Hypertensive urgency symptoms merck manual free online

What is High Blood Pressure (Hypertension)? High blood pressure is a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease. Blood pressure is determined both by the amount of blood your heart pumps and the amount of resistance to blood flow in your arteries. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure. Types of Hypertension Primary (essential) Hypertension This is the most common type of hypertension and usually develops gradually over many years. Sometimes there is no identifiable, direct cause for this type of high blood pressure. It usually happens due to nonactive lifestyles and having risk factors that increase your risk of developing high blood pressure. Secondary Hypertension This type appears suddenly. It can happen because you have another health condition or are taking medications that may be causing blood your pressure to be high. Once the cause of secondary hypertension is fixed, blood pressure usually returns to normal. How is Blood Pressure Measured? Blood pressure is measured using a cuff filled with air that squeezes an artery in your upper arm and a gauge records your ‘pressure’ as the air is released from the cuff. Blood pressure is expressed as two numbers, for example 120/80 mmHg. The top number (systolic pressure) represents how much the heart contracts (pumps blood). The bottom number (diastolic pressure) represents the heart at rest (not contracting). Blood pressure is measured in millimeters of mercury (mmHg). How high blood pressure is diagnosed Topic Resources Each heart beat pushes blood through your arteries. Arteries are the blood vessels that carry blood from your heart to your body. Blood pressure is the pressure of blood in your arteries. Without blood pressure, blood wouldn't flow through your blood vessels and you'd die. But blood pressure that's too high stresses your heart and damages your arteries and other organs. High blood pressure is called the silent killer because it usually doesn't cause symptoms until it's too late High blood pressure causes more deaths and serious problems than almost any other condition, but most complications can be prevented by proper treatment Exercising, eating less salt, losing weight, quitting smoking, and drinking less alcohol help lower blood pressure You also may need to take blood pressure pills—sometimes 2 or 3 different ones It's important to keep taking your medicine even if you feel fine Doctors use a blood pressure cuff to check your blood pressure. Two numbers are recorded. For example, your blood pressure might be 120/80, called "120 over 80." The first number is the highest pressure in the arteries, when your heart pushes the blood out. This is the systolic pressure. The second number is the lowest pressure in the arteries, when your heart is relaxed just before it begins to push blood out. This is the diastolic pressure. Your blood pressure isn't exactly the same every time it's measured. It varies a little throughout the day and day-to-day. But usually the reading stays within 5 or 10 points over time. In adults, doctors classify blood pressure as: Elevated: 120–129 systolic AND less than 80 diastolic Stage 1 high blood pressure: 130–139 systolic OR 80-89 diastolic Stage 2 high blood pressure: 140 or more systolic OR 90 or more diastolic High blood pressure usually doesn't have a clear cause—it just happens. This kind of high blood pressure often runs in families. It's more common in people over 45 and in Black people. Risk of this kind of high blood pressure is increased by: Being overweight or obese Not being active each day Less often, other medical problems cause high blood pressure, particularly: Many drugs and substances can raise blood pressure. Blood pressure goes down when the effects of the drug or substance wears off unless you have high blood pressure for other reasons. Common substances that raise blood pressure include: Nasal decongestants, such as phenylephrine and pseudoephedrine NSAIDs (anti-inflammatory drugs such as ibuprofen) Stimulant drugs such as amphetamines and cocaine High blood pressure usually doesn't cause symptoms. You can't tell whether your blood pressure is high based on how you feel. People often think headaches, nosebleeds, dizziness, feeling tired, and other general symptoms are due to high blood pressure. But you're just as likely to have these things when your blood pressure is normal. Confusion or trouble speaking Weakness or paralysis of one side of your body or face Doctors use a blood pressure cuff to check your blood pressure, and they may check your blood pressure 3 or more times. Doctors may use a stethoscope or a machine to measure your blood pressure. Doctors can measure blood pressure in your arm or leg. The doctor may find high blood pressure when you're nervous or not relaxed, which is a common feeling in a doctor's office. The doctor may ask you to sit for a while or come back for another reading to be sure that you're feeling calm and comfortable so that the reading is accurate. Sometimes, the doctor will have you take your own blood pressure with a home blood pressure machine for a day or two. If you have high blood pressure, doctors will do: Doctors may also do other tests to figure out if there's a more unusual cause of your high blood pressure. They'll do these tests especially if you're young or if the usual treatment doesn't lower your blood pressure. High blood pressure usually can't be cured. But changing some of your behaviors and taking medicine can help you control it. The goal for your blood pressure depends on your age and what other medical problems you have. Once treatment is started, it's important to check your blood pressure often to be sure it gets to the right level. Doctors may also ask you to check your blood pressure at home and keep a record to share at your next doctor's visit. Your doctor may need to add or change medicines to bring your blood pressure down. Everyone with high blood pressure needs to change their lifestyle. Doctors usually suggest you go on a diet called DASH (Dietary Approaches