In Hypertension

Women and Hypertension

- Women of reproductive age have relatively low rates of hypertension
- Hypertension in women poses a great risk for cardiovascular disease
- Hypertension during pregnancy poses greater threats to fetal and maternal outcomes
- Secondary hypertension generally occurs with equal frequency in women and men
- Plasma renin activity (PRA), intravascular volume and BP vary during menstrual cycle in normotensive women.
- Premenopausal hypertensive women have increased testosterone levels during ovulation and increased testosterone and PRA during the luteal phase of the menstrual cycle.
- Women with hypertension are at higher risk of stroke than men
- Women taking OCP, even the newer preparations with only 30 mcg of estrogen, experience small but detectable hypertension. It is related to the progestogenic potency of the preparation.
- Post-menopausal women are more than twice as likely to have hypertension than age and BMI matched pre-women. Factors attributable include estrogen withdrawal, overproduction of pituitary hormones, weight gain, undefined neurohumoral influences and a combination of these.
- ACEi and ARBs are contraindicated in women who are intending pregnancy
- As per TOMHS (treatment of mild hypertension study) results, women reported twice as many adverse effects as men to the antihypertensives.
- Women are more likely to develop diuretic induced hyponatremia, men are more likely to develop gout.
- Hypokalemia is more common in women taking a diuretic. ACEI-induced cough is twice as common in women as in men, and women are more likely to complain of calcium channel blocker–related peripheral edema and minoxidil-induced hirsutism.

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