# Original Article Evaluation of Serum Lipid <br> Lipid Profile in Hypertensive Patients 

 Profile in Hypertensive Patients in one of Tertiary Care HospitalSyeda Ijlal Zehra Zaidi ${ }^{1}$, Sumera Saghir ${ }^{2}$ and Adnan Bashir ${ }^{3}$


#### Abstract

Objective: The objective of this study to evaluate serum lipid profile in hypertensive patients in one of tertiary care hospital Study Design: Cross-sectional study Place and Duration of Study: This study was conducted at the Department of Biochemistry and Physiology, Avicenna Medical College Lahore from March 2017 to January 2019. Materials and Methods: We selected 100 participants in which 70 hypertensive patients and 30 control normal subjects. We measured total cholesterol level (TG), Low density Lipoprotein (LDL), High density Lipoprotein (HDL) and Triglycerides in hypertensive patients and normal patients (Control). We also measured blood pressure (Systolic and Diastolic Pressure) for both groups. For measuring lipid profile (TG, HDL, LDL, and Total Cholesterol), we used Mirolab 300 and we used Merk kits of analysis the samples of both groups (Hypertensive Patients and Control Normal patients. Results: The mean of the blood pressure (systolic BP - 24 hours ( mmHg ) of test subject was $148.9 \pm 10.2 \mathrm{mmHg}$ and for Control was $135.4 \pm 8.3 \mathrm{mmHg}$. And Diastolic blood pressure of the test patient was $97.6 \pm 6.3 \mathrm{mmHg}$. The total Cholesterol level was higher in test subject (hypertensive patients) as compare to control the total cholesterol in Test subject (hypertensive patients) was $240.8 \pm 14.8 \mathrm{mg} / \mathrm{dl}$ and in control was $194.6 \pm 32.5 \mathrm{mg} / \mathrm{dl}$. Result showed that triglyceride level was higher in hypertensive patient as compare to control. The total level of triglyceride in hypertensive patients was $170.3 \pm 37.5 \mathrm{mg} / \mathrm{dl}$ and in control was $146.2 \pm 34.2 \mathrm{mg} / \mathrm{dl}$. High density lipoprotein level in hypertensive patient was $59.6 \pm 10.5 \mathrm{mg} / \mathrm{dl}$ and in control was $45.5 \pm 11.2 \mathrm{mg} / \mathrm{dl}$. The result showed that HDL level is high in hypertensive patient. The low density lipoprotein in LDL was higher in hypertensive patient as compare to control. The mean value of LDL in hypertensive patient was $127.9 \pm 23.5 \mathrm{mg} / \mathrm{dl}$ and in control was $118.5 \pm 20.5 \mathrm{mg} / \mathrm{dl}$. Conclusion: High lipid profile is risk of cardiovascular disease and stroke so it should be treated as soon as possible and it means that abnormal lipid profile caused cardiovascular disease.


Key Words: Hypertension, Lipid profile, cardiovascular disease
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## INTRODUCTION

Major risk factor of hypertension and CVD are morbidity and mortality and also abnormal lipid metabolism and lipoprotein.

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metabolic abnormality synergistically caused atherosclerosis and also produced CVD. It means that hypertension is produced from abnormality of lipid metabolism and other metabolic disorder and combination of metabolic disorders caused hypertension. ${ }^{19}$

## MATERIALS AND METHODS

This study was conducted at the Department of Biochemistry and Physiology, Avicenna Medical College Lahore from March 2017 to January 2019. We selected 100 participants in which 70 hypertensive patients and 30 control normal subjects. We measured total cholesterol level (TG), Low density Lipoprotein (LDL) , High density Lipoprotein (HDL) and Triglycerides in hypertensive patients and normal patients (Control). We also measured blood pressure (Systolic and Diastolic Pressure) for both groups. For measuring lipid profile (TG, HDL, LDL, and Total Cholesterol), we used Mirolab 300 and we used Merk kits of analysis the samples of both groups (Hypertensive Patients and Control Normal patients.

