

Unveiling

the Silent

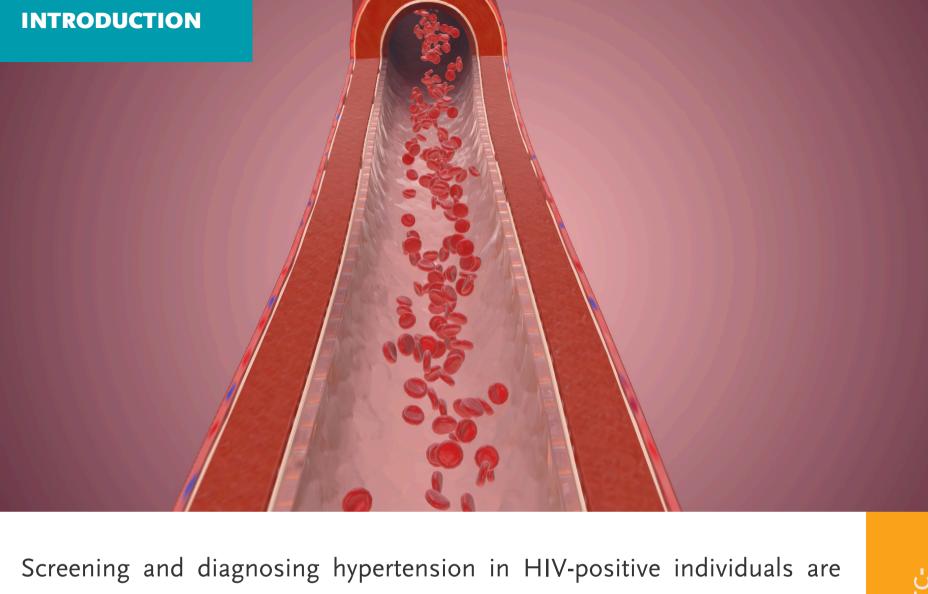
Killer



Screening and Diagnosing Hypertension in People Living with HIV (PLHIV)

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EDCTP



Screening and diagnosing hypertension in HIV-positive individuals are paramount for ensuring overall health and well-being. Hypertension, also known as high blood pressure, often goes undetected and can have severe consequences if left untreated. This article aims to shed light on the importance of screening and diagnosing hypertension in the HIV population.

THE LINK BETWEEN HIV AND **HYPERTENSION**

HIV-positive individuals have a higher risk of developing hypertension compared to the general population. Various factors, including chronic inflammation, certain antiretroviral medications, and lifestyle factors, contribute to this increased risk.



Regular blood pressure screenings are essential for detecting hypertension early in HIV-positive individuals. Screening should be performed at every medical appointment and more frequently for individuals with additional risk factors.



readings are detected during screening. These lab tests include urinalysis, blood cell count, blood chemistry (potassium, sodium, creatinine, fasting glucose, total cholesterol and HDL cholesterol), and an ECG (electrocardiogram).



Early detection of hypertension allows for prompt intervention and management. By controlling blood pressure levels, the risk of cardiovascular complications, kidney disease, and other hypertension-related issues can be reduced.



Effective management of hypertension in HIV-positive individuals requires a collaborative approach involving healthcare providers, patients, and support systems. This approach ensures optimal care coordination and empowers individuals to take an active role in managing their health.

Screening and diagnosing hypertension in HIV-positive individuals are crucial steps in promoting overall health and well-being. By raising awareness, following screening guidelines, and adopting a collaborative care approach, healthcare providers can improve outcomes and quality of life for individuals living with HIV and hypertension.

CONCLUSION