

Prof. Sultan Ayoub Meo MBBS, Ph.D (Pak), M Med Ed (Dundee), FRCP (London), FRCP (Dublin), FRCP (Glasgow), FRCP (Edinburgh) Professor and Consultant, Department of Physiology, College of Medicine, King Saud University, Riyadh, KSA

# **LECTURE OBJECTIVES**

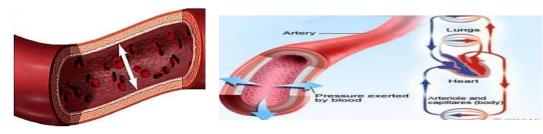
- Define Arterial blood pressure
- Systolic and Diastolic blood pressure
- Normal values of Systolic and Diastolic blood pressure
- Hypotension and Hypertension
- Physiological significance
- Describe physiological variation in arterial blood pressure.
- Explain the effect of gravity on arterial blood pressure.
- Pulse pressure, Mean Arterial pressure
- Describe how BP is measured
- Clinical features and complications of Hypertension

The pressure / force exerted by the blood against any unit area of the vessel wall is called Blood Pressure.

#### **Standard Units of Blood Pressure**

Blood pressure is mainly measured in: Millimeters of mercury (mm Hg) Occasionally, BP is measured in: Centimeters of water (cm H2O)

1 ml of mercury pressure = 1.36 centimeters of water pressure because the specific gravity of mercury is 13.6 times that of water, and 1 centimeter is 10 times as great as 1 millimeter.



Guyton and Hall, pp 174

#### **Systolic Blood Pressure:**

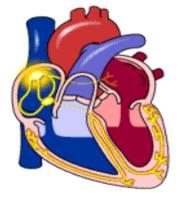
The force exerted by the blood against any unit area of the vessel wall while heart is contracting (Systole) is called Systolic Blood Pressure. 120 mmHg

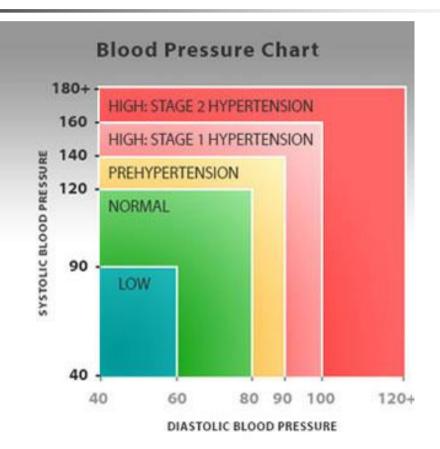
#### **Diastolic Blood Pressure:**

The force exerted by the blood against the unit area of the vessel wall while heart is relaxing (Diastole) 80 mmHg

