

Need for prehospital management of hypertensive peaks



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Background and aims The purpose of the study was to analyze the situations requiring immediate pre-hospital management of high blood pressure cases according to the reason for the SAMU call, the medical history of the patient, the clinical context and the target organ damage.

Methods A retrospective study conducted at the SAMU, including 89 patients, during the period from January to December 2016. The inclusion criteria were: A known or non-hypertensive patient with a SAMU call reason including: malaise, headache, loss of consciousness, chest pain, dyspnea or cases of intoxication. The demographic parameters, the reason for calling the SAMU, the clinical examina-

tion data, the results of some additional tests and the toxicological assessments based on blood and urine samples, were recorded.

Results A medical history of hypertension was found in 75% of cases. The mean age was 59 years [21–76 years] with a sex ratio M/F = 4.07. The physical examination performed on site showed high blood pressure in 39 cases (44%), heart failure in 11 cases (12%), chest and/or lumbar pain in 18 cases (20%), ischemic stroke in 18 cases (20%) and intoxication in 3 cases (3%). Pre-hospital management as well as transfer to a specialized department were necessary in all cases (cardiology or internal medicine department).

Conclusion In the management of hypertension, it is necessary to rely more on clinical tolerance than on the level of blood pressure to guide treatment. It is necessary to know how to diagnose a true hypertensive emergency associating generally very high blood pressure and a threatening clinical context justifying the use of an immediate treatment whose benefit must be greater than the risks incurred by a rapid fall in blood pressure.

Disclosure of interest The authors declare that they have no competing interest.

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