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Research Article

COMBINATION OF LOW BLOOD PRESSURE TO SUICIDAL IDEAS: A CROSS-SECTIONAL STUDY OF 10,745 PATIENTS OF NORMAL OR LOW BLOOD PRESSURE IN PAKISTAN

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Abstract:

***Aim:** Regardless of whether the established low circulatory pressure (BP) is the cause of significant medical conditions, it has been questionable, and subjects with hypotension have a range of side effects, from mild average conditions, such as drowsiness and dizziness, to more explicit mental conditions and even psychological problems. This investigation has determined whether low blood pressure is related to self-destructive ideation in everyone.*

***Methods:** Four years of information from the Korean National Health and Nutrition Survey 2019-2020 was used. Among the 24,168 members, aged 19 to 101 years, 12,709 people with ordinary or low blood pressure were selected to examine the relationship between low blood pressure and self-destructive ideas. Our current research was conducted at Mayo Hospital, Lahore from May 2019 to April 2020. The rule used for low blood pressure was systolic blood pressure (SBP) < 100 mmHg, and in related surveys, the measures used for low blood pressure were SBP < 110, < 96, and < 90 mmHg. The relationship between prehypertension or hypertension and self-destructive ideation was also analyzed. The self-destructive ideation was investigated by a survey.*

***Results:** Compared with the normotensive control group, the probability proportions (OR) of self-destructive ideation were significantly higher in all three hypertensive groups after changes in sex, age, weight list, absolute cholesterol level, family unit wage, education, marital status, current smoking status, alcohol consumption, and sex/age collaboration (Or on the other hand = 1.28, 96% certainty [CI], 1.09 to 1.56; OR = 1.45, 96% CI, 1.15 to 1.83; as well as = 1.72, 96% CI, 1.12 to 2.63 for GBS < 100, GBS < 95, and GBS < 90 mmHg, individually). The addition of clinical morbidities of diabetes mellitus, stroke, angina pectoris/myocardial dead tissue, and discouragement as covariates had little impact on adhesion quality (or = 1.26, 96% CI, 1.05 to 1.51; OR = 1.44, 96% CI, 1.14 to 1.82; or potentially = 1.74, 95% CI, 1.15 to 2.69 for GBS < 100, < 96, and < 90 mmHg, individually).*

***Conclusion:** Low SBP indicated a relationship with self-destructive ideation in the overall Korean populace. The affiliation was critical for low BP, characterized as a SBP < 100 mmHg, and the quality of the affiliation expanded as the standards for low BP expanded in severity.*

***Keywords:** low blood pressure to suicidal ideas, normal blood pressure, Pakistan.*

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INTRODUCTION:

Most pulse rate (PF) studies have focused on high PF, while low PF concentrations are rare [1]. Unlike hypertension, established low blood pressure is not considered a real or transient disease, and it is generally accepted that "the lower the blood pressure, the better" [1]. In any case, most of the existing studies on whether sacral hypotension (hereafter referred to as "low blood pressure") can cause adverse effects on well-being have shown that hypotension is related to physical or mental indications or infection, with the exception of a few studies. In a large cross-sectional study, Wessel reported an association between systolic blood pressure (BP) and drowsiness and a feeling of self-developed weakness [2]. Barret-Connor et al. found that men with diastolic blood pressure (DBP) < 76 mmHg had a significantly higher rate of discouragement. Especially since two recent huge concentrations of litter prevalence in more experienced individuals also suggested that low blood pressure is related to lethargy [3]. Humdrum et al. found that low BP is related to discouragement, tension and co-morbidities of tension and grief in a cross-sectional study of 60,799 patients in the general population. Late examinations of hypotension mainly identified connections with neurological angles [4]. While the results were mixed, various investigations have suggested that hypotension is related to a psychological barrier, dementia or Alzheimer's disease. Quip et al. reported that a very low PBD (≤ 67 versus 67-90 mmHg) had an altered relative risk of 1.7 (96% certainty interval [CI], 1.1 to 3.6) for Alzheimer's infection and 1.5 (96% CI, 1.0 to 2.2) for dementia. Another study planned over 15 years showed an association between hypertension and hypotension and poorer psychological performance in older African Americans. It is naturally conceivable that low blood pressure is related to mental and neurological medical problems. Numerous ongoing investigations that have demonstrated a link between low blood pressure and psychological impedance have proposed low brain perfusion as a natural component. Studies that have distinguished a link between low blood pressure and sadness have also recommended that cerebral vascular perfusion is a contributing factor, and that the overexpression of neuropeptide Y observed in misery and low blood pressure may play a role in this relationship. Self-destruction is one of the leading sources of death worldwide, and more than 900,600 people regularly vent on self-destruction. Since self-destructive ideation is an essential step on the road to self-destruction, a better understanding of its dangerous components could help advance procedures for anticipating self-destruction [5].

