Original Article

ricle Evaluation of Serum Lipid Profile in Male Hypertensive Population

Lipid Profile in Male Hypertensive

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ABSTRACT

Objective: The objective of this study to evaluate serum lipid profile in Male hypertensive population as compare to control.

Study Design: Cross-sectional study

Place and Duration of Study: This study was conducted at the community of medicine of Muhammad College of Medicine, Peshawar and Department of Biochemistry, Northwest school of medicine, Peshawar from January 2018 to September 2019.

Materials and Methods: Total 200 Male patients were selected male and 100 control health people are selected for the study. Lipid profile (Total cholesterol, HDL, VLDL and triglycerides) was estimated in both groups in male patient and control healthy people. Blood samples were collected from both groups' male hypertensive patient and health people. Samples were analyzed by Micro lab 300 for lipid profile for both groups male hypertensive patient and control. Merck kits were used for analysis of lipid profile in both groups.

Results: In male hypertensive patients the serum lipid profile is higher as compare to control health male except c\HDL which is decreased in hypertensive patients and high in male control which have vasoprotective effect. The mean of total cholesterol (256.5 ± 12.9) is higher in male hypertensive patients as compare to healthy control. The mean of total LDL (mg\dl) (130.8 ± 21.5) is higher in male hypertensive patients as compare to healthy control. The mean of total Triglycerides (mg\dl) (190.2 ± 32.6) is higher in male hypertensive patients as compare to healthy control. The mean of total HDL (mg\dl) (30.6 ± 8.7) is lower in male hypertensive patients as compare to healthy control.

Conclusion: Male hypertensive patient found high level of serum lipid profile, so at high risk of cardiovascular diseases. It is may be their life style or metabolic system.

Key Words: Serum Lipid profile, male hypertensive population

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INTRODUCTION

Hypertension major risk factors for cardiovascular disease (CVD) are dyslipidemia and Hypertension .Rate of death is high in low- and middle income countries at least 80%. ^{1, 2}In the developing countries, prevalence of hypertension is increasing globally it in developed countries the rate of death from hypertension is higher as compare to developed countries. ²High blood levels of low-density lipoprotein (LDL), total cholesterol (TC), and triglycerides (TG) are attached with hypertension and CVD.

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In contrast, a risk factor for mortality from CVD is low level of high density lipoprotein (HDL). (Hypertension and coronary artery disease) has established association as Epidemiological studies.4 34% is prevalence of hypertension among adult worldwide. 5,6 Major risk factors for CVD are decreased HDL and increased TC, TG, LDL. ⁷Reasons of Coronary heart disease in man population isHyperlipidemia.⁸, On the surface of the heart there is four primary coronary arteries. 9,10 CHD is high ratio in man as compare women CHD is high in male population. 11,12 Reasons of cardiovascular disease are total cholesterol, triglyceride, HDL, LDL.¹³ Vasoprotective effects is increased by HDL, with high levels of cholesterol in blood circulation is associated with progression of heart disease. 14,15 Risk factors of CHD are modifiable. 16 High level of lipid is mostly occurring factor of Hypertension.¹⁷ The objective of this study to evaluate serum lipid profile in hypertensive population as compare to control.

MATERIALS AND METHODS

This study is conducted in the department of community medicine of Muhammad College of Medicine, Peshawar and Department of Biochemistry, Northwest school of medicine, Peshawar. It was cross

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section—control study. Total 200Male patients were selected male and 100 control health people are selected for the study. Lipid profile (Total cholesterol, HDL, VLDL and triglycerides) was estimated in both groups in male patient and control healthy people. Blood samples were collected from both groups' male hypertensive patient and health people. Samples were analyzed by Micro lab 300 for lipid profile for both groups male hypertensive patient and control. Merck kits were used for analysis of lipid profile in both groups.

Statistical Analysis: SPSS for Windows version 20 (SPSS, Inc., Chicago, IL, USA) was employed for all statistical analyses.

RESULTS

In male hypertensive patients the serum lipid profile is higher as compare to control health male except HDL which is decreased in hypertensive patients and high in male control which have vasoprotective effect. The mean of total cholesterol (256.5 \pm 12.9) is higher in male hypertensive patients as compare to healthy control. The mean of total LDL (mg\dl) (130.8 \pm 21.5) is higher in male hypertensive patients as compare to healthy control. The mean of total Triglycerides (mg\dl) (190.2 \pm 32.6) is higher in male hypertensive patients as compare to healthy control. The mean of total HDL (mg\dl) (30.6 \pm 8.7) is lower in male hypertensive patients as compare to healthy control.

Table No.1: Participant Characteristics

	Male Hypertensive	Control
	Patients (n=200)	(n=100)
Age (years)	51.4 <u>+</u> 10.2	49.7 <u>+</u> 10.3
Male	100	100
Body weight (Kg)	68.9 <u>+</u> 10.8	69.3 <u>+</u> 11.2
BMI (kg/m2)	24.7 <u>+</u> 2.6	24.5 <u>+</u> 2.5

Table No.2: Serum lipid profile in Male hypertensive male patients Control

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Male hypertensive Patients (n=200)	Control (n=100)	
Fasting Blood Glucose(mg/dl)		
96.8 ± 4.2	98.4 ± 4.9	
Total Cholesterol (mg/dl)		
256.5 ± 12.9	192.6 ± 31.5	
LDL (mg\dl)		
130.8 ± 21.5	117.5± 18.6	
HDL (mg\dl)		
30.6± 8.7	41.5 ± 9.1	
Triglycerides (mg\dl)		
190.2 ± 32.6	142.3 ± 31.7	

DISCUSSION

In male population Coronary heart disease is caused by high cholesterol. ¹⁸ another study showed that high prevalence CHD in male population with hypertension and high serum lipid profile there is association of high cholesterol with Coronary heart

disease. 19,20 Hypertension major risk factors for cardiovascular disease (CVD) are dyslipidemia and Hypertension . Rate of death is high in low- and middle income countries at least 80%. In the developing countries, prevalence of hypertension is increasing globally it in developed countries the rate of death from hypertension is higher as compare to developed countries. High blood levels of low-density lipoprotein (LDL), total cholesterol (TC), and triglycerides (TG) are attached with hypertension and CVD. In contrast, a risk factor for mortality from CVD is low level of high density lipoprotein (HDL). (Hypertension and coronary artery disease) has established association as Epidemiological studies. 34% is prevalence of hypertension among adult worldwide. Major risk factors for CVD are decreased HDL and increased TC, TG, LDL. ⁷Reasons of Coronary heart disease in man population is Hyperlipidemia. On the surface of the heart' there is four primary coronary arteries. CHD is high ratio in man as compare women CHD is high in male population. Reasons of cardiovascular disease are Total cholesterol