

Impact of Hypertension on Neurocognitive Performance

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ABSTRACT

Elevated chronic blood pressure is not only an important risk factor for cardiovascular morbidity and mortality, but also an important risk factor for future cognitive impairment and loss of autonomy. Clinical evidence obtained from elderly community residents with few comorbidities and reserved autonomy supports the beneficial effect of lowering blood pressure in the elderly with hypertension.

Keywords: Blood pressure, comprehensive assessment of elderly, diastolic blood pressure, pulse pressure, chronic heart failure .

INTRODUCTION

Hypertension is a typical danger factor for mental deterioration and dementia and might be preventable and reparable. It isn't known precisely when hypertension starts to disable insight, however middle age has all the earmarks of being a delicate period when openness to hypertension has unpretentious and enduring antagonistic consequences for the mind. The techniques used to order mental results obstruct equivalence between studies. Alternately, beginning stage of hypertension implies longer openness to hypertension, and longer periods are likewise connected with more noteworthy mental degradation and dementia, no matter what the time of beginning of hypertension. Consequently, a brief time of hypertension might clarify a portion of the inconsistencies in examinations exploring the impacts of later hypertension on mental degradation or dementia. Hence, two variables should be thought of: the time of finding and the term of hypertension. The utilization of antihypertensive medications and control of tension levels¹⁴ appears to ease the relationship among hypertension and mental degradation and dementia, however such impacts have not been very much considered. Prehypertension (systolic circulatory strain [SBP] 121-139 and diastolic pulse [DBP] 81-89 mmHg) is related with broad harm to numerous objective organs, however with mental degradation

and dementia. The affiliation has not been concentrated on a lot. Such investigations are significant due to the high probability of counteraction and reversibility of prehypertension. This review explored whether hypertension and prehypertension anticipate a huge decrease in mental test execution in ELSA Brasil members following 4 years of follow-up. What's more, we researched whether indicative age, term, treatment status, and hypertension the board additionally anticipated a critical decrease in mental test execution. These factors are relied upon to anticipate sped up mental deterioration. The object is to settle on the best choices as far as indicative and restorative systems and stay away from earlier avoidances from forceful treatment exclusively to mature and delaying life.

CONCLUSION

The objective of is to make the best decision regarding diagnostic and treatment strategies to avoid pre-exclusion due to advanced age and active treatments that only aim to prolong life.

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Nothing to mention.

CONFLICTS OF INTEREST

The authors declare that they have no conflict of interest.

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