

## BÖLÜM 4

### HİPERTANSİYON VE ANESTEZİ

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#### HİPERTANSİYON

Hipertansiyon (HT) kanın arter duvarına yaptığı basıncın sürekli olarak yüksek olmasıdır. Her üç kişiden biri hipertansif olup bu hastaların yarısından azı tanı almış ve tedavi uygulamaktadır, kalan büyük bölüm ya farkında değil ya da yeterli tedavi almamaktadır. Türk Hipertansiyon Prevalans Çalışması (Prevalence, awareness and treatment of hypertension in Turkey, Patent) nda ülkemizdeki hipertansiyon sıklığı, dağılımı, farkındalığı, tedavi ve kontrol oranları konuları incelenmiş ve güncel ve kapsamlı bilgiler elde edilmiştir. Ülkemizde erişkin yaş grubunda hipertansiyon prevalansının %31,8, kadınlarda %36,1 iken, erkeklerde %27,7 olduğu saptanmıştır. Ayrıca, hipertansiyonlu hastaların sadece % 40,7 sinin hastalıklarının farkında olduğu, %31,1'inin antihipertansif tedavi aldığı ve tedavi alanların sadece %20,7'sinin kan basıncının kontrol altında olduğu saptanmıştır (1).

HT primer ve sekonder olarak sınıflandırılır. Primer (esansiyel) HT multi-faktöriyel etiyolojiye sahiptir. Yüksek oranda (%35-50) genetik faktörler etkilidir (2,3). Genetik predispozisyon bazı çevresel faktörlerle birleşince HT ortaya çıkması kolaylaşır. Çevresel faktörler yüksek tuz alımı, aşırı alkol tüketimi, yoğun stres, uyku apnesi, uyku kalitesinin bozuk olması ve ileri yaştır. Sekonder HT, etyolojide spesifik bir sebebin olduğu HT dir. HT hastalarının % 5-10 unu oluşturur. En sık sebepleri renal parankim hastalıkları, renal vasküler hastalıklar, primer hiperaldosteronizm, tiroid hastalıkları, aort koarktasyonu, obstrüktif uyku apne sendromu, feokromasitoma, adrenal-nöroendokrin tümör, renal arter stenozudur.

HT kardiyovasküler hastalıklar (koroner arter hastalığı, kalp yetmezliği, stroke, myokart infarktüsü(MI), atriyal fibrilasyon, periferik arter hastalığı), kronik böbrek hastalığı, kognitif bozuklukların en sık önlenabilir sebebidir ve mortalite ve morbiditelerini artıran ilk sıradaki faktördür(4).

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