



Examination of Patients with Hypertension with Non Sustained Heart Failure

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DESCRIPTION

Arterial stiffness can be measured using noninvasive, repeatable, and affordable methods like augmentation index, central pulse pressure, and Pulse Wave Velocity (PWV). Arterial stiffness is recognized as a marker for the development of cardiovascular disease. Numerous investigations have demonstrated the predictive power of these noninvasive arterial stiffness tests for cardiovascular events and death. Atrial fibrillation incidence and arterial stiffness are strongly correlated, according to recent research. Because of interstitial fibrosis and alterations in atrial myocytes, Left Atrial (LA) enlargement is a significant and independent risk factor for the development of atrial fibrillation. It is also partially reversible. A sensitive technique for measuring and identifying minute variations in left atrial function, particularly in the reservoir, conduit, or contraction LA properties, is speckle-tracking echocardiography. In addition to increasing the risk of atrial fibrillation development and recurrence independent of LA dilation, LA dysfunction, particularly reservoir and conduit dysfunction, occurs before LA dilation. In addition to being a reliable indicator of cardiovascular death, arterial stiffness is important in the pathophysiology of cardiovascular disease. Increased arterial stiffness and atrial fibrillation have been linked more recently, and an increase in PWV has been found to be an independent predictor of a new episode of atrial fibrillation. Interestingly, the studies were able to show that interatrial block is more common in people with NSAT, which suggests that electrocardiographic alterations may occur before atrial function changes as determined by echocardiography. Furthermore, in clinical practice, the presence of elevated BNP in NSAT subjects may be a significant finding for identifying hypertensive patients who

could benefit from Holter monitoring and for examining non sustained atrial tachycardia, which could develop into atrial fibrillation in the future. The higher frequency of men in the group with non-sustained atrial tachycardia supports a similar conclusion. Age and gender differences exist in the incidence of AF. In a European cohort of 79,793 people, the incidence of AF increases significantly in men after the age of 50, while in women it does so after the age of 60. At 90 years old, both curves converge. Before the age of fifty, the incidence of atrial fibrillation is extremely low. Since the incidence curves only converge at 90 years of age, we expected to find more men with atrial fibrillation in the age group of 60-70 years, as the NSAT may represent a phase prior to the development of this condition. However, given that this patient may develop long-term atrial fibrillation, the increase in BNP levels and the presence of interatrial block on the ECG may alert us to the greater likelihood that a hypertensive person has non sustained atrial tachycardia and, consequently, make us more cautious during follow-up. Uncertainty surrounds the pathophysiological mechanisms underlying elevated arterial stiffness, which is presently a separate risk factor for atrial fibrillation. This study looked at the relationship between arterial stiffness and the occurrence of Non-Sustained Atrial Tachycardia (NSAT) in patients with hypertension. Using the Complior® device, PWV was measured in the carotid-femoral arterial segment (Colson, Gonesse, France). Two mechanographic sensors were simultaneously positioned in the carotid and femoral arteries at a known distance in order to make the measurement. These sensors have membranes that are repeatedly distorted by the pulse wave's shock. This deformation is first converted into an electrical signal and then sent to a computer program that performs calculations.

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Received: 27-Oct-2023, Manuscript No. JVMS-23-24128; **Editor assigned:** 30-Oct-2023, Pre QC No. JVMS-23-24128 (PQ); **Reviewed:** 15-Nov-2023, QC No. JVMS-23-24128; 22-Nov-2023, Manuscript No. JVMS-23-24128 (R); **Published:** 29-Nov-2023, DOI: 10.35248/2329-6925.23.11.544

Citation: Toshio T (2023) Examination of Patients with Hypertension with Non Sustained Heart Failure. J Vasc Surg. 11:544.

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