# Article information:

Management of hypertensive crisis: British and Irish Hypertension Society Position document | Journal of Human Hypertension
<https://www.nature.com/articles/s41371-022-00776-9>

# Article summary:

1. High blood pressure affects more than 1 in 4 adults in England and is a major risk factor for cardiovascular disease and disability worldwide.

2. Hypertensive crises, including acute severe hypertension, hypertensive emergency, and malignant hypertension, can lead to life-threatening end organ damage and require urgent attention.

3. Management of hypertensive crises is largely based on expert opinion due to a lack of robust outcome data specifying BP targets, speed of BP reduction, and specific medications. The British and Irish Hypertension Society provides a framework for diagnosing, evaluating, and managing patients with hypertensive crisis based on available evidence.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article titled "Management of hypertensive crisis: British and Irish Hypertension Society Position document" provides a comprehensive overview of the definitions, epidemiology, risk factors, and management of hypertensive crises. The authors have conducted an extensive literature search using PubMed and Embase to provide evidence-based recommendations for the diagnosis, evaluation, and management of patients with hypertensive crisis.

The article highlights the importance of distinguishing between different terminologies used to describe severe elevation in BP to guide appropriate management and minimize potential harm. The authors provide clear definitions for acute severe hypertension, hypertensive emergency, malignant hypertension (MHT), and other related terms. They also discuss the prevalence of hypertensive crises and risk factors associated with it.

However, there are some potential biases in the article that need to be considered. For instance, the authors acknowledge that there is a lack of robust outcome data specifying BP targets, speed of BP reduction, and specific medications in patients with hypertensive crises. Therefore, much of the management recommendations are based on expert opinion rather than empirical evidence. This could potentially lead to one-sided reporting or unsupported claims.

Additionally, while the authors provide a comprehensive overview of MHT and its pathophysiology, they do not explore counterarguments or alternative perspectives on this topic. For example, some experts argue that MHT is an outdated concept that does not accurately reflect current understanding of severe hypertension.

Furthermore, while the article notes some risk factors associated with hypertensive crises such as nonadherence to antihypertensive medications and chronic renal impairment, it does not address potential biases related to ethnicity or socioeconomic status that may impact access to healthcare or contribute to disparities in hypertension outcomes.

Overall, while the article provides valuable insights into the diagnosis and management of hypertensive crises based on available evidence and expert opinion from hypertension specialists within BIHS, it is important to consider potential biases or limitations in interpreting its recommendations. Further research is needed to better understand the optimal management of hypertensive crises and to address potential disparities in hypertension outcomes.

# Topics for further research:

* Alternative perspectives on malignant hypertension
* Disparities in hypertension outcomes based on ethnicity and socioeconomic status
* Empirical evidence for BP targets and medication use in hypertensive crises
* Potential harms of rapid BP reduction in hypertensive emergencies
* Role of lifestyle modifications in preventing hypertensive crises
* Management of hypertensive crises in special populations (e.g. pregnant women
* elderly patients)

# Report location:

<https://www.fullpicture.app/item/6f869265232779d1821acb47b336bca3>