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# Diploma in Pharmacy 2<sup>nd</sup> Year

## Pharmacotherapeutics

### Experiment

To Provide Counselling to Patient on Hypertension Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters.

#### Aim:

To Provide Counselling to Patient on Hypertension Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters

#### Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 69 - 72

#### Theory :

#### Hypertension :

It is not a disease, but is an important risk factor for several complications that ultimately results in organ damage. If hypertension is not controlled, it causes a huge adverse impact on quality of life. Its management requires non-pharmacological and pharmacological measures.

#### Patient Counselling Points

- 1) In some cases of hypertension, management by non-pharmacological treatment alone is sufficient.
- 2) The pharmacist counsels the patients on weight loss and regular exercise, restriction of sodium, calorie, and saturated fats, increased intake of dietary fibres, restriction of alcohol, smoking cessation, caution while using cold remedies containing sympathomimetics, and self-monitoring of blood pressure

- 3) In most of the hypertensive patients, drug therapy is required
- 4) Many patients take hypertension lightly as it usually does not give any major symptoms, and this result in non-compliance.
- 5) Many antihypertensive drugs cause serious side effects such as ACE inhibitors induce cough,  $\beta$ -blockers induce bradycardia, etc.
- 6) Some cases may even demand dose modulation of the drugs.
- 7) The pharmacist must advise the patient to check blood pressure at least once or twice a week (or anytime when concerning signs or symptoms may observed). The pharmacist must advise the patient to seek medical help if the blood pressure is rising (increasing) The target is a score of 140/80.
- 8) The pharmacist must advise the patient to follow the doctor's instructions for taking all the medications. The pharmacist must advise that stopping and starting drugs on will is not a good idea. The pharmacist must carry a current list of all drugs and supplements prescribed, including dosages and directions, on the phone or on paper. The provider shall be informed right once if any troubling signs or symptoms are observed.

**Table 1: Drug Counselling Points in Hypertension**

<b>Medications</b>	<b>Pharmacist Role</b>
Diuretics	The pharmacist should check the patient for muscle weakness, disorientation, and dizziness. He/she should ascertain that the patient is involved in the dose modulation process To avoid frequent urination during the night, he/she should choose the right dose timing. He/she should explain how ACE inhibitors may interact with other medications.
Beta-blockers	He/she should check the patient for hypotension, dizziness, headache, and bradycardia. He/she should inform the patient about risk of nocturnal dreams, impotence, and CNS issues. Before stopping the drug, he/she should explain why dose tapering is needed.
ACE inhibitors	He/she should check the patient for hypotension, dizziness, cough, taste abnormalities, and rash

Calcium channel blockers	He/she should check the patient for swollen gums, chest pain, swollen joints (with nifedipine), constipation, dizziness, and light-headedness. He/she should educate the patient on the need of swallowing the extended-release tablets whole. He/she should explain to the patient how can heart rate be checked using pulse rate
Alpha-blockers	He/she should check the patient for hypotension. He/she should advise the patients taking Gastro Intestinal therapeutic System (GITS) to not crush or chew the tablets.

## Lifestyle Modifications

- 1) **Weight Loss:** Normal body weight (body mass index 18.5-24.9 kg/m<sup>3</sup>) should be maintained. Approximately 5-20mm Hg systolic blood pressure is reduced per 10-kg weight loss.
- 2) **DASH-type Dietary Patterns:** Diet rich in fruits, vegetables, and low-fat dairy products with a reduced content of saturated and total fat should be consumed. Approximately 8-14mm Hg Systolic Blood Pressure is reduced.
- 3) **Reduced Salt Intake:** Daily dietary sodium intake, should be reduced i.e., ideally to 65 mmol/day (1.5g/day sodium, or 3.8g/day sodium chloride) as much as possible. Approximately 2-8mm Hg Systolic Blood Pressure is reduced.
- 4) **Physical Activity:** Aerobic physical activity should be reduced for at least 30 min/day, most days of the week. Approximately 4-9mm Hg Systolic Blood Pressure is reduced.
- 5) **Moderation of Alcohol Intake:** Alcohol consumption should be reduced to 2 drinks/day in men and 1 drink/day in women and lighter-weight persons. Approximately 2-4mm Hg Systolic Blood Pressure is reduced.

## Monitoring Parameters

- 1) **Normal Blood Pressure:** If blood pressure is less than 120/80mm Hg then it is considered as normal.
- 2) **Elevated Blood Pressure:** Blood pressure is considered to be elevated when the systolic reading is between 120 and 129mm Hg and the diastolic reading is below 80mm Hg. If blood pressure control measures are not taken, elevated blood pressure usually gets worse over time. Elevated blood pressure may also be known as prehypertension.
- 3) **Stage 1 Hypertension:** It is a systolic pressure between 130 and 139mm Hg or a diastolic pressure between 80 and 89mm Hg.
- 4) **Stage 2 Hypertension:** It is more severe as having a systolic pressure of 140mm Hg or above or a diastolic pressure of 90mm Hg or above.
- 5) **Hypertensive Crisis:** A blood pressure more than 180/120 mm Hg is an emergency and requires immediate medical care. If it happens while taking blood pressure at home then the patient should wait 5 minutes before testing again. Doctor should be consulted immediately if blood pressure is still high Local emergency medical number should be called in case of chest pain, vision problems, numbness or weakness, difficulty in breathing or any other signs and symptoms of a stroke or heart attack.

**Result:** Patient counselling on Hypertension disease condition, medications, life-style modifications, monitoring parameters was provided.

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