to Stop Hypertension). This diet has you eating lots of fruits and vegetables and using low-fat dairy products. You can eat poultry, fish, whole grains, and nuts, but not much red meat, sweets, and salt. Doctors may also suggest you: Start exercising or exercise more often Lose weight if you're overweight Learn how to relax to deal with stress Doctors often prescribe one or more blood pressure medicines. Different medicines lower blood pressure in different ways. Sometimes it takes time to find the right combination of medicines at the right doses to bring blood pressure down to your goal level. Most people need to take medicine for the rest of their life. It's very important that you and your doctor keep checking your blood pressure to be sure that it stays down. Always tell your doctor if your blood pressure medicine is making you not feel well. Your doctor can change the amount or type you're taking to help you feel better. NOTE: This is the Consumer Version. DOCTORS: CLICK HERE FOR THE PROFESSIONAL VERSION CLICK HERE FOR THE PROFESSIONAL VERSION Admit to intensive care unit (ICU) Short-acting IV drug: nitrates, fenoldopam, nicardipine, or labetalol Goal: 20 to 25% reduction MAP in 1 to 2 hours Hypertensive emergencies are treated in an ICU; blood pressure is progressively (although not abruptly) reduced using a short-acting, titratable IV drug. Choice of drug and speed and degree of reduction vary somewhat with the target organ involved, but generally a 20 to 25% reduction in MAP over an hour or so is appropriate, with further titration based on symptoms. Achieving “normal” BP urgently is not necessary. Typical first-line drugs include nitroprusside, fenoldopam, nicardipine, and labetalol (see table Parenteral Drugs for Hypertensive Emergencies Parenteral Drugs for Hypertensive Emergencies). Nitroglycerin alone is less potent. Oral drugs are not indicated because onset is variable and the drugs are difficult to titrate. Although short-acting oral nifedipine reduces blood pressure rapidly, it may lead to acute cardiovascular and cerebrovascular events (sometimes fatal) and is therefore not recommended. Clevidipine is an ultra-short-acting (within 1 to 2 minutes), 3rd-generation calcium channel blocker that reduces peripheral resistance without affecting venous vascular tone and cardiac filling pressures. Clevidipine is rapidly hydrolyzed by blood esterases and, thus, its metabolism is not affected by renal or hepatic function. It has been shown to be effective and safe in the control of perioperative hypertension and hypertensive emergencies and was associated with lower mortality than nitroprusside. Prolonged administration of nitroprusside (> 1 week or, in patients with renal insufficiency, 3 to 6 days) leads to accumulation of thiocyanate, with lethargy, tremor, abdominal pain, and vomiting. Other adverse effects include transitory elevation of hair follicles (cutis anserina) if BP is reduced too rapidly. Thiocyanate levels should be monitored daily after 3 consecutive days of therapy, and the drug should be stopped if the serum thiocyanate level is > 12 mg/dL (> 2 mmol/L). Because nitroprusside is broken down by ultraviolet light, the IV bag and tubing are wrapped in an opaque covering. Given data showing increased mortality with nitroprusside compared to clevidipine, nitroglycerin, and nicardipine, nitroprusside should probably not be used when other alternatives are available. Fenoldopam is a peripheral dopamine-1 agonist that causes systemic and renal vasodilation and natriuresis. Onset is rapid and half-life is brief, making it an effective alternative to nitroprusside, with the added benefit that it does not cross the blood-brain barrier. Initial dosage is 0.1 mcg/kg/minute IV infusion, titrated upward by 0.1 mcg/kg every 15 minutes to a maximum of 1.6 mcg/kg/minute. Nitroglycerin is a vasodilator that affects veins more than arterioles. It can be used to manage hypertension during and after coronary artery bypass graft surgery Coronary Artery Bypass Grafting (CABG) Frontal and lateral chest x-ray of a patient post coronary artery bypass surgery showing sternal sutures (black arrow) and surgical clips (red arrow). Coronary artery bypass grafting (CABG)... read more , acute myocardial infarction Acute Myocardial Infarction (MI) Acute myocardial infarction is myocardial necrosis resulting from acute obstruction of a coronary artery. Symptoms include chest discomfort with or without dyspnea, nausea, and/or diaphoresis... read more , unstable angina pectoris Unstable Angina Unstable angina results from acute obstruction of a coronary artery without myocardial infarction. Symptoms include chest discomfort with or without dyspnea, nausea, and diaphoresis. Diagnosis... read more , and acute pulmonary edema Pulmonary Edema Pulmonary edema is acute, severe left ventricular failure with pulmonary venous hypertension and alveolar flooding. Findings are severe dyspnea, diaphoresis, wheezing, and sometimes blood-tinged... read more . IV nitroglycerin is preferable to nitroprusside for patients with severe coronary artery disease because nitroglycerin increases coronary flow, whereas nitroprusside tends to decrease coronary flow to ischemic areas, possibly because of a “steal” mechanism. Starting dose is 10 to 20 mcg/minute titrated upward by 10 mcg/minute every 5 minutes to maximum antihypertensive effect. For long-term BP control, nitroglycerin must be used with other drugs. The most common adverse effect is headache (in about 2%); others include tachycardia, nausea, vomiting, apprehension, restlessness, muscular twitching, and palpitations. Nicardipine, a dihydropyridine calcium channel blocker with less negative inotropic effects than nifedipine, acts primarily as a vasodilator. It is most often used for postoperative hypertension and during pregnancy. Dosage is 5 mg/hour IV, increased every 15 minutes to a maximum of 15 mg/hour. It may cause flushing, headache, and tachycardia; it can decrease glomerular filtration rate (GFR) in patients with renal insufficiency.

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