#### **Average Normal Arterial Pressure:**

80-120 mmHg systolic60-80 mmHg diastolic



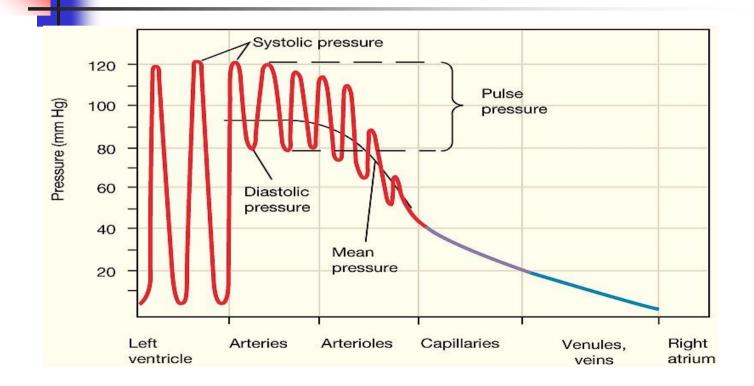


# **Blood Pressure Categories**

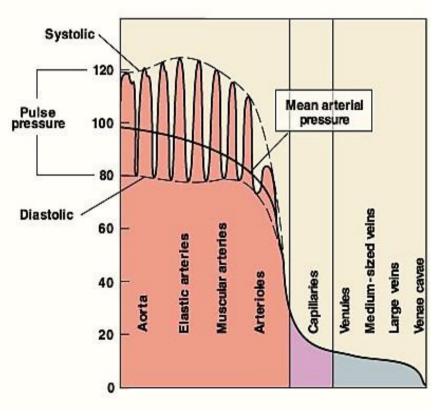


| BLOOD PRESSURE CATEGORY                                  | SYSTOLIC mm Hg<br>(upper number) |        | DIASTOLIC mm Hg<br>(lower number) |
|--|----------------------------------|--------|-----------------------------------|
| NORMAL   | LESS THAN 120                    | and    | LESS THAN 80                      |
| ELEVATED   | 120 - 129                        | and    | LESS THAN 80                      |
| HIGH BLOOD PRESSURE<br>(HYPERTENSION) STAGE 1            | 130 - 139                        | or     | 80 - 89                           |
| HIGH BLOOD PRESSURE<br>(HYPERTENSION) STAGE 2            | 140 OR HIGHER                    | or     | 90 OR HIGHER                      |
| HYPERTENSIVE CRISIS<br>(consult your doctor immediately) | HIGHER THAN 180                  | and/or | HIGHER THAN 120                   |





### ARTERIAL BLOOD PRESSURE IN DIFFERENT PARTS OF THE CIRCULATORY SYSTEM



Highest at the heart.

 $\downarrow$  over distance

 $\downarrow$  90% from aorta to vena cava

Greatest pressure drop occurs in arterioles

No great fluctuations in capillaries & veins



#### ARTERIAL BLOOD PRESSURE IN DIFFERENT PARTS OF THE CIRCULATORY SYSTEM

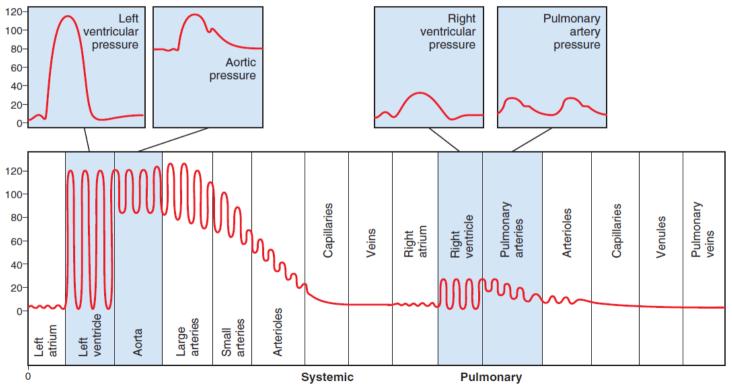
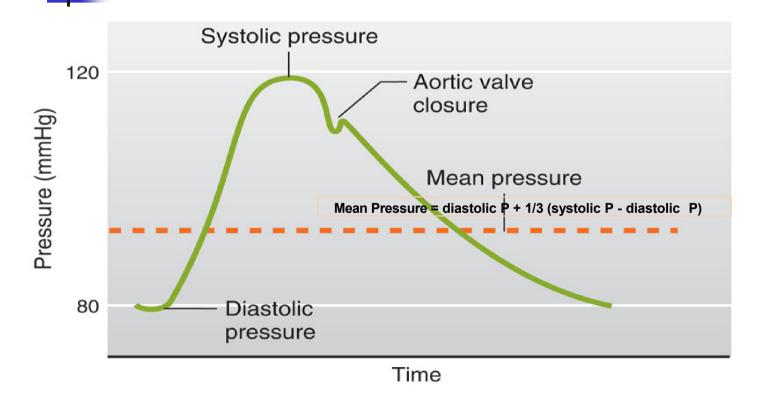


Figure 14-2. Normal blood pressures in the different portions of the circulatory system when a person is lying in the horizontal position. Guyton and Hall, pp 171



## MEAN ARTERIAL BLOOD PRESSURE

#### Mean Arterial Pressure:

The average of the arterial pressures measured in millisecond over a period of time. It is responsible for driving blood into the tissues throughout the cardiac cycle. It is better indicator of perfusion to vital organs than systolic blood pressure. It is not equal to the average of systolic and diastolic pressure. To calculate a mean arterial pressure, double the diastolic blood pressure and add the sum to the systolic blood pressure. Then divide by 3. For example, if a patient's blood pressure is 83 / 50 mmHg, his MAP would be 61

mm Hg.

