

Commentary

Risk Factors and Management of Hypertension in Physically Disabled Persons

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DESCRIPTION

The inability to perform an action in a manner that is consistent with the purpose of an organ or an organ system is characterized as disability. Chronic disorders such as hypertension are more common among those with impairments. Hypertension, often known as high blood pressure, is a serious medical condition that raises the risk of heart, brain, kidney, and other disorders dramatically. Hypertension is a substantial risk factor for cardiovascular disease that is independent of other factors [1]. When compared to people with any other single disability, people with physical disabilities are more adversely affected by physiological inadequacies and environmental circumstances. The measurement of blood pressure is in millimeters of mercury (mm Hg). It has two numbers. When the heart contracts or beats, the first number (systolic) shows the pressure in blood vessels. The second number (diastolic) indicates the pressure in the arteries while the heart is at rest between beats.

Hypertension has the potential to harm the heart. Excessive pressure can cause arteries to stiffen, reducing blood and oxygen flow to the heart. Hypertension can potentially cause a stroke by bursting or blocking arteries that provide blood and oxygen to the brain. Obesity, salt sensitivity, renin homeostasis, insulin resistance, genetics, and age are only a few of them. With improved survival rates of children and young adults with previously deadly illnesses, the incidence of impairment is projected to rise. People with disabilities have a 2.3-fold increased chance of getting hypertension and a five-fold increased risk of death from hypertension than the general population. Due to their complicated demands, such as physical limitations and co-morbid health conditions, self-management may be even more difficult for people with physical impairments, stressing the need for additional support and suitable accommodations. One condition that causes disability is functional impairment; disabled people with hypertension may have a higher proportion of renal impairment [2]. Inactive people have a greater heart rate than active people.

Hypertension is also a major cause of heart disease and stroke. Physical issues that restrict physical mobility are common in

people with developmental and intellectual impairments, including gait difficulties, musculoskeletal deformities and discomfort, and paralysis. When compared to the general population, patients with physical disabilities have a much greater prevalence of hypertension [3]. When compared to patients with other forms of disabilities, those with intellectual or mental disabilities had worse rates of blood pressure control.

Severe high blood pressure can cause fatigue, nausea, vomiting, confusion, anxiety, chest pain, and muscle tremors. Modifiable threat elements consist of heart failure, which happens when the coronary heart cannot pump sufficient blood and oxygen to different vital body organs. People who are less active and less healthy are 30%-50% more likely to develop high blood pressure [4]. Brain cells die in the course of a stroke due to the fact that they do not get sufficient oxygen. Most coronary heart attacks cause discomfort in the middle of the chest that lasts more than a few minutes. It can feel like there is a squeezing pressure on the chest, non-modifiable risk factors include a family history of high blood pressure, being over the age of 65, and having co-occurring illnesses such as diabetes or kidney disease [5].

Prescribing of antihypertensive therapy make lifestyle modifications: like eating a healthier diet, reducing the quantity of sodium in diet to less than 1,500 milligrams each day if you have high blood pressure; Poor adherence/compliance is usually the main cause of poor control of hypertension. No matter which drug is used, the foremost important aspect of treating hypertension is reducing BP to goal. Diagnosis of hypertension being on angiotensin-converting enzyme/angiotensin receptor blocker.

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