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Insights In Blood Pressure

Editorial on Central Blood Pressure Fadi Alfayoumi* Management

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Editorial

A variety of factors that cause arterial hypertension are associated to obesity. Central blood pressure (BP) appears to be more closely associated with future cardiovascular events than peripheral blood pressure (BP). Bariatric surgery is an effective approach to control blood pressure while lowering weight in persons who are severely obese. The link between weight loss after bariatric surgery and ambulatory blood pressure monitoring, which includes both peripheral and central blood pressure, should provide light on the mechanisms of organic damage associated with high blood pressure in obesity. We examine the data to see if there is a link between central BP and obesity, as well as how it changes after bariatric surgery. Central blood pressure is a new cardiovascular risk predictor that may be assessed in the clinic using currently available technologies. This paper will examine the current state of central blood pressure monitoring, as well as its implications in cardiac and renal disorders.

Both aortic and carotid systolic blood pressure is connected to cardiovascular mortality and severe cardiac events. Furthermore, research show that systolic aortic blood pressure is a better predictor of cardiovascular illness than brachial blood pressure. Inhibitors of the renin-angiotensin axis may lower blood pressure in the central nervous system; however, long-term research assessing the impact of lower central blood pressure on clinical outcomes are lacking. Central blood pressure is a good predictor of cardiovascular risk. Targeting central blood pressure as a therapeutic target may become a crucial part of the armamentarium for reducing cardiovascular risk as additional research shows its usefulness. During surgery, it may be essential or unavoidable to lower Mean Arterial Pressure (MAP) to levels far lower than those seen in non-anesthetized people. Doctors are appropriately concerned about the brain's tolerance for hypotension in these circumstances.

The phenomenon of cerebral blood flow autoregulation is frequently cited in talks regarding safe MAP limits. Popular concepts of cerebral blood flow autoregulation, on the other hand, may be erroneous or inappropriate in a variety of ways. The review's main findings are that:

- (1) The average lower limit of cerebral blood flow autoregulation in normotensive adult humans is not less than 70 mm Hg;
- (2) There is significant inter-subject variability in both the

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lower limit and the efficiency of cerebral blood flow autoregulation;

- (3) The normal central nervous system has a significant blood flow reserve that protects it from critical blood flow reduction in the face of hypotension; and
- (4) The normal central nervous system has a significant blood flow reserve that protects it from critical blood; and
- (5) The average threshold for the occlusion of the occlusion.

These MAPs, on the other hand, should be utilised only when the surgical situation calls for it. Increased vascular stiffness is caused by structural changes in big conducting arteries as people age. As a result of the increased central blood pressure, which may be linked to the remodelling of peripheral resistance arteries, which contributes to an increase in central vascular stiffness and blood pressure, cardiovascular hemodynamic changes occur. Because these alterations are comparable to those seen in essential hypertension, hypertensive people have been labelled as having "early vascular ageing." Because the heart and other hypertension-related target organs are exposed to aortic blood pressure rather than brachial blood pressure, it has recently been suggested that central blood pressure and other large artery stiffness parameters, such as Pulse Wave Velocity (PWV), may better correlate with subclinical organ damage and may be useful to assess patients' cardiovascular risk beyond hypertension. Various methods for measuring central blood pressure and PWV have been validated and are now accessible for clinical use. Increased use of these metrics in clinical practise could improve hypertension patient treatment by better detecting cardiovascular risk and addressing antihypertensive drugs.