

# Is Hypertension in Childhood a Frequent Pathology?

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## ABSTRACT

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## Short Communication

The vision of hypertension (HT) in children has varied in recent years, based on the knowledge that hypertension in adults has its origins in childhood [1]. HTA in children has been underestimated by some medical professionals, many consider it an adult disease, and others recognize its onset in adolescence [2]. Obesity, considered the epidemic of the 21<sup>st</sup> century, is also present in childhood, and has contributed to the increase in hypertension in children and adolescents, and to the existence of the metabolic syndrome, which accelerates atherosclerosis and increases the possibility of organ involvement. Diana. Obesity, combined with other factors, such as low birth weight, can significantly increase the risk of developing HT [3]. It is well recognized that HT is a cardiovascular risk factor, and that in adulthood it contributes to morbidity and mortality from myocardial infarction, stroke, congestive heart failure, peripheral vascular disease, retinopathy, and end-stage renal disease, so it has been recognized the need to take blood pressure at least once a year from 3 years of age, and to act early on the risk factors for cardiovascular disease, both in the child and in their family members [4]. The measurement of Blood pressure would help the diagnosis and early treatment of asymptomatic hypertensive children and adolescents, before complications or repercussions in the target organs occur [5].

It is important to note that the primary health care physician plays an important role in the primary prevention of the disease, acting on the risk factors that the infant presents. Currently, the diagnosis of hypertension in children presents important problems, because there is not an adequate perception of risk about the disease by some professionals, just as there are very few children who are dispensed as hypertensive, and finally, the recording of blood pressure is not part of the pediatric physical examination. HTA is a multifactorial disease, interrelated with environmental factors, which has been increasing with new inadequate lifestyles, sedentary life and eating habits, which tend to fast foods and foods classified as “junk”, of little nutritional value, with excess salt, fat and sugars [6]. High blood pressure is not a very frequent problem in pediatrics, compared to adulthood, however, when it occurs, the consequences can be very serious [7]. High blood pressure (hypertension) in pediatric age has increased in recent years due to the increase in overweight and obesity. An approximate prevalence of 3 to 5% is estimated in the United States of America, which may be higher in certain ethnic groups such as African Americans, Mexicans, and Hispanics. Some isolated geographic areas have reported up to 10%, and in the obese it can reach up to 11% [1-5].

Years ago, secondary HT was considered to be the most frequent form of presentation in children, but there is currently

the criterion that essential or primary HT occurs more frequently in pediatric ages, partly due to the increase in obesity in epidemic proportions, as well as inadequate lifestyles [8]. The cornerstone in the treatment of HT is non-pharmacological treatment, or modification of lifestyles, which even when the patient needs drug treatment, can never abandon [9]. Taking blood pressure in the pediatric outpatient clinic is a simple, non-invasive and quick procedure, it must have the equipment in good condition and the ideal size sphygmomanometer cuff, to carry out an adequate measurement and in the best conditions to avoid confusions [10]. The most important thing in childhood HT is its prevention, and childhood is the ideal time for it. The doctor must be aware of the disease and therefore must take the pressure systematically as part of the pediatric physical examination. It is necessary to eliminate the underreporting of the disease in order to treat it in a timely manner and thus avoid complications in adulthood.

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