

## Editorial

### Management of Hypertension

Management of hypertension is very poor even in the developed countries while it is much worse in developing countries (Hypertension League reports) like Pakistan. Due to lack of education, our population's awareness about hypertension is abysmally low. The main thrust is needed in prevention of hypertension as it is logical and cost-effective.

In Pakistan too much salt is used in practically all types of foods, be it bread, nan, curry, chutney or pickle etc. In fact all foods are saturated with sodium chloride. Excessive salt intake is one of the important factors in precipitating and aggravating hypertension. There is no law or campaign to restrict the quantity of salt in edibles. No labels are displayed on food items about the quantity of salt in them.

A lot of renal infections occur particularly amongst the ladies, due to unplanned pregnancies with poor or non-available ante-natal care, which are either not treated or poorly managed resulting in chronic infections, leading to hypertension. Many diabetics and patients suffering from Metabolic syndrome are not managed properly and thus they develop hypertension and its complications. Life style therapy including dietetic measures, exercise and weight control etc are not given proper emphasis while these are the areas where preventive measures are most needed. Diet should consist of vegetables, fruits, whole cereals, pulses, nuts, seeds, mono-saturated oils, low fat

dairy products and should be low in saturated fats and salt.

As regards drug therapy most of our people are poor and can not afford expensive drugs for a life long disorder. Thiazides, bendrofluzide and hydrochlorthiazide, are affordable and effective anti-hypertensives, but, unfortunately these are not available since a long time. Hydrochlorthiazide has recently appeared in the market and is scarcely available at a few places unlike expensive antihypertensives which are available in abundance every where. It is rational to treat a large number of patients of hypertension with affordable and effective drugs like thiazides and inexpensive beta-blockers. Other antihypertensives have a place when there are compelling conditions.

Unfortunately, due to pressures from vested pharmaceutical industry and with collaboration of many health professionals, rational treatment of hypertension has not taken roots in Pakistan and therefore, the sufferings and complications of the disease are rampant. There is a dire need to create awareness of the disease and also to educate the medical students and doctors on proper lines i.e. preventive aspects, proper and early diagnosis, risk stratification, life style therapy and rational i.e. affordable and effective therapeutic regimens.

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