**CONFERENCE : MALAYSIAN SOCIETY OF HYPERTENSION CONFERENCE**

**DATE : 14 – 16 FEBRUARY 2020**

**TEMPAT : SHANGRILA HOTEL KUALA LUMPUR .**

**PREPARED BY : DR LATINAH BINTI MOHAMAD**

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Summary of the contents :

1. When a person noted to have albuminuria with normal creatinine level, it means due to endothelial dysfunction that can be related to obesity. In this condition, the kidney is not diseased (kidney is normal) .
2. In contrast, in Diabetic patient, they can have abnormal creatinine level with nonalbuminuria ( no urine albumin in their urine) . This is common and need to lpot their eGFR to monitor the pathology in the tubular intertitial cell of the kidney.
3. Obesity has been showed with evidence, to give higher risk to develop hypertension in teenagers. Prevalence of hypertension increase with age, due to increasing salt intake.
4. In obese individual , the larger amount of ADIPOCYTES , releases more kinins including angiotensin. Angiotensin activates sodium reabsorption in the kidney, leading to increase in blood pressure.
5. Causes of Tachycardia and features of QRS complex –  
   i) ATRIAL FIBRILLATION – irregular narrow QRS tachycardia  
   ii) SUPRA VENTRICULAR TACHYCARDIA / FLUTTER - rate> 150bpm – regular narrow QRS tachycardia  
   iii) VENTRICULAR TACHYCARDIA – regular broad QRS tachycardia