MAP = <u>SBP + 2 (DBP)</u>3MAP = 83 + 2 (50)3MAP = 83 + 1003MAP = 61

Guyton and Hallm 183

## MEAN ARTERIAL BLOOD PRESSURE

Another way to calculate the MAP is to first calculate the pulse pressure (subtract the DBP from the SBP) and divide that by 3, then add the DBP:

Mean Pressure = diastolic P + 1/3 (systolic P - diastolic P)

```
MAP = 1/3 (SBP - DBP) + DBP
MAP = 1/3 (83-50) + 50
MAP = 1/3 (33) + 50
MAP = 11 + 50
MAP = 61 mm Hg
```



- Sex: Male > Female ... (equal at menopause)
- Age: (↑) Old age: Atherosclerosis

Sex: up to age of 40 years males have higher arterial values than women, becoming lower than women after age 50 (D'Alché 2008).

- **Emotions:** BP  $(\uparrow)$  due to neural & hormonal factors.
- **Exercise:**  $(\uparrow)$  BP due to  $\uparrow$  venous return.
- **Hormones:** Some hormones like adrenaline, noradrenaline & thyroid  $(\uparrow)$  BP.
- Gravity: BP is higher in lower limbs than upper limbs.
- Stress: (1) stress)
- **Sleep:** BP ( $\downarrow$ ) due to  $\downarrow$  venous return.
- **Pregnancy:** BP ( $\uparrow$ ) due to  $\uparrow$  in metabolism.

Temperature: BP (↓) with heat due to vasodilatation
 (↑) with cold due to vasoconstriction
 Obesity



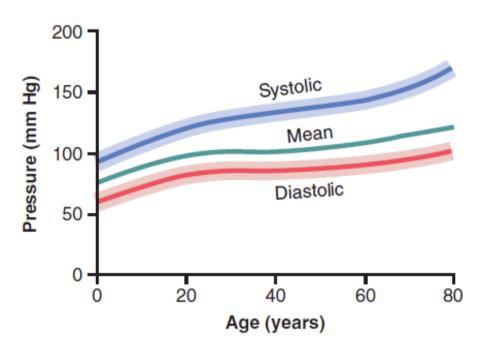
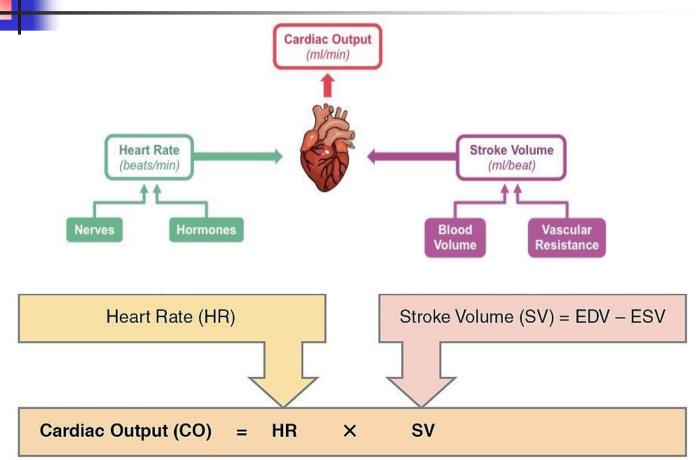
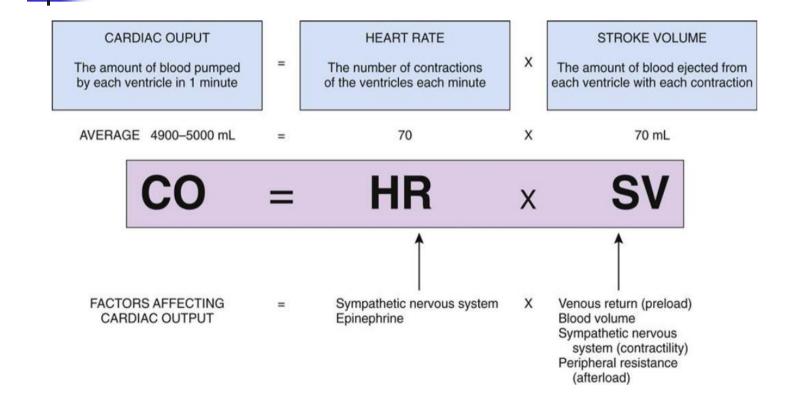