METHODOLOGY:

The information collected from the Wellness Snapshot also includes a family, a wellness meeting, a snapshot of wellness conduct, and a clinical assessment. KNHANES also used population, providing statistical information using the example of occupant extraction and registration to extract a delegation test of Korean residents. The design of the test follows a probability scheme grouped in several steps. Additional subtleties about KNHANES are described on the KNHANES homepage. Members over the age of 19 were informed of BP's reactions to the Self-Destructive Ideas Survey. Those who had an obscure antihypertensive status were excluded. Our current research was conducted at Mayo Hospital, Lahore from May 2019 to April 2020. Blood pressure estimates were made by four physicians in the primary assessment group. Beginning in 2019, the administration of the quality of blood pressure estimates was strengthened and a framework for the assertion of blood pressure estimates by inspectors was introduced. After making three estimates, the first was avoided, and the normal of the second and third was used as the last BP. The model for low BP was SBP < 100 mmHg, and the models for low BP were SBP < 110, < 96, and < 92 mmHg for close investigations between groups dependent on a high or low BP threshold. BPs other than low BP were normotensive by delegation (SBP < 120 mmHg and DBP < 80 mmHg), pre-hypertensive ($120 \leq$ SBP < 140 mmHg or $80 \leq$ DBP < 90 mmHg), or hypertensive (SBP \geq 140 mmHg or DBP \geq 90 mmHg), as prescribed by the American Heart Association. Individuals taking antihypertensive medications were placed in the hypertensive group with little attention to estimated BP values. Self-destructive ideation was distinguished among respondents by asking them about the accompanying surveys: "Have you ever felt that you wanted to stop all of this in the past year? (2010-2012), and "Have you ever considered self-destruction in the past year? (2013). Since we did not assess self-destructive ideation by year, we thought it wise to incorporate information from these somewhat extraordinary questions. To recognize and control for confounding factors, age, weight list (BMI) and absolute cholesterol level were included as consistent factors, while gender, family income, education, marital status, current smoking, alcohol consumption, DM, stroke, MI/pectoral angina and discouragement were incorporated as direct factors. Family income and education level were classified into four levels. Qualities and conditions in the core segments were examined between the self-destructive idea collection and the reference group using tests from χ^2 . Multivariate strategic relapse was used to investigate

the relationship between hypotension and self-destructive ideation. Different calculated relapses were also used to recognize the danger of self-harm in

gatherings of pre-hypertensive or hypertensive people (value tests). Different calculated relapses were determined using test loads relegated to test limbs.

Table 1:

Table 1 Basic characteristics of the hypotensive group compared with the normotensive group (2010–2013)

