INTRODUCTION:
Hypertension is a major health problem worldwide and its complications have significant socioeconomic impact. Elderly persons with untreated hypertension are at higher risk of suffering from stroke and other major cardiovascular events. Knowledge of the extent of the problem in a region helps in taking the preventing measures. Aim: To study the clinical profile of elderly patients with hypertension at a tertiary care hospital.

MATERIAL AND METHODS:
All patients above the age of 60 years, irrespective of their hypertensive status were included in this study. All patients were classified according to blood pressure readings. In all patients, ECG and fundus examination was done. 2D Echo was done whenever necessary.

RESULTS:
Of the 130(65%) hypertensive patients, 78 (60%) were males and 52 (40%) were females. The most common presentation was fatigue( 40%), followed by headache(20%), angina( 18%) and giddiness 13% and 5% were asymptomatic. Isolated systolic hypertension was diagnosed in 33 (25%) patients. Hypertensive retinopathy was found in 88(42%) patients and dyslipidemia was found in 47 (23.5%) patients.

Conclusion: The degree of risk from hypertension can be categorized with reasonable accuracy by taking into account the level of blood pressure and the biological aggressiveness of the hypertension. The present study reiterates the need for early detection, assessment of overall cardiovascular risk and treatment of hypertension in the elderly.
The most common presentation was fatigue 40%, followed by headache 20%, angina 18% and giddiness 13% and 5% were asymptomatic (Table 3).

Table 3: Clinical presentation of hypertensive population

<table>
<thead>
<tr>
<th>Clinical presentation</th>
<th>No. of patients (%)</th>
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<tbody>
<tr>
<td>Fatigue</td>
<td>40%</td>
</tr>
<tr>
<td>Headache</td>
<td>20%</td>
</tr>
<tr>
<td>Angina</td>
<td>18%</td>
</tr>
<tr>
<td>Breathlessness</td>
<td>15%</td>
</tr>
<tr>
<td>Giddiness</td>
<td>13%</td>
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<tr>
<td>Lower limb swelling</td>
<td>10%</td>
</tr>
<tr>
<td>Syncope</td>
<td>8%</td>
</tr>
<tr>
<td>Palpitation</td>
<td>6%</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>5%</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>2%</td>
</tr>
</tbody>
</table>

Isolated systolic hypertension is said to be present if the systolic blood pressure is more than 140 mm Hg and diastolic blood pressure is less than 80 mm Hg. Among 130 hypertensive patients, isolated systolic hypertension was diagnosed in 33 (25%) patients in whom 19 (57.77%) were males and 14 (42.23%) were females. Hypertensive retinopathy was found in 88 (42%) patients of whom 64 (72.72%) were males and 24 (27.27%) were females. Of the 200 patients in our study, dyslipidemia was found in 47 (23.5%) patients, of whom 28 (59.5%) were males and 19 (40.5%) were females. On ECG, ST-T changes were seen in 57 (23.5%) patients, of whom 28 (59.5%) were males and 19 (40.5%) were females. In our study of 200 patients, of whom 120 were males and 80 were females. Of the 80 patients who underwent 2D Echo, the most common finding was sclerotic aortic valve which was found in 34 (43%) patients of which 19 (55.88%) were males and 15 (44.11%) were females and 26 (32.3%) patients had LVH.

**DISCUSSION:**

Hypertension is one of the leading cause of morbidity and mortality in the world and will increase in worldwide importance as a public health problem by 2020. Detection, evaluation and treatment strategies for the elderly hypertensive have been implemented in similar manner as the general population. However, the older population with elevated blood pressure is associated with several unique attributes that should be considered for effective high blood pressure control. Several cohort studies have documented the association of isolated systolic hypertension and increased risk of stroke in the older population. Our study consisted of 200 patients, of which 120 were males and 80 were females. The incidence of hypertension was found to be 65% (130/200). Of the detected hypertensive, 78 (60%) were males and 52 (40%) were females. In a study done by Farook et al, the incidence of established hypertension among elderly was 61.4% of which 64.4% were females and 58% were males. A study by Gupta et al showed a female preponderance of 69.8% vs 59.9%. Isolated systolic hypertension is the most common form of hypertension in the elderly. It was considered part of ageing and like essential hypertension benign, however there is now compelling evidence from cross-sectional, longitudinal and randomized controlled trials that isolated systolic hypertension confers substantial cardiovascular risk, despite this it remains under diagnosed and largely untreated the roots of this essentially lie in over importance of diastolic blood pressure and unjustified consensus about the adverse consequences regarding treating systolic hypertension. In our study of 200 patients of which 130 were hypertensive, isolated systolic hypertension was diagnosed among 33 (25%) patients, of which 19 (57.77%) were males and 14(4242%) were females. In a study conducted by Gupta et al., systolic hypertension was found in 12 (6%) patients while Dwivedi et al in their study recorded the incidence of 24.56% and Kulkarni et al found the incidence of 56.8%. The latest observation from Framingham study of 2000 elderly patients indicated that arterial stiffness is the key determinant in cardiovascular risk mortality. The benefits of treating isolated systolic hypertension is well established. The relative risk reduction of cardiovascular events in the elderly people with isolated systolic hypertension is similar to that of isolated systolic hypertension. Retinopathy is one of the several markers of target organ damage in hypertension. On the basis of JNC-VII criteria, the presence of retinopathy may be an indication for initiating anti-hypertensive therapy. There is no clear consensus regarding the classification of hypertensive retinopathy or whether a retinal examination is useful for risk stratification. In our study, hypertensive retinopathy was found in 88 (42%) of 200 patients, of whom 64 (72.72%) were males and 24 (27.27%) were females. Kulkarni et al found hypertensive retinopathy among 68/179 (38.5%) among which 40 had stage II hypertension. In a study carried out by Chaturvedi et al of 861 patients the incidence was found to be 11% and a study carried out by Michele et al the incidence was 58.5%. Dyslipidemia is an important factor for atherosclerosis. Accelerated atherosclerosis is an invariable companion of hypertension, smoking, alcohol consumption and diabetes also affect the serum lipid profile. However, the Framingham study found out an independent association between hyperlipidemia and hypertension. Our study also confirmed this association and increased incidence of cardiovascular complications in them. In our study, dyslipidemia was found in 47 (23.5%) patients. 28 (59.5%) were males and 19 (40.5%) were females. Of the 47 patients, 40 (20%) patients had hypercholesterolemia whereas 34 (17%) patients had hypertriglyceridemia. A study carried out by Kulkarni et al found the incidence of hyperlipidemia to be 85.9% which 30.9% were males and 25.5% were females. While a study carried out by Aranda P et al found the incidence to be 26.2%. Another study done by Farook et al of 200 patients, hypercholesterolemia was present in 62%, their study included only elderly diagnosed hypertensive which may account for high incidence. The most common ECG finding in our study was ischemic changes in 57 (43.5%) patients of which 33 (57.1%) were males and 24 (42.2%) were females. Males were having higher incidence of ischemic heart disease. The next most common thing in ECG was left ventricular hypertrophy, 43 (32.3%) patients had left ventricular hypertrophy of which 28 (65.11%) were males and 15 (34.88%) were females. Left atrial enlargement was found in 8 patients, P-pulmonale in 5 patients and RVH in 5 patients. Of the 80 patients who underwent 2D Echo, the most common finding was sclerotic aortic valve which was found in 34 (43%) patients of which 19 (55.88%) were males and 15 (44.11%) were females and 26 (32.3%) patients had LVH.

CONCLUSION: As more people live longer, more hypertensives particularly isolated systolic hypertensive patients will be seen. The degree of risk from hypertension can be categorized with reasonable accuracy by taking into account the level of blood pressure and the biological aggressiveness of the hypertension based on the degree of target organ damage and the co-existence of other risk factors. Critical Clinical examination, assessment of target organ damage and the
presence of co-morbid illnesses in hypertensive individuals helps us in making the strategy for management. The present study reiterates the need for early detection, assessment of overall cardiovascular risk and treatment of hypertension in the elderly.

REFERENCES: