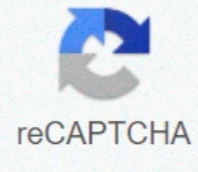




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Isolated high systolic blood pressure

Blood pressure readings have a top number and a bottom number. The top number is the systolic blood pressure. It indicates the pressure placed on the artery walls with every heartbeat. Systolic blood pressure gets a lot of attention, but the bottom number — diastolic pressure — is important, too. Diastolic blood pressure is the pressure placed on the artery walls when the heart is resting between every heartbeat. 1. Korotkoff Sounds Medical practitioners obtain diastolic pressure readings by listening to Korotkoff sounds using a sphygmomanometer and a stethoscope. A sphygmomanometer is an inflatable cuff with a gauge. The practitioner inflates the cuff to block arterial blood flow, then listens to the brachial artery while allowing the cuff to deflate slowly. Systolic blood pressure is read at the point on the gauge where tapping sounds called Korotkoff sounds begin. Diastolic pressure is read at the point on the gauge where these sounds stop. Richard Bailey / Getty Images Symptom Checker Health Calculator These messages are for mutual support and information sharing only. Always consult your doctor before trying anything you read here. Your comment on this answer: Your comment on this answer: Your comment on this answer: Your comment on this answer: We include products we think are useful for our readers. If you buy through links on this page, we may earn a small commission. Here's our process.When you visit your doctor, the first thing they often do is check your blood pressure. This is an important step because your blood pressure is a measure of how hard your heart's working.Your heart is a muscle about the size of your fist. It's made up of four chambers and contains four valves. The valves open and close to let blood move through the chambers and into and out of your heart. According to the American Heart Association, your heart beats 60 to 100 times per minute, or about 100,000 times per day. As it beats, blood is forced against your artery walls. Your systolic blood pressure is the top number on your reading. It measures the force of blood against your artery walls while your ventricles — the lower two chambers of your heart — squeeze, pushing blood out to the rest of your body. Your diastolic blood pressure is the bottom number on your reading. It measures the force of blood against your artery walls as your heart relaxes and the ventricles are allowed to refill with blood. Diastole — this period of time when your heart relaxes between beats — is also the time that your coronary artery is able to supply blood to your heart.Your blood pressure may be normal, high, or low. High blood pressure is also referred to as hypertension, and low blood pressure is called hypotension. The American Heart Association describes the different blood pressure ranges for adults as:Normal: less than 120 systolic and 80 diastolicElevated: 120–129 systolic and less than 80 diastolicStage 1 hypertension: 130–139 systolic or 80–89 diastolicStage 2 hypertension: at least 140 systolic or at least 90 diastolicHypertensive crisis: higher than 180 systolic and/or higher than 120 diastolicHypotension: can be 90 or less systolic, or 60 or less diastolic, but these numbers can vary because symptoms help determine when blood pressure is too lowYour doctor may diagnose high blood pressure if either your systolic or diastolic is high, or if both numbers are high. They may diagnose low blood pressure by checking systolic and diastolic numbers, along with evaluating your symptoms and age, and what medications you're taking. Both high blood pressure and low blood pressure need to be managed. Overall, it's much more common to have high blood pressure. According to the American College of Cardiology, almost half of the adults in the United States now fit the new definition of high blood pressure. Not surprisingly, the risk factors for these two conditions are very different. Risk factors for high blood pressureYour gender affects your risk of high blood pressure. The American Heart Association states that men are at a higher risk of high blood pressure than women are until age 64. But at 65 years and older, women are at higher risk than men. Your risk is also higher if:Your lifestyle also affects your risk level. Your risk is higher if you don't get much physical activityyou experience chronic stress you drink too much alcoholyou smokeyour diet is high in salt, sugar, and fatSleep apnea is a risk factor for high blood pressure that's often overlooked. It's a condition that causes you to stop breathing or have ineffective breathing one or more times during sleep. When your breathing is inadequate, your oxygen levels fall and your blood vessels constrict. This increases your blood pressure. When sleep apnea is persistent, this increased blood pressure may continue during the day when breathing is normal. Properly treating sleep apnea will help lower blood pressure. Risk factors for low blood pressureIf you're older than 65, you may be at risk of orthostatic hypotension, a condition in which your blood pressure drops when you move from sitting to standing. Endocrine problems, neurological diseases, heart problems, heart failure, and anemia may also cause the condition.You may also be at risk for low blood pressure if you become dehydrated or take certain prescription drugs such as:Low blood pressure can also be caused by a variety of heart, hormonal, or nervous system problems. These include:A range of treatments are available for high or low blood pressure.Treating high blood pressureLifestyle changes are recommended as the first step in treating any stage of high blood pressure. These changes may include:eliminating unhealthy foods, such as excess sugars and saturated fats, from your dieteating more heart-healthy foods such as lean meats, fish, fruits and vegetables, and whole grainscutting back on sodium in your dietdrinking more watergetting daily physical activityquitting smokingmaintaining a healthy weightreducing alcohol consumption (to one or fewer drinks per day for women, and two or fewer per day for men)managing stressmonitoring your blood pressure regularlyIn addition to these steps, consider whether you're taking medications that could be increasing your blood pressure. Sleep apnea is believed to affect at least 25 million American adults. Research has shown that using a CPAP machine while sleeping can reduce blood pressure in people with sleep apnea.Preventing low