Characteristic	Reference group ^a n = 8139 (76.0%)	Low blood pressure ^b n = 2569 (24.0%)
Sex		
Men	3143 (86.0%)	511 (14.0%)
Women	4996 (70.8%)	2058 (29.2%)
Age (mean), years	43.5 ± 15.0	38.7 ± 12.9
Age group		
19~ 29	1531 (70.0%)	655 (30.0%)
30~ 39	2165 (71.3%)	870 (28.7%)
40~ 49	1754 (75.8%)	560 (24.2%)
50~ 59	1375 (82.7%)	287 (17.3%)
60~ 69	762 (85.9%)	125 (14.4%)
≥ 70	552 (88.5%)	72 (11.5%)
SBP, mmHg	108.8 ± 5.4	94.6 ± 4.0
DBP, mmHg	70.6 ± 5.6	63.2 ± 5.9
Mean Body Mass Index	22.9 ± 3.2	21.7 ± 2.8
Body Mass Index (kg/m ²)		
< 18.5	508 (65.0%)	274 (35.0%)
≥ 18.5, < 25	5718 (74.3%)	1978 (25.7%)
≥ 25	1899 (86.0%)	310 (14.0%)
Hemoglobin, g/dl	13.8 ± 1.6	13.2 ± 1.4
Total cholesterol level, mg/ml	186.3 ± 34.9	177.8 ± 32.6
Household income		
Low	1958 (77.6%)	566 (22.4%)
Low to intermediate	2005 (77.0%)	599 (23.0%)
Intermediate to high	2020 (75.7%)	650 (24.3%)
High	2075 (73.8%)	738 (26.2%)
Educational level		
Elementary school	1133 (86.4%)	178 (13.6%)
Middle school	695 (83.7%)	135 (16.3%)
High school	3215 (76.1%)	1010 (23.9%)
College/University	3094 (71.3%)	1246 (28.7%)
Marital status		
Single	1892 (77.3%)	556 (22.7%)
Married	5771 (76.2%)	1803 (23.8%)
Rejection response	469 (69.5%)	206 (30.5%)
Current smoking status		
Yes	1743 (82.7%)	364 (17.3%)
No	6395 (74.4%)	2204 (25.6%)
Alcohol intake		
1 drink</month	2812 (72.4%)	1072 (27.6%)
1~ 4 drink /month	3026 (76.0%)	957 (24.0%)
≥ 2~ 3 drink /week	1473 (82.8%)	307 (17.2%)
Diabetes mellitus		
Yes	773 (84.5%)	50 (15.5%)

RESULTS:

The survey covered 25,239 members over the age of 21. Members with missing blood pressure values or unclear antihypertensive use status were removed, leaving 23,163 subjects. Of these, the number of members with a place in the normotensive and hypotensive groups was 12,735. For the examination of the relationship between hypotension and self-destructive ideation, 12,709 subjects were included following the exclusion of non-respondents in the self-destructive ideation surveys. Subjects with BP < 72 mmHg and DBP < 30 mmHg were also considered exceptions, but none of the subjects had such levels. When the basis of hypotension was SBP < 100 mmHg, 2575 subjects (26.1%) were classified in this group, and the essential qualities of this group contrasted with those of the normotensive group are presented in Table 1. At the time a model of SBP < 110 mmHg was used, 7239 subjects (65.8%) were characterized in the hypotensive group. BP was more normal in women, younger limbs, underweight limbs and those with lower total cholesterol. Contrasts were also found in family income, education and, in addition, marital

status. Fewer smokers and drinkers were found in the low BP group. Clinical morbidities were also diverse between the two groups, but the size of the patients was tiny and, again, they were actually people with type 2 diabetes (Table 1). The measurement qualities of members with self-destructive ideation are shown in Table 2. The importance of subjects with self-destructive ideation was 12.4% (1215 subjects). Self-destructive ideation was more normal in females than in males (12.9% versus 7.8%) and was generally common in the more experienced age groups (age \geq 70 years, 21.9%). When the lower range of SBP was used to characterize low BP, the range of subjects with self-destructive ideas rose (12.3%, 13.6%, 14.8%, 17.7% for SBP < 110, SBP < 100, SBP < 96, and in addition, SBP < 90 mmHg separately). In addition, self-destructive ideation was more normal in adults with lower family income and education. The frequency of self-destructive ideation was higher among discouraged people, those with good judgment about stress, and those with certain illnesses. (Table 2).

