HYPERTENSION

L H MABUZA
MB ChB, BTh, MFamMed
Principal Family Physician and Senior Lecturer
University of Limpopo (Medunsa Campus) and Dr George Mukhari Hospital
Pretoria

Dr Mabuza practised as a general practitioner from 1987 to 2003. He has lectured part time to MFamMed registrars since 1995, and assumed full-time employment in 2003. He is involved in both undergraduate and postgraduate facilitation. His area of interest is the integrated learning of undergraduate medical students.

The viability of any health care delivery system hinges heavily on health care promotion and disease prevention. Recognition and application of this basic principle have been shown to be of benefit to a whole spectrum of economies, ranging from socialist to capitalist. The old dictum, prevention is better than cure, still holds – centuries since its coinage. The family physician, as the first-line defence in health care, remains the custodian of primary health care. His/her role is demonstrated in a variety of conditions, including hypertension. This issue of *CME* is dedicated to hypertension and related matters in the context of primary health care.

Hypertension is a silent disease affecting 1 in 5 of the adult population in Africa. In South Africa the figure is even worse – 1 in 4! It has been shown in the USA, the Caribbean and the UK that people of African descent present with hypertension at a much earlier age (± 35 years). Therefore, the control of hypertension in South Africa warrants prompt and aggressive large- and small-scale intervention measures. Dr Mbokazi reminds the reader about common patient presentation in the developing world.

Health care providers are aware of the importance of nutrition in the control of hypertension. However, it is difficult to translate nutritional interventions into practice. It is generally accepted that lifestyle modification is the first line of management of hypertension and other chronic diseases. Diet plays an important role in a healthy lifestyle as we are what we eat, and the input determines the output. Dr Maduna gives a comprehensive discussion on this topic and highlights that a prudent diet can save the patient from a lifetime sentence on medication.

While there is very little scientific knowledge on complementary and alternative medicine (CAM), the responsibility lies with the primary health care physician to familiarise him/herself with the basic knowledge of and the principles underpinning each of the common CAMs. An informed practitioner is in a better position to offer safe and credible judgement to the significant percentage of his/her patient population utilising this management option.

One of the key features in the holistic management of hypertension is the identification of its risk factors, predisposing an individual to its development. Given that some of the risk factors are non-modifiable, emphasis should be laid on those for which something can be done by the patient-physician team. Furthermore, it must also be emphasised that hypertension is one of the risk factors for cardiovascular diseases. Fortunately, hypertension is amenable to management and is therefore modifiable.

The fundamental approach to patient care in cases of hypertension is to conduct a complete and comprehensive examination and investigation of the patient's presentation. This is necessitated by the dynamic and unique state of each consulting patient, and like a mine field one never knows what could be unearthed in the lifetime of a patient-physician relationship. Drs Ahmad and Hassan give a comprehensive overview of this topic.

Important categories of patients such as the pregnant hypertensive and the elderly warrant special attention. Hypertension in pregnancy carries a risk for both the mother and her baby. The elderly tend to have multiple comorbidities, and the managing family physician needs to manage them skilfully and resist the temptation of polypharmacy. Dr Ndimande addresses these topics, focusing on the peculiarities of these patient categories.

Coupled with lifestyle modification, the decision to put a patient on medication is informed by the outcome of the physical examination and the relevant special investigations. The patient's blood pressure is accordingly classified and appropriate medication provided. Professor Mhlongo, who has published extensively on hypertension and diabetes mellitus, outlines the family physician's approach in the management of hypertension, alluding to research papers with current evidence.

Looking at current evidence and the classification of hypertension, it has been shown that for proper management the threshold should be lowered for patients with comorbidities such as diabetes and renal disease. Evidence has already been in existence for some time now that low-dose thiazides are the first-line therapy and that high-dose regimens should be avoided. High doses only accelerate development of untoward effects. Relentless research on hypertension continues. At this rate, it is not an overstatement that evidence may soon emerge nullifying the entire current evidence.

I hope that as the reader ploughs through this journal on hypertension new ideas will be generated, opening new avenues for further exploration and discussions.

GUEST ED.indd 230 5/3/06 8:46:08 AM