

OBEZİTE VE HİPERTANSİYON

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Giriş

Obezite, dünya çapında sıklığı giderek artan ciddi bir halk sağlığı sorunudur. Obezite ile ilişkili hastalıklar da yıllar içerisinde artış göstermiştir. Kan basıncı artışı ile kilo alımı arasında açık bir ilişki vardır.⁽¹⁾ Obez bireylerde hipertansiyon görülme riski normal bireylere göre 3,5 kat daha yüksek bulunmuştur. National Health and Nutrition Examination Survey (NHANES) çalışmasından elde edilen verilerde vücut kitle indeksi (VKİ) 30 kg/m²'den düşük olan bireylerde hipertansiyon sıklığı %15,3 iken, VKİ 30 kg/m²'den yüksek olan obez bireylerde hipertansiyon sıklığı %42,5 olarak bulunmuştur.⁽²⁾ Framingham Kalp Çalışmasından elde edilen veriler, erkeklerde esansiyel hipertansiyonun %78'inin, kadınlarda ise %65'inin kilo alımıyla bağlantılı olabileceğini göstermiştir.⁽³⁾ Hipertansif obez bireyler kilo verdiklerinde kan basınçları düşmektedir.⁽⁴⁾

Obezite ile ilişkili Hipertansiyonun Patofizyolojisi

Obezite ile ilişkili hipertansiyonun mekanizmaları karmaşıktır ve Tablo 1'de gösterilmiştir. Genetik ve çevresel faktörler dışında sempatik sinir sistemi, renal ve adrenal disfonksiyon, bozulmuş sodyum homeostazi, endotel disfonksiyonu, adipokinler ve insülin direnci, obeziteye bağlı hipertansiyon gelişiminde rol oynamaktadır.⁽⁵⁾

Obezite-hipertansiyon ilişkisi, 20. yüzyılın başlarından beri bilinmektedir. Obez bireylerde hipertansiyon oluşum mekanizmaları kompleks ve multifaktöriyeldir. İnsan ve hayvan çalışmaları, obezitede hipertansiyonun sıvı retansiyonu ile ilişkili olduğunu göstermektedir.⁽⁶⁾

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lerin ve beta blokerlerin olumsuz metabolik etkileri ve beta blokerlerin obeziteyi artırıcı etkileri nedeniyle bu grup ilaçlar ilk seçenek olarak tercih edilmemelidir. Beta bloker kullanımını gerekiyorsa karvedilol veya nebivololü gibi kardiyoselektif beta blokerler tercih edilmelidir.

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