

## **Editor's Details:Case study**

### **Case Report on Hypertension in Elderly Patients**

#### **ABSTRACT**

**Introduction:** The other name of high blood pressure is hypertension. Blood pressure is the force exerted by person against wall of blood vessels. Normal value of blood pressure is 120/80mmHg .Hypertension increases with increasing in age. It can cause various health complications like stroke, heart diseases and affect psychological health and sometimes cause death. Hypertension is very common in elderly people with the onset of 50 to 60 years. They face the difficulties like anxiety, fatigue, and does not have the ability to cope up with the normal stressors of life. **Clinical Findings:** Chest pain, not having proper sleep, headache, irregular heart beat , loss of appetite, fatigue, anxiety, lack of coping ability. **Diagnostic Evaluation :** after performing various kinds of the investigations the result is Hb% - 12.9gm% , Total RBC Count – 4.6 millions/cumm , Total WBC count – 14500 millions/cumm , Monocytes – 2% , Granulocytes – 56% , Lymphocytes – 40%. Blood pressure – 160/100 .**Therapeutic Intervention:** Inj. Pantoprazole 40 mg IV x OD – it is an analgesic which acts on the inflammation and pain. It gives relief from symptoms like fever and headache., Inj. Emset 4mg IV x TDS – it is an anti emetic which acts on the nausea and vomiting , Inj. Levoflox 500 mg IV x OD – it is an antibiotic which act against the different kinds of the pathogens and microbes. , Tab. Amlol 5mg Orally x OD – it is an . , Tab Orofex XT 10 mg orally x OD – it is an haemetinics used to treat anaemia. **Outcome:** After treatment there was improvement in my patients condition such as relief from Chest pain , Insomnia , irregular heartbeat , Headache. Increase in nutrition pattern and was and was able to cope up with the normal life stressors. The elevated blood pressure which was 160/100 was under the normal condition it was 120/80 mmHg **Conclusion:** My Patient was admitted in Female Medicine ward no 23, AVBRH with known case of Hypertension and she had complains of Chest pain, Headache , loss of appetite , Insomnia . After getting proper treatment her condition was improved.

**Keywords:** Peripheral vasoconstriction, Thyrotoxicosis, Nephrectomy, Nephrosclerosis

#### **Introduction**

The condition in which there in increase in pressure in the blood vessels is called High blood pressure. Heart carries the Blood to each and every parts of the body through blood vessels. Heart beats each time and pumps the blood into the vessels. Blood pressure is produced by force exerted by blood against the wall of arteries as it is pumped by heart .(1) The greater pressure , the greater heart has to pump . Hypertension is a serious disorder which leads to various kind of diseases which affects brain , kidney , heart and various other organs and it occurs in 1 out of 4 men and 1 out of 5 women more than billion people having these condition and cause premature death.(2) The rate of Hypertension is increasing more in low and middle class people and low income countries where two third cases are found due to increased risk factor in those populations over decades.(3)

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**Patient identification:**

A Women of 67 years from Yavatmal admitted to Medicine female ward no 23, AVBRH on 13<sup>th</sup> February 2021 with a known case of Hypertension. She is 64 kg and height Is 172cm.

#### **Present medical history:**

A Women of 67 years old was brought in AVBR hospital on 13<sup>th</sup> February 2021 by her husband with a complaint of pain in chest, not having proper sleep, loss of appetite, anxiety and fatigue since last 2-3 days and she was admitted to Female Medicine ward no 23. She was known case of Hypertension. Her WBC count was increased at the time of admission was 14500millions/cumm. The women was weak and inactive on admission.

#### **Past Medical History:**

My patient was diagnosed as case of hypertension since last 2 years. She has no past history related to diseases like surgeries, diabetes mellitus ,asthma ,allergies etc

#### **Family History:**

There are 4 members in her family. My patient was diagnosed to have hypertension and her family are disease free i.e healthy. All the other members of the family were not having any complaint in their family except for my patient who was being admitted in the hospital.

#### **Past interventions and outcome:**

My patient was diagnosed as hypertension since last 2 years, from that time onwards he was taking time to time treatment. Patient does not feel any complications while taking regular treatment.

#### **Clinical findings:**

Chest pain, loss of appetite, irregular heartbeat, headache ,not having proper sleep. fatigue, and does not have the ability to cope up with the normal stressors of life.

#### **Etiology:**

Hypertension occurs mainly from interaction of genes and environmental factors. Hypertension are categorized into primary hypertension and secondary hypertension. Primary hypertension results in rise or upgradation in BP without an identified cause. On the other hand secondary hypertension is the rise in BP with an exact cause. Causes of secondary hypertension can be due to the congenital narrowing of aorta, sleep apnea, cirrhosis of liver,

Renal disease , endocrine disorder ,by taking drugs such as cocaine and amphetamines, thyroid problems .

### **Physical examination:**

There is not any abnormality found in head to toe examination, the women is healthy. She is cooperative . Though it is found that WBC count increase patient in good condition.

### **Diagnostic assessment:**

Hb- 12.9gm% , Total RBC count -4.6 millions/cumm , Total WBC count - 14500millions/cumm , Monocytes- 2% , Granulocytes – 56% Lymphocytes – 40%

### **Therapeutic Intervention:**

Inj. Pantoprazole 40mg IV x OD, Inj Emset 4mg IV x TDS , Inj. Levoflox 500 mg IV x OD , Tab Amlo 5mg orally x OD , Tab Zincovit 5mg orally x OD , Tab . Orotex XT 10mg orally xOD

### **Discussion**

A women of age 67 years old is from Yavatmal was admitted to Female Medicine Ward no 23 , AVBRH on 13<sup>th</sup> February 2021 with a complaint of chest pain , not having proper sleep , loss of appetite , headache since last 2-3 days . He is a known case of Hypertension which was diagnosed 2 years before. As soon as he was admitted to hospital proper treatment were started. After getting good care he was active and healthy the treatment was still going on till her last date of care.

Hypertension is one of the most common disease that general practitioner meets almost daily in his work . (4) When the systolic blood pressure exerts above 150mmHg and diastolic blood pressure 95mmHg it is the condition known as hypertension. To consider the person as hypertensive up to the age of 50 it should be 145/90 and above 50 it should be 155/95 mmHg. (5)The two difficulties while examining the BP is the examiner should know the condition of the patient from he had arrived weather from cold condition or if the patient is nervous if the examiner is not well oriented.(6) It has been observed that the patient whose Second difficulty in examining the BP is that it is not always necessary that we get the clear end point in the diastolic pressure . Systemic hypertension is classified into primary and secondary hypertension. (7)Secondary hypertension is due to polycystic kidney ,nephritis, diabetes mellitus and is. Moderate hypertension is mostly found in pregnant women due to her condition and the patients with coronary heart disease. It has been estimated that in most of the cases of the coronary artery diseases they have the hypertension.(8)

### **Conclusion**

Hypertension is one of the common disease found all over worldwide. It is very important to diagnose in early stage so that the child, adult, and elder people will not develop complications from the disease. It is also very important to take preventive measures like eating diet rich in whole grains ,fruits , vegetables and low fat dairy products. My patient show great improvement after getting the treatment and treatment has been provided to the patient till last date of her care.

**Ethical clearance :** Taken from institutional ethics committee

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