blood pressureTo help prevent low blood pressure, drink plenty of fluids, preferably water; to prevent dehydration. Stand up slowly from a sitting position to help prevent orthostatic hypotension. Also, notify your doctor right away if you feel a medication is causing your blood pressure to drop. There may be another medication option that will have less impact on your blood pressure numbers. In addition, if you've been diagnosed with any medical conditions known to be linked with low blood pressure, talk to your doctor. Discuss which symptoms you should look out for and how to best monitor your condition. For many people, high or low blood pressure is manageable. For high blood pressure, your outlook is best if you take lifestyle steps that support overall heart health and follow your doctor's recommendations about medications to manage your blood pressure. For low blood pressure, it's important to identify the cause and follow through with any recommended treatment plans.Because high blood pressure doesn't cause symptoms, once you've been diagnosed with it, it's critical to measure your blood pressure regularly. This is true even if you're taking blood pressure medication. And whether you've got high or low blood pressure, tracking your systolic and diastolic numbers is a great way to gauge how well lifestyle changes or medications are working.Shop for a home blood pressure monitor. The measurement of a person's blood pressure is recorded as two different numbers—the systolic blood pressure and the diastolic blood pressure. These two numbers reflect different aspects of the pressure being exerted by your blood as it pulses through your arteries. When your heart pumps blood into your arteries, it pushes the blood along under a head of pressure. Doctors measure your blood pressure as a way of quantifying the force being exerted by this moving blood against the walls of your arteries. Because the heart beats, the blood flow through the arteries is not steady (as with a fire hose), but pulsatile, and the flow of blood, and the pressure it exerts, fluctuate from moment to moment. Your blood pressure reading is written as 120/80. It is spoken like this: "120 over 80." The systolic blood pressure reading is the higher number. The diastolic blood pressure reading is the lower number. The units are millimeters of mercury (mmHg). Both the systolic and diastolic pressures are important. If the readings are too high, hypertension may be present. If the blood pressure readings are too low, there may be insufficient blood flow to critical organs, such as the brain. Verywell / JR Bee The pressure exerted by your blood flowing through your arteries is not constant but is dynamic, and constantly reflects what the heart is doing at a given moment. When the heart is actively beating (an event called "systole"), it is ejecting blood out into the arteries. This dynamic ejection of blood into the arteries causes the pressure within the arteries to rise. The peak blood pressure reached during active cardiac contraction is called the systolic blood pressure. A "normal" systolic blood pressure when a person is sitting quietly is 120 mmHg or below. When a person is exercising, during periods of emotional stress, or at any other time when the heart is stimulated to beat more strongly than at rest, the force of cardiac contraction increases—and the systolic pressure goes up. The increase in systolic blood pressure that occurs during these conditions of cardiac stress is entirely normal. This explains why it is so important to measure the blood pressure during periods of quiet rest before diagnosing hypertension. If the systolic blood pressure is lower than normal, systolic hypotension is said to be present. If systolic hypotension is severe enough, it can cause lightheadedness, dizziness, syncope, or (if it lasts long enough), organ failure. Systolic hypotension can occur if the blood volume becomes too low (as with severe dehydration or a major bleeding episode), if the heart muscle becomes too weak to eject the blood normally (a condition known as cardiomyopathy), or if the blood vessels become too dilated (as in vasovagal syncope). A common condition that produces systolic hypotension is orthostatic hypotension. The diastolic blood pressure is the pressure the blood exerts within the arteries in between heartbeats, that is, when the heart is not actively ejecting blood into the arteries. After the heart is finished contracting, the cardiac ventricles relax momentarily so that they can be refilled with blood, in preparation for the next contraction. This period of ventricular relaxation is called "diastole," and the blood pressure during diastole is called the diastolic blood pressure. A "normal" diastolic blood pressure during quiet rest is 80 mmHg or below. In hypertension, the diastolic blood pressure is often increased during quiet rest. Diastolic hypotension (when the diastolic blood pressure is low) may be seen with dehydration or with bleeding episodes, or if the arteries become abnormally dilated. Blood pressure is a very dynamic thing. The level of your blood pressure depends on the activity of your heart and the elasticity of your arteries. As we have seen, the blood pressure is actively changing from moment to moment as the heart cycles between systole and diastole. In addition, your systolic and diastolic blood pressure (the highest and the lowest blood pressure reached during any given cardiac cycle) can change substantially from minute to minute depending on your state of activity, your state of stress, your state of hydration, and several other factors. What this means is that, in order to diagnose hypertension accurately, it is important to control for as many "external" factors as possible. The standard recommended by experts requires the blood pressure to be taken in a calm, warm environment after you have been resting quietly for at least five minutes. Measuring blood pressure this way is a challenge in today's typical, harried doctor's office, making the accurate diagnosis of hypertension much more of a challenge than it should be. This is why most experts today recommend recording the blood pressure over an extended period of time, with ambulatory monitoring, before making the diagnosis of hypertension. Systolic and diastolic blood pressures represent the pressures within the blood vessels during different parts of the cardiac cycle. Accurately measuring both of these values is important in diagnosing and managing hypertension.

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