Table 2:

Table 2: basic characteristics of the hypotensive group compared with the normotensive group (2010–2013) (Continued)

Characteristic	Reference group ^a n = 8139 (76.0%)	Low blood pressure ^b n = 2569 (24.0%)
No	7866 (75.7%)	2519 (24.3%)
Stroke		
Yes	7 (43.8%)	9 (56.3%)
No	8102 (76.0%)	2560 (24.0%)
MI/Angina pectoris		
Yes	95 (84.1%)	18 (15.9%)
No	8044 (75.9%)	2551 (24.1%)
Depression		
Yes	125 (74.4%)	43 (25.6%)
No	8014 (76.0%)	2526 (24.0%)

SBP Systolic Blood Pressure, DBP Diastolic Blood Pressure, MI Myocardial infarction

^aReference group, Normal blood pressure, 100 \leq SBP < 120 mmHg & DBP < 80 mmHg

^bLow blood pressure, SBP < 100 mmHg

Table 3:

Characteristic	Reference group n = 8139 (76.0%)	Low blood pressure n = 2569 (24.0%)	P-value
SBP < 110 mmHg	6424 (88.8%)	814 (11.2%)	
SBP < 100 mmHg	2249 (87.5%)	320 (12.5%)	
SBP < 95 mmHg	942 (86.3%)	149 (13.7%)	
SBP < 90 mmHg	266 (83.4%)	53 (16.6%)	
BMI (mean), kg/m ²	22.6 \pm 3.1	22.7 \pm 3.6	0.50
BMI, kg/m ²			0.01
< 18.5	672 (85.9%)	110 (14.1%)	
\geq 18.5, < 25	6871 (89.3%)	825 (10.7%)	
\geq 25	1947 (88.1%)	262 (11.9%)	
Total cholesterol (mean), mg/ml	184.2 \pm 34.4	184.7 \pm 35.6	0.66
House income			0.00
Elementary school	2137 (84.7%)	387 (15.3%)	
Middle school	2307 (88.6%)	297 (11.4%)	
High school	2418 (90.6%)	252 (9.4%)	
College/University	2564 (91.1%)	249 (8.9%)	
Educational level			0.00
Low	1049 (80.0%)	262 (20.0%)	
High	7090 (86.8%)	1003 (13.2%)	

DISCUSSION:

This population-based examination showed a relationship between hypotension and self-destructive thinking in a large general population speaking to Korean adults. This is normal, as some previous tests have shown a relationship between hypotension and mental manifestations such as misery and nervousness, despite the fact that the outcome factors are unquestionable [6]. In this study, four threshold qualities were used to characterize hypotension: SBP < 110, < 100, < 96 and < 90 mmHg. These hypotensive collections, with the exception of the SBP < 110 mmHg group, showed significant associations with self-destructive ideation [7]. As this is the main investigative report on the link between low BP and self-destructive ideation, it was unrealistic to compare our results with those of different examinations with similar results. On balance, we compared our results with those of Humdrum *et al.* who assessed the relationship between hypotension, moroseness and tension, using a comparable relationship model [8]. In their study, ORs for co-morbidities of malaise and misery in the lowest fifth percentile of BP were compared to ORs for self-destructive ideation in the BP < 95 mmHg group in our review; the range of subjects reporting the lowest fifth percentile of BP in Humdrum *et al.* is similar to that of the TA < 96 mmHg group in this review, recommending that low BP can influence self-destructive ideation to a comparable degree because it influences normal mental indications. Since there is little exploration of the components that impact low BP, we used five multiple relapse models with distinct covariates to further assess the impacts of potential frustration factors [9]. Reviews showed stronger relationships in the II-V models, which included more potential confounders than Model I, in which only essential changes were made for gender, age, BMI and cholesterol. This affiliation was not introduced into the results here, but in an additional multivariate model that included occupation, LDL cholesterol and hemoglobin, this affiliation was still huge [10].

CONCLUSION:

While many studies suggest that hypotension is related to neuropsychological problems, including gloom, tension, intellectual depression and dementia, no studies have explored the relationship between hypotension and self-destructive ideation. We have found that low blood pressure is related to self-

destructive ideation in an open community. Affiliation was essential for low BP characterized by SBP < 100 mmHg, and the quality of affiliation rose as the severity of the rules for low BP increased. This huge affiliation found in hypotension was absent in hypertensive or pre-hypertensive collections; however, hypotension was explicit. This study has the advantage of being a huge, comprehensive, community-wide study, covering a wide range of ages and using distinct hypotension thresholds, so that it is possible to verify whether there is a quantitative relationship in which the danger of self-destructive ideation rises as the hypotension threshold is lowered.

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