Hypertension and cerebral vascular accident: silent killers.

According to a 2002 report from the WHO, cerebral vascular accident (CVA) is the third cause of death on most developed countries. It is estimated that 5.5 million people around the world died as a consequence of CVA in the year 2001. Furthermore, in western countries, it is the second cause of neurological disability. Mortality over cerebral vascular diseases is only outnumbered by cardiac diseases. Nevertheless, they do not exclude each other. According to a document from Merck Sharp & Dome pharmaceutical company, one of the main risks associated with arterial hypertension is cerebral vascular accident. Statistics show that most CVA patients are hypertense. It is worth noting that risk increases as blood pressure levels increase and, furthermore, if it is not oversaw, which can be done today very quickly. In the report, WHO estimated that for every 6 mm Hg decrease of blood pressure, the risk of CVA and mortality is lowered by a 40%.

Arterial Hypertension

Panamerican Health Organization (PHO) reports indicate that hypertension affects almost 600 million people around the world, and 140 million in America, but nevertheless, half does not know of their ailment. When to measure blood pressure, two values must be taken into account: the highest, which is produced when the heart tightens and is known as ‘systolic arterial pressure’; and the lowest, which is produced in the relaxation between two beats, and is known as diastolic arterial pressure. A person suffers of arterial hypertension when at least in three consecutive checks, his systolic arterial pressure equals or exceeds 140 mm Hg and his diastolic pressure equals or exceeds 90 mm Hg. Generally, in hypertensive patients, both measurements (low and high) are high. However, when systolic pressure equals or exceeds 140 mm Hg but diastolic is inferior to 90 mm Hg, it is denominated systolic isolated hypertension, a much usual condition amongst the elderly. On the other hand, 90 % of the people who suffer arterial hypertension, can not find a defined cause to their ailment, commonly known as esencial or primary hypertension. When the cause is known it is called secondary hypertension. Family background, age (over 35), black race, overweight, lack of physical activity, excessive salt consumption, excessive alcohol consumption, diabetes and kidney diseases are risk factors which may well influence in the development of the condition. It is worth pointing out that arterial hypertension is one of the main risk factors for cerebral vascular accident (CVA) and also contributes to the development of heart diseases, kidney failure and atherosclerosis.

Cerebral Vascular accident (CVA)

The sudden death of brain cells as consequence of the obstruction or tearing up of an artery stopping the blood from irrigating certain region of the brain it is known as CVA. It may be ischemic or hemorrhagic, the first overcomes when an artery is obstructed and blood flow is interrupted (as a consequence of atherosclerosis or the presence of a clot). On the other side, the hemorrhagic kind happens because of the tearing of an artery wall, which leaves the blood escape outside.
CVA has a strong impact on the live of who suffers it. Depending on the zone of the brain which is affected and how the damage is disseminated, consequences may well include difficulty for movement, equilibrium, walking, swallowing, speaking disorders, paralysis of a whole side of the body, vision problems, incapacity to control the bladder, amongst others. Some of the risk factors for CVA are arterial hypertension, high cholesterol, diabetes, smoking, a high fat diet, a high salt diet, cardiac arrhythmias, excessive consumption of alcohol and drugs like cocain. It is more frequent amongst men than women. Signs and symptoms that may indicate the presence of a CVA are the lack of sensibility or sudden weakness in the face, arms or legs, specially on one side of the body: sudden confusion, problems for speaking or understanding, to see, with one or both eyes, to walk, dizziness, lost of balance or coordination and strong headaches.

LIFE and the role of Losartan.

The results obtained in LIFE reveal that antihypertensive Losartan reduces the combined risk of CVA, cerebral vascular death, and heart failure in patients with arterial hypertension and hypertrophy of the left ventricle. They also indicate that it reduced and additional 25% risk of suffering a CVA for the same reduction of arterial pressure that comparison drug (atenolol). The LIFE study demonstrated for the first time that the losartan based regime was more effective that the one based in atenolol to reduce the risk of CVA in hypertensive patients regardless of the reductions of the arterial pressure in the treatment groups. Other findings demonstrated that there was no difference amongst the treatment groups regarding the risk of heart attack or cardiovascular death. Losartan, by Merck, Sharp & Dohme, is the first antihypertensive medicine belonging to a class of drugs denominated ‘antagonists of the angiotensine II’. Though the exact causes of arterial hypertension have yet not been determined, a special focus has been set on the role of angiotensine II, who stimulates a series of effects in the structure of veins, heart and other tissues. Angiotensine II is the most important constrictor of veins and presents an important effect in the retention of liquid and sodium. Losartan blocks the receptor for angiotensine II, preventing vein constriction.

RECOMMENDATIONS TO AVOID A CVA.
National Institute of Health (US) recommends:

Control your blood pressure frequently
Eat low fat aliments
Control diabetes
Control your weight
Don’t smoke