Figure 15-8. Changes in systolic, diastolic, and mean arterial pressures with age. The shaded areas show the approximate normal ranges.

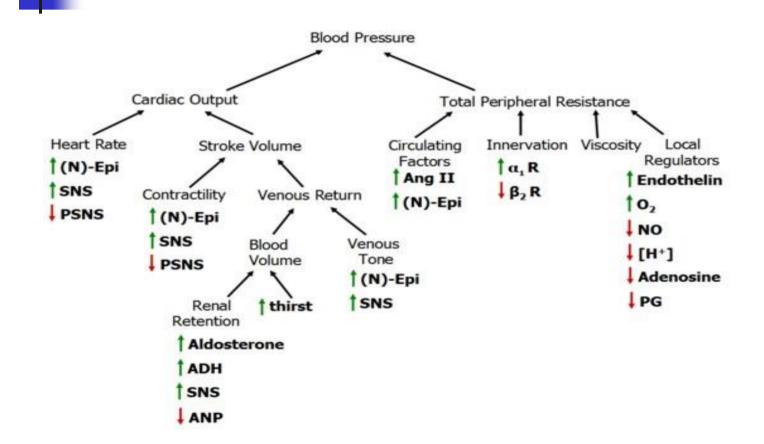
Guyton and Hall, pp 183











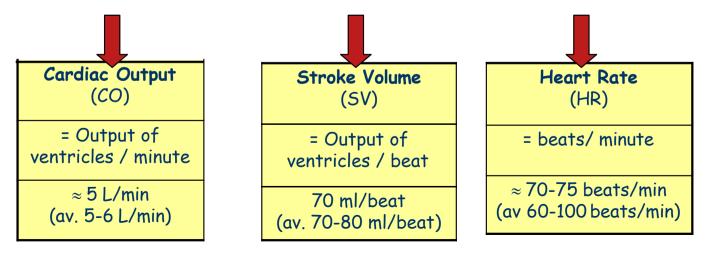
#### **Factors determining CO:**

- 1. Stroke volume
- 2. Heart rate

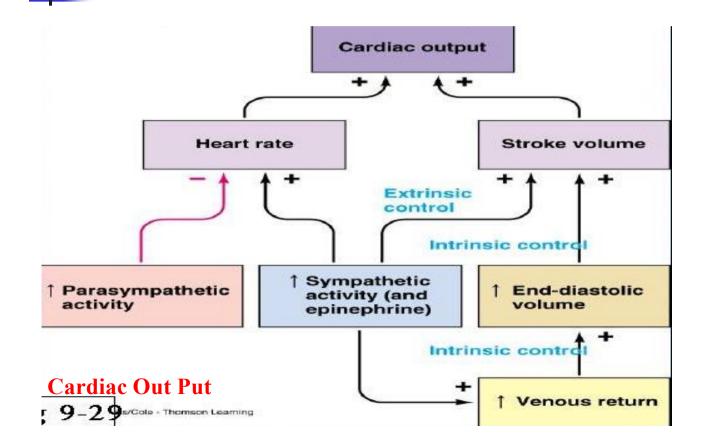
#### Cardiac Output (CO)

