Contemporary Diagnosis and Management of Hypertension in African Americans

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African Americans excrete a sodium load more slowly and less completely than whites [45]. This results in suppression of the renin-aldosterone-angiotensin system (RAAS) due to volume-loading that typically begins in childhood [46â€“49]. Ultimately, a low-renin state, which compensates for the relative tendency to retain sodium, ensues [50]. African-American Study of Kidney Disease and Hypertension (AASK) demonstrated that protection from renal disease progression was most improved with an angiotensin-converting enzyme (ACE) inhibitor compared with beta-blocker- or calcium-channel-blocker (CCB)-based therapy.32 In addition, it is important to remember that the primary outcome of the reduction in cardiovascular events in ALLHAT was equivalent between diuretics, calcium channel.Â Improving BP management in African-Americans requires an approach that recognizes cultural, physiological, socioeconomic, and epidemiological differences compared with the general population of the US. Management of these patients should include treatment to target these pathological mechanisms. Funding None. Copyright Â© 2020 Elsevier Ltd. All rights reserved.Â African Americans represent more than 70% of deaths related to COVID-19 in Louisiana, a trend that could have both socioeconomic and biological causes. The University Medical Center in New Orleans, built after Hurricane Katrina, is equipped with an autopsy suite that meets US Centers for Disease Control standards for autopsy of patients positive for COVID-19. We report here on the cardiopulmonary findings of the first autopsy series, to our knowledge, of ten African Americans with recorded cause of death of COVID-19. The distinctive pathological findings are likely to have important. Guidelines for the diagnosis and management for these subgroups are addressed separately by the relevant 6th World Symposium on Pulmonary Hypertension (WSPH) Task Force articles in this issue of the European Respiratory Journal [1â€“3]. Clinical suspicion of PH Symptoms Symptoms of PH are non-specific: exertional dyspnoea, fatigue, weakness, chest pain, light-headedness/ syncope and, less frequently, cough.Â FIGURE 2 Algorithm for the diagnosis of pulmonary hypertension (PH) and its causes: role of the PH expert centre.