# Article information:

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[https://click.endnote.com/viewer?doi=10.1186%2Fcc2351=WzQwNDUzMDQsIjEwLjExODYvY2MyMzUxIl0.D76OkmVrNZ8-5GDCY\_oBAw68fAw](https://click.endnote.com/viewer?doi=10.1186%2Fcc2351&token=WzQwNDUzMDQsIjEwLjExODYvY2MyMzUxIl0.D76OkmVrNZ8-5GDCY_oBAw68fAw)

# Article summary:

1. Hypertension is a common disorder that practitioners of most clinical specialties are likely to encounter.

2. Hypertensive emergencies and urgencies are commonly encountered in emergency departments, operating rooms, post-anesthesia care units, and intensive care units.

3. Immediate reduction in blood pressure is required only in patients with acute end-organ damage.

# 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 The management of hypertensive crises by Varon and Marik provides a comprehensive review of the current concepts, misconceptions, and pitfalls in the diagnosis and management of patients with severe hypertension. The authors begin by discussing the terminology and definitions related to hypertension, including the classification of hypertension based on specific values by the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.

The article is well-researched and provides a thorough overview of the topic. However, there are some potential biases that should be noted. For example, the authors focus primarily on acute elevations in blood pressure associated with end-organ damage (hypertensive crises) rather than hypertensive urgencies. This may lead readers to believe that hypertensive crises are more common or more important than hypertensive urgencies.

Additionally, while the authors discuss various treatment options for hypertensive crises (such as beta-blockers, calcium channel blockers, fenoldopam, labetalol, nicardipine, nitroprusside), they do not provide much information about potential risks or side effects associated with these treatments. This could be seen as promotional content for these medications without presenting both sides equally.

Furthermore, while the authors briefly mention pregnancy-related hypertension towards the end of the article, they do not explore this topic in depth. Given that pregnancy-related hypertension can have serious consequences for both mother and baby if left untreated or improperly managed, this is a significant omission.

Overall, while The management of hypertensive crises provides valuable information about this important clinical problem, readers should be aware of potential biases and missing points of consideration when interpreting its content.

# Topics for further research:

* Pregnancy-related hypertension management
* Risks and side effects of hypertensive crisis treatments
* Hypertensive urgencies vs. hypertensive crises
* Long-term consequences of severe hypertension
* Alternative treatments for hypertensive crises
* Role of lifestyle modifications in hypertension management

# Report location:

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