day and record the results;

even with the first degree of the disease - consult a doctor to determine the causes of arterial hypertension;

monitor your health status - for example, do not violate the principles of nutrition for diabetes;

Analyze what lifestyle is recommended for your condition and follow these rules.

By following all the doctor's recommendations and monitoring your well-being, you can avoid critical consequences even in a high-risk group. If you give up bad habits and revise your lifestyle, your blood pressure may begin to decrease within 1-2 weeks. In the case of primary hypertension, such timely measures can slow down the progression of the disease and in some cases reduce the need for drug therapy.

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