## RESULTS

The mean of the blood pressure (systolic BP - 24 hours ( mmHg ) of test subject was $148.9 \pm 10.2 \mathrm{mmHg}$ and for Control was $135.4 \pm 8.3 \mathrm{mmHg}$. And Diastolic blood pressure of the test patient was $97.6 \pm 6.3 \mathrm{mmHg}$. The total Cholesterol level was higher in test subject (hypertensive patients) as compare to control the total cholesterol in Test subject (hypertensive patients) was $240.8 \pm 14.8 \mathrm{mg} / \mathrm{dl}$ and in control was $194.6 \pm$ $32.5 \mathrm{mg} / \mathrm{dl}$.
Table No.1: Participant characteristics

|  | Test <br> subject (n=70) <br> Hypertensive <br> patients | Control (n=30) |
| :--- | :--- | :--- |
| Age (years) | $51.2 \pm 7.2$ | $51.5 \pm 8.6$ |
| Male / Female (\%) | $42.2 / 57.8$ | $36.5 / 63.5$ |
| Body weight (Kg) | $71.2 \pm 11.5$ | $72.4 \pm 11.4$ |
| BMI (kg/m2) | $27.3 \pm 2.7$ | $27.4 \pm 2.6$ |
| SBP sitting <br> (mmHg) | $148.9 \pm 10.2$ | $135.4 \pm 8.3$ |
| DBP sitting <br> $(\mathrm{mmHg})$ | $97.6 \pm 6.3$ | $85.9 \pm 6.5$ |

Result showed that triglyceride level was higher in hypertensive patient as compare to control. The total level of triglyceride in hypertensive patients was 170.3 $\pm 37.5 \mathrm{mg} / \mathrm{dl}$ and in control was $146.2 \pm 34.2 \mathrm{mg} / \mathrm{dl}$. High density lipoprotein level in hypertensive patient was $59.6 \pm 10.5 \mathrm{mg} / \mathrm{dl}$ and in control was $45.5 \pm$ $11.2 \mathrm{mg} / \mathrm{dl}$. The result showed that HDL level is high in hypertensive patient. The low density lipoprotein in LDL was higher in hypertensive patient as compare to control. The mean value of LDL in hypertensive patient
was $127.9 \pm 23.5 \mathrm{mg} / \mathrm{dl}$ and in control was $118.5 \pm 20.5$ $\mathrm{mg} / \mathrm{dl}$.

Table No2: Ambulatory blood pressure monitoring. Mean values of blood pressure

| Test subject (n=70) <br> Hypertensive patients | Control (n=30) |
| :--- | :---: |
| Systolic BP - 24 hours <br> $(\mathbf{m m H g})$ |  |
| $148.9 \pm 10.2$ | $135.4 \pm 8.3$ |
| Diastolic BP - 24 hours |  |
| $(\mathbf{m m H g})$ |  |$\quad$| $97.6 \pm 6.3$ |
| :--- |

TableNo.3: Lipid profile of Test subject and Control and Glucose level

| Test Subject (n=70) <br> Hypertensive patients | Control (n=30 |
| :--- | :---: |
| Fasting Blood Glucose(mg/dl) |  |
| $98.8 \pm 10.2$ | $98.4 \pm 9.4$ |
| Total Cholesterol (mg/dl) |  |
| $240.8 \pm 14.8$ | $194.6 \pm 32.5$ |
| LDL (mg\dl) |  |
| $127.9 \pm 23.5$ | $118.5 \pm 20.5$ |
| HDL (mgldl) |  |
| $59.6 \pm 10.5$ | $45.5 \pm 11.2$ |
| Triglycerides $(\mathbf{m g} \backslash d \mathbf{})$ |  |
| $170.3 \pm 37.5$ | $146.2 \pm 34.2$ |

