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**HYPERTENSION AS A FACTOR OF CARDIOMETABOLIC RISK**

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The collective impact of diabetes, cardiovascular disease (CVD) and obesity represents one of the biggest health challenges facing the world today. Cardiometabolic risk is a construct that comprises a cluster of risk factors that are good indicators of a patient's overall risk for type 2 diabetes and CVD. Cardiometabolic risk focuses clinical attention on the value of systematic evaluation, education, lifestyle behavior changes, disease prevention and treatment. Assessing cardiometabolic risk gives clinicians a more comprehensive picture of a patient's health and potential risk for future disease.

The specific factors that can cause this increased risk include: 1 – obesity (particularly central); 2 – hyperglycemia; 3 – hypertension; 4 – insulin resistance; 5 – dyslipoproteinemia. When patients have one or more risk factors and are physically inactive or smoke, the cardiometabolic risk is increased even more. In addition, when these risk factors occur in clusters, they can greatly increase the risk of CVD. Medical conditions that often share the above characteristics, such as type 2 diabetes, can also increase cardiometabolic risk.

Hypertension is a potent and modifiable CVD risk factor. The relationship between blood pressure (BP) and CVD risk is linear, consistent, and independent of other risk factors. For instance, the probability of myocardial infarction, heart failure, chronic kidney disease, and stroke rises in step with BP. From a start point of 115/75 mmHg, CVD risk doubles for each 20 mmHg rise in systolic BP (SBP) and each 10 mmHg rise in diastolic BP. Hypertension-related CVD risk also escalates in the presence of other risk factors.