# Article information:

Treatment of hypertensive emergencies - PMC
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5440310/>

# Article summary:

1. Hypertensive emergencies are diagnosed if there is a systolic blood pressure higher than 180 mmHg or a diastolic blood pressure higher than 120 mmHg with the presence of acute target organ damage.

2. Patients with hypertensive emergencies need effective and rapid acting medications administered intravenously to lower the elevated blood pressure safely, protect target organ function, ameliorate symptoms, reduce complications, and improve clinical outcomes.

3. Randomized clinical trials are needed to investigate initial and long-term mortality outcomes in patients with hypertensive emergencies treated with different antihypertensive drugs.

# 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 provides a comprehensive overview of the treatment options for hypertensive emergencies, including the drugs of choice for different conditions. However, there are some potential biases and limitations to consider.

Firstly, the article heavily relies on secondary sources and does not provide primary research data to support its claims. While it cites several studies, it does not critically evaluate their methodology or results. This lack of critical analysis may lead to unsupported claims or one-sided reporting.

Secondly, the article does not explore counterarguments or alternative treatment options in depth. For example, while it recommends intravenous esmolol as the drug of choice for acute aortic dissection, it does not mention other beta-blockers that may also be effective. Similarly, while it recommends clevidipine as the drug of choice for postoperative surgical hypertension, it does not mention other calcium channel blockers that may also be effective.

Thirdly, the article may have some promotional content as it repeatedly mentions clevidipine as a drug of choice for several conditions without providing sufficient evidence to support this claim. While one study cited in the article showed that clevidipine was more effective than standard care drugs in treating acute heart failure with hypertension, more research is needed to determine its efficacy in other conditions.

Fourthly, the article does not present both sides equally as it only focuses on pharmacological interventions and does not mention non-pharmacological interventions such as lifestyle changes or stress reduction techniques that may help prevent hypertensive emergencies.

Finally, while the article notes potential risks associated with lowering blood pressure too quickly or too much in certain patients, such as those with acute myocardial infarction or unstable angina pectoris, it does not provide clear guidelines on how to balance these risks with the need to lower blood pressure rapidly in hypertensive emergencies.

Overall, while the article provides a useful overview of treatment options for hypertensive emergencies, readers should approach its recommendations with caution and consider alternative treatment options and potential biases.

# Topics for further research:

* Non-pharmacological interventions for hypertensive emergencies
* Alternative beta-blockers for acute aortic dissection
* Calcium channel blockers for postoperative surgical hypertension
* Clevidipine efficacy in different hypertensive emergency conditions
* Risks of lowering blood pressure too quickly in hypertensive emergencies
* Guidelines for balancing risks and benefits of rapid blood pressure reduction in hypertensive emergencies

# Report location:

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