This is the amount of blood pumped by ventricles per minute

#### Cardiac Output = Stroke Volume X Heart Rate

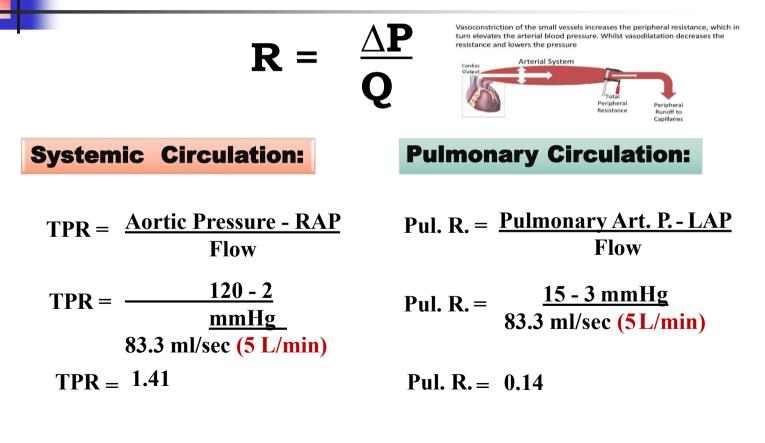




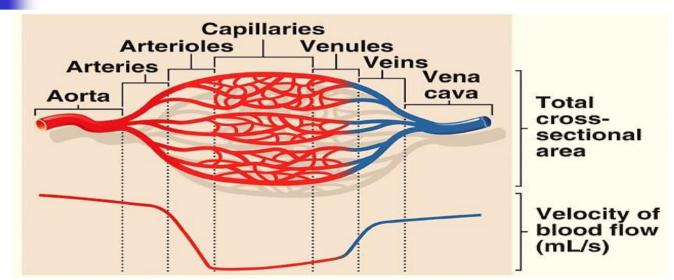




# Total Peripheral Resistance (TPR)



#### **DIAMETER AND BLOOD FLOW**



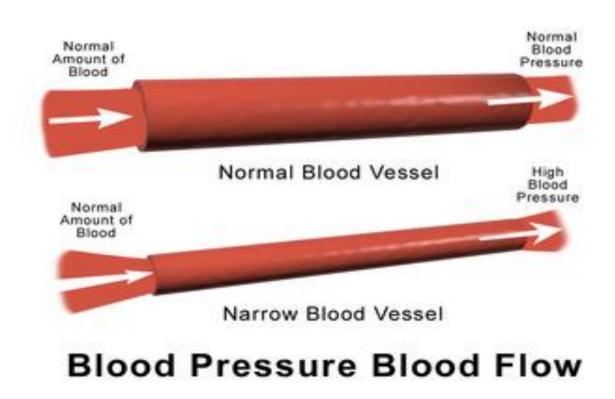
As diameter of vessels  $\downarrow$ , the total cross-sectional area  $\uparrow$  & velocity of blood flow  $\downarrow$ 

The velocity of blood flow within each segment of the circulatory system is inversely proportional to the total cross-sectional area of the segment. Because the aorta has the smallest total cross-sectional area of all circulatory segments, it has the highest velocity of blood flow.

The diameter of a single capillary is quite small, the number of capillaries supplied by a single arteriole is so great that the total cross-sectional area available for the flow of blood is increased. Hence, the pressure of the blood as it enters the capillaries decreases.



# Effect of Radius on Pressure



### **BLOOD PRESSURE AND BLOOD VOLUME**

#### Blood Volume:

An increase in blood volume  $\rightarrow \uparrow CO \rightarrow \uparrow ABP$ .

A decrease in blood volume as in hemorrhage, dehydration  $\rightarrow \downarrow VR \rightarrow \downarrow CO \rightarrow \downarrow ABP$ .

#### Elasticity of blood vessels:

- □ Changes in the elasticity of large vessels affects ABP.
- □ In atherosclerosis, decrease in arterial compliance ("hardening of the arteries"). This makes arteries like a tube, during systole, blood is ejected into the arteries, they don't distend as normal and pressure increases significantly  $\rightarrow \uparrow$  PP.

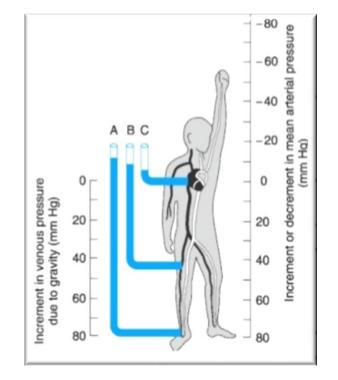
# Effect of Gravity on Blood Pressure

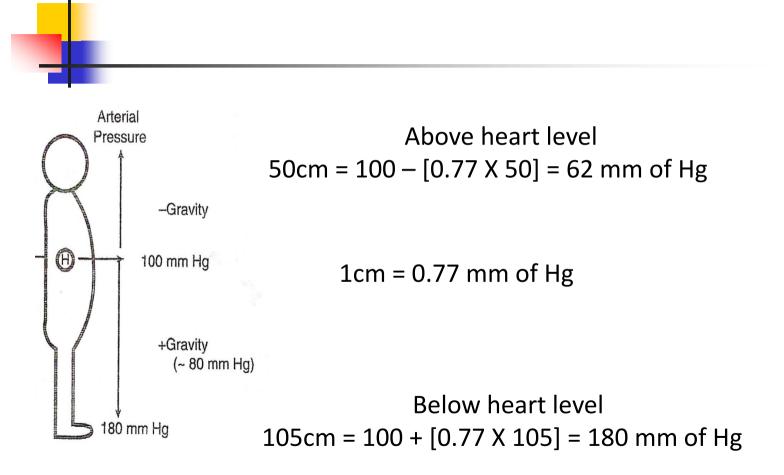
The pressure in any vessel below the level of the heart is increased

Decreased in any vessel above the level of the heart due to the effect of Gravity.

Gravitational effect = 0.77 mmHg/cm at the density of normal blood.

In an adult human in the upright position, if mean MAP at heart level = 100 mmHg, the MAP in an artery at the head (50 cm above heart) = 100-[0.77X 50] = 62 mmHg.





# Factors affecting vessel diameter

- ❑ Vasodilator agents:
  - Nitric oxide.
  - Histamine.
  - Atrial natriuretic peptide (ANP).
  - Prostacyclin; PGI<sub>2</sub>.
- □ Vasoconstrictor agents:
  - Norepinephrine.
  - Angiotensin II.
  - Vasopressin.
  - Endothelin-1.
  - Thromboxane A<sub>2</sub>.