## DISCUSSION

We evaluate in this study the serum lipid profile in hypertension patient. We selected 100 participants in which 70 hypertensive patients and 30 control normal subjects. We measured total cholesterol level (TG) Low density Lipoprotein (LDL), High density Lipoprotein (HDL) and Triglycerides in hypertensive patients and normal patients (Control). We also measured blood pressure (Systolic and Diastolic Pressure) for both groups. For measuring lipid profile (TG, HDL, LDL, and Total Cholesterol), we used Mirolab 300 and we used Merk kits of analysis the samples of both groups (Hypertensive Patients and Control Normal patients .We observed high lipid profile in hypertension patients specially TC (Total cholesterol) , TG (Tri glyceride ) and LDL ( Low density Lipoprotein). The concentration is significantly higher in hypertension patients. This type result is also in other country studies such as Nigeria. Akintunde is also found this type of result that lipid profile is higher in hypertension patients. The observation showed that obesity and dyslipidemia are the risk factors of hypertension. ${ }^{20}$ The mean of the blood pressure (systolic BP - 24 hours ( mmHg ) of test subject was $148.9 \pm 10.2 \mathrm{mmHg}$ and for Control was $135.4 \pm 8.3$ mmHg . And Diastolic blood pressure of the test patient was $97.6 \pm 6.3 \mathrm{mmHg}$. The total Cholesterol level was
higher in test subject (hypertensive patients) as compare to control the total cholesterol in Test subject (hypertensive patients) was $240.8 \pm 14.8 \mathrm{mg} / \mathrm{dl}$ and in control was $194.6 \pm 32.5 \mathrm{mg} / \mathrm{dl}$. Result showed that triglyceride level was higher in hypertensive patient as compare to control. The total level of triglyceride in hypertensive patients was $170.3 \pm 37.5 \mathrm{mg} / \mathrm{dl}$ and in control was $146.2 \pm 34.2 \mathrm{mg} / \mathrm{dl}$. High density lipoprotein level in hypertensive patient was $59.6 \pm$ $10.5 \mathrm{mg} / \mathrm{dl}$ and in control was $45.5 \pm 11.2 \mathrm{mg} / \mathrm{dl}$. The result showed that HDL level is high in hypertensive patient. The low density lipoprotein in LDL was higher in hypertensive patient as compare to control. The mean value of LDL in hypertensive patient was $127.9 \pm$ $23.5 \mathrm{mg} / \mathrm{dl}$ and in control was $118.5 \pm 20.5 \mathrm{mg} / \mathrm{dl}$. When Serum cholesterol level is high, it is caused coronary heart disease (CHD) and stroke. It means that high cholesterol level role in developing the coronary heart diseases and stroke. ${ }^{21}$ Atherogenic process is in inhibited by HDL (High Density lipoprotein) this biomolecule act as inflammatory and antioxidant. Low level HDL increases the risk of cardiovascular diseases. ${ }^{22}$ It is essential that we evaluated the lipid profile in hypertension patient we treated early as possible if the concentration of the lipid profile is high.

## CONCLUSION

High lipid profile is risk of cardiovascular disease and stroke so it should be treated as soon as possible and it means that abnormal lipid profile caused cardiovascular disease.

## Author's Contribution:

Concept \& Design of Study: Syeda Ijlal Zehra Zaidi Drafting:
Data Analysis:
Revisiting Critically:
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Conflict of Interest: The study has no conflict of interest to declare by any author.

## REFERENCES

1. Sykowsky PA, D'Agostino RB, Belanger AJ, Kannel WB. Secular Trends in Long Term Sustained Hypertension, Long Term Treatment and Cardiovascular Morbidity. The Framingham Heart Study 1950-1990. Circulation 1996; 93: 697-703.
2. MacMahon S, Peto R, Cutler J, et al. Blood Pressure, stroke, and coronary heart disease. Part 1, prolonged differences in blood pressure: prospective observational studies corrected for regression dilution bias. Lancet 1990; 335: 765-77.
3. IV Diretrizes Brasileiras de Hipertensão Arterial Sociedade Brasileira de Hipertensão;Sociedade

Brasileira de Cardiologia e Sociedade Brasileira de Nefrologia. Hipertensão 2003;5(4): 126-63.
4. Chobaniam AV, Bakris GL, Black HR, et al. Seventh report of the Joint National Committee on prevention, detection, evaluation and treatment of high blood pressure- JNC 7. Hypertension 2003; 42: 1206-52.
5. 2003 European Society of Hypertension European Society of Cardiology guidelines for management of arterial hypertension. J Hypertens 2003;21:1011-53.
6. Hansson L, Zanchetti A, Carruthers SG, Dahlof B, et al on behalf of HOT Study group. Effects of intensive blood-pressure lowering and low-dose aspirin in patients with hypertension: principal results of the Hypertension Optimal Treatment (HOT) randomized trial. Lancet 1998; 351: 175562
7. Lewis EJ, Hunsicker LG, Bain RP, Rohde RD. The effect of angiotensin converting enzyme inhibition on diabetic nephropathy. N Engl J Med 1993; 329: 1456-62.
8. Marre M, Chatellier G, Leblanc H, Guyene TT, Menard J, Passa P.Prevention of diabetic nephropathy with enalapril in normotensive diabetics with microalbuminuria. BMJ 1988; 297: 1092-95.
9. Mathiesen ER, Hommel E, Giese J, Parving HH. Efficacy of captopril in postponing nephropathy in normotensive insulin dependent diabetic patients with micro albuminuria. In: Hardman, JG, Limbird LE, editors. Antihypertensive Agents and the Drug Therapy of Hypertension, in Good man \& Gilman's The Pharmacological Basis of Therapeutics, 10th ed. Mc Graw Hill Medical Publishing Division:New York;2001.p. 871-900.
10. Kannel WB, Castelli WP, Gordon T, MC Namara PM. Serum cholesterol, lipoproteins, and the risk of coronary heart disease. The Framingham study. Ann Int Med 1971;74,(1):1-12.
11. Williams RR, Hunt SC, Hopkins PN, et al. Familialdyslipidemic hypertension. Evidence from 58 Utah families for a syndrome present in approximately $12 \%$ of patients with essential hypertension. J Am Med Assoc 1998;259(24): 3579-3586.
12. Halperin RO, Sesso H.D, Ma J, Buring J.E, Stampfer JM, Gaziano JM. Dyslipidemia and the risk of incident hypertension in men, Hypertension 2006;47(1):45-50.
13. Borghi C. Interactions between hypercholesterolemia hypertension: implications for therapy. Curr Opin Nephrol Hypertens 2012;1(5):489-496.
14. Neaton JD, Wentworth D. Serum cholesterol, blood pressure, cigarette smoking, and death from coronary heart disease: overall findings and
differences by age for 316099 white men. Arch Int Med 1992;152(1):56-64.
15. World Health Organization, Global Health Risks: Morality and Burden of Disease Attributable To Selected Major Risks, World Health Organization, Geneva, Switzerland 2009.
16. Gaziano TA, Bitton A, Anand S, Weinstein MC, The global cost of nonoptimal blood pressure. J Hypertension 2009;27,(7):1472-1477.
17. Harvey JM,Beevers DG. Biochemical investigation of hypertension. Ann Clin Biochem 1990; 27(4):287-296.
18. Third Report of the National Cholesterol Education Program (NCEP), Expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III) final report. Circulation 2002;106: 3143-3421.
19. Pelkonen R, Nikkila E. A, Koskinen S. Association of serum lipids and obesity with cardiovascular mortality. Bri Med J 1997;2(60 96):1185-1187.
20. Akintunde AA. Epidemiology of conventional cardiovascular risk factors among hypertensive subjects with normal and impaired fasting glucose. South Afri Med J 2010; 100(9):594-597.
21. Albucher JF, Ferrieres J, Ruidavets JBB. Guiraud Chaumeil, Perret BP, Chollet F. Serum lipids in young patients with ischaemic stroke: a casecontrol study. J Neurol Neurol Psychiatr 2000; 69,(1):29-33.
22. Mackness MI, Durrington PN, Mackness B. How high-density lipoprotein protects against the effects of lipid peroxidation. Curr Opini Lipidolo, 2000;11,(4):383-388.

