Minimum Systolic Brain Perfusion in the Control of Systemic Hypertension

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Abstract
The recommended goal of a systolic pressure under 130 mmHg in hypertensive diabetic patients results in a significant drop in blood pressure that often causes neurological symptoms, a condition not always considered in the clinical practice. A controlled reduction in blood pressure should be achieved by using antihypertensive drugs to reach the minimum pressure without symptoms. Although in this evaluation the main variable must be the systolic pressure, the diastolic pressure should not be ignored.

Keywords: Systolic brain; Hypertensive; Control

Letter to the Editor
The recommended goal of a systolic pressure under 130 mmHg in hypertensive diabetic patients results in a significant drop in blood pressure that often causes neurological symptoms, a condition not always considered in the clinical practice. A controlled reduction in blood pressure should be achieved by using antihypertensive drugs to reach the minimum pressure without symptoms. Although in this evaluation the main variable must be the systolic pressure, the diastolic pressure should not be ignored.

The tissue perfusion pressure and other pressure variables that assess tissue perfusion may be useful, but they are not so simple to perform in the daily clinical practice. One warning sign that the systolic pressure should be higher is that, when seated and not exerting force, the patient feels neurological symptoms that improve on lying down. As patients have symptoms, such as dizziness, at different systolic pressures, there is a necessity to evaluate patients individually. A controlled reduction in blood pressure should be achieved using antihypertensive drugs to reach the minimum pressure without symptoms. Although in this evaluation the main variable must be the systolic pressure, the diastolic pressure should not be ignored.

The demand of large quantities of oxygen by the brain and the symptoms that appear immediately on reducing oxygen delivery, show the importance of neurological symptoms as markers and suggest that the minimum arterial pressure should be controlled in these patients. Thus, even the smallest amount of physical effort can cause symptoms when the systolic pressure is low.
References