### Two methods: Direct & indirect

#### Sphygmomanometer:

#### Types:

Mercury sphygmomanometer Aneroid equipment Automatic equipment

#### **Blood Pressure Cuff Size:**

Small – children & small adults Average Large – overweight & large adults

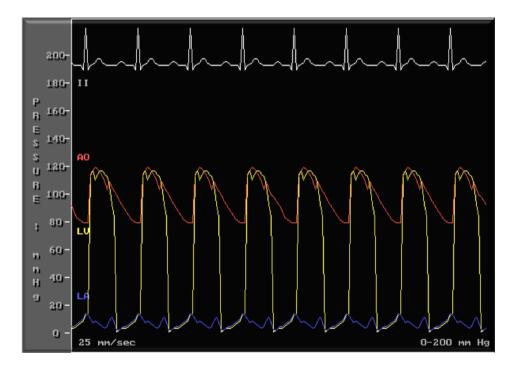


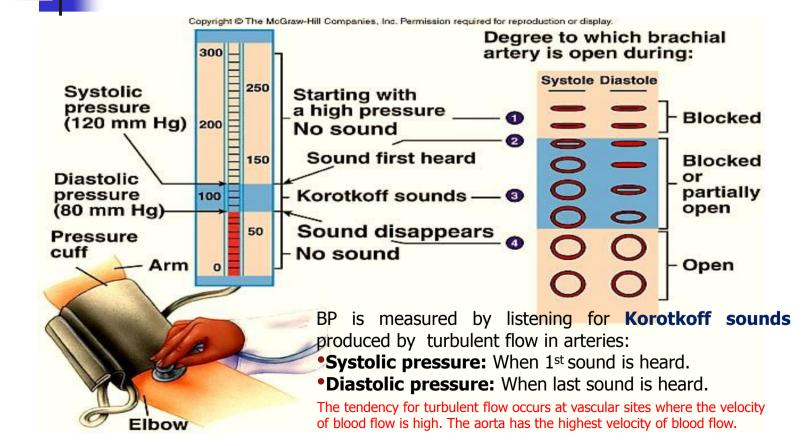
#### Direct

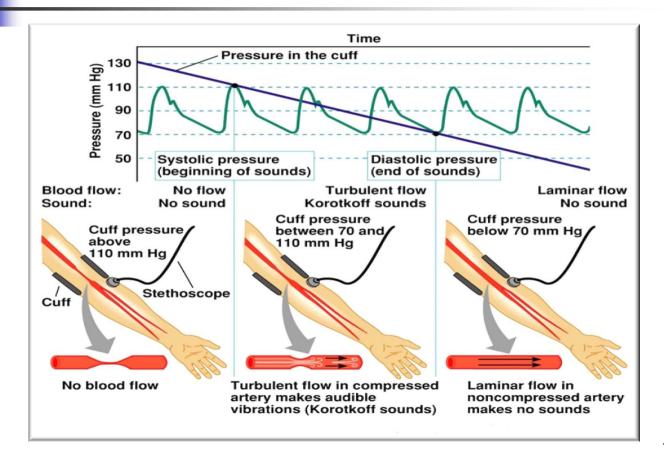
**Arterial catheter** 

Indirect

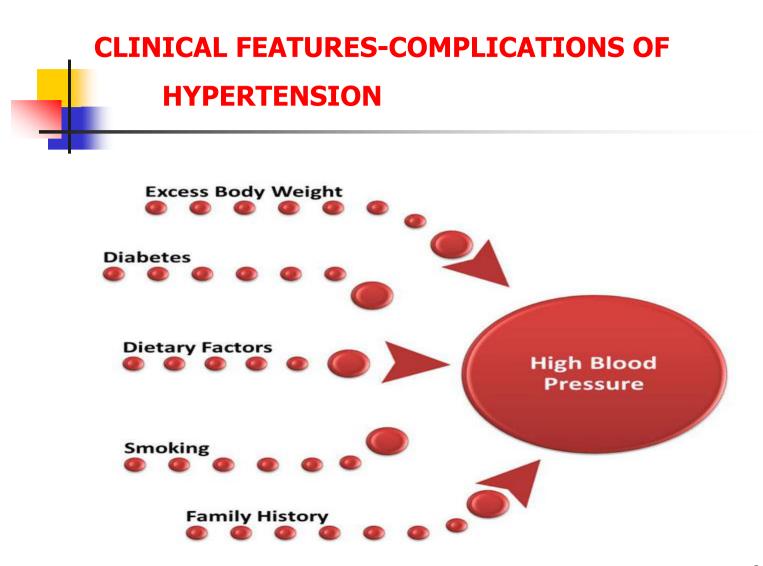
Stethoscope and blood pressure cuff



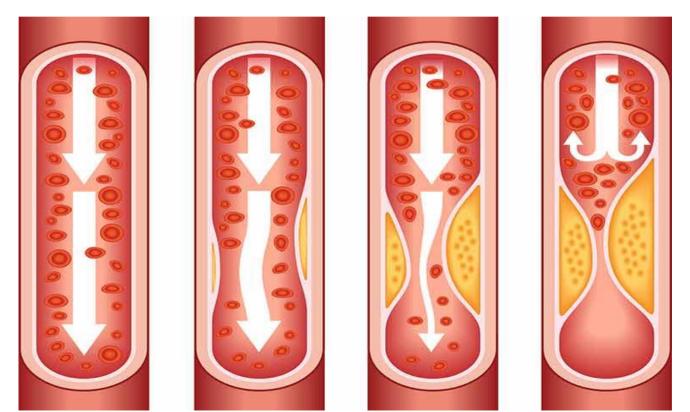








# CLINICAL FEATURES-COMPLICATIONS OF HYPERTENSION



# CLINICAL FEATURES-COMPLICATIONS OF HYPERTENSION

Headache Nausea Vomiting Dizziness Confusion Shortness of breath Chest discomfort Visual disturbance Sleepiness May be asymptomatic

