

PAEDIATRIC HYPERTENSION

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Title of original Italian edition
Ipertensione in pediatria. By Chiara Giovannozzi
First edition
September 2010

ISBN 978-88-8968-852-6

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1 Introduction

For a lot of paediatricians hypertension is a field yet unknown. We rarely measure the blood pressure of our little patients, particularly if they have a normal body weight and they haven't any symptoms. But the literature says clearly that this pathology is not as rare as it's usually thought to be [1].

In recent years much progress has been made in paediatric hypertension diagnosis, management, and therapy. Taken together, these developments give us hope that hypertension damage, both short-term (rarer) and long-term (more important for number and complexity) can finally be prevented.

In addition, paying attention to hypertension control allows us to reflect on the effects of lifestyle on health status: few pathologies, such as this one, are so tightly bound to food, sport, work practices, and sleep-wake rhythm. Checking these aspects with scrupulousness also allows us to prevent and often to treat not only the hypertension of children, but also a lot of other pathologies of our little patients—in particular those peculiar to the age in which we live and to an affluent society, primarily the obesity and the overweight that, according to recent statistics, affect almost one third of Italian children under fourteen years of age (and the situation is similar in most of the western countries).

The aim of this book is first of all to remind paediatricians that hypertension exists also in children; then to provide them with a tool for diagnosis and therapy of hypertension in their little patients. In fact, as can be easily imagined, hypertension management in pae-

diatrics is different from hypertension management of the adult or of the elderly: first because the causes are different, at least concerning the frequency; then because of the different response capacities of the organisms to hypertensive damage, the different life expectancies, and the concept of “quality of life.”

The book is complemented by a calculator (available at <http://download.edizioniseed.it> using the code 28NL96BE) that allows the paediatrician, starting with the age, sex and height of the patient, to determine the presence and the degree of hypertension in the paediatric age group, evaluating the subsequent necessity to start behavioural and pharmacological therapy.

I hope that through this text my colleagues can, as happened to me, discover the world of hypertension in children and suspect the presence of hypertension if there are suggestive symptoms; but also, in the absence of symptomatology, learn how to discover the disease and treat it, and avoid the important damage that can slowly develop in the future adults we are helping to grow.

The Author
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