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Arterial hypertension is one of the most serious risk factors for cardiovascular complications in the form of stroke, heart failure, ischemic heart disease, and other manifestations of atherosclerosis. Damage caused by the disease increases over time due to asymptomatic course and interaction with other risk factors, especially dyslipidemia, insulin resistance, smoking habits, or obesity. These combinations of risk factors, together with hypertension, further multiply the overall cardiovascular risk of sufferers. Although arterial hypertension is influenced by pharmacological treatment and lifestyle modification, its high prevalence represents a serious health problem in both the Czech Republic and in other developed countries. This bachelor thesis aims to evaluate the eating habits of patients with essential hypertension, a multifactorial form of the disease without a specific causing cause, and of hypertonics with primary aldosteronism, which arises on the basis of autonomous overproduction of aldosterone. Although this form of disease has a specifically treatable cause, its course and organ complications are often more serious than those of essential hypertension. Dietary habits, together with adherence to other nonpharmacological measures, can largely moderate the manifestations of the disease in both types of patients, improve the response to pharmacotherapy, and in the case of less severe essential hypertension, even allow drug withdrawal. In the theoretical part, this thesis deals with the prevalence, classification, and treatment of both diseases. From the point of view of the etiopathogenesis of essential hypertension, it lists the important factors of lifestyle that contribute to high blood pressure, as well as its course and consequences in the form of end-organ damage and cardiovascular events. Different etiology and treatment of primary aldosteronism, its specific manifestations, but also non-less serious organ complications, together with dietary influences that affect its course and consequences, are presented. The practical part of the thesis deals with the analysis of comparative questionnaire research between patients with essential hypertension and patients diagnosed with primary aldosteronism who, with a severe course of the disease or suspected secondary etiology, underwent diagnostic hospitalization in a specialized center of the 3rd Department of Internal Medicine. The questions covered basic personal characteristics of the patients, their exercise and eating habits, daily and drinking patterns, smoking habits, alcohol consumption and exposure to stress load. In the context of knowledge of diet measures, particular attention is paid to the consumption of table salt, the frequency of intake of risky foods in terms of the effect on blood pressure and other related diseases is evaluated. Participants in the research consisted of 35 patients with primary aldosteronism and 70 other severe hypertensive patients who have been treated at the clinic in recent years and have been approached as part of this investigation or two previous investigations with the same focus. Due to the comparable age distribution as well as the proportion of women and men in both groups of patients, differences in the prevalence of obesity, dietary deficiencies and other lifestyle factors could be assessed. In a group of patients with essential hypertension ($n = 70$), the higher prevalence of the first and second degree of obesity, a higher proportion of smokers and alcohol consumers, and lower physical activity was confirmed. The consumption of vegetables and fruits was also lower and insufficient in both groups. In both groups there is a relatively frequent intake of animal fat, especially milk. The intake of essential fatty acids is probably slightly higher on the side of patients with EH, due to the higher income of rapeseed oil and fish meat. Dietary mistakes in the form of canned and instant foods have been reported in both groups, more frequently in patients with EH. In contrast, significantly more sausages and cheeses were consumed in patients with primary aldosteronism ($n = 35$). They also had higher salt consumption at the same time. A striking finding is a higher exposure to stress load and a significantly shorter sleep time in patients with PA.

key words: arterial hypertension, primary aldosteronism, nonpharmacological measures, diet, eating habits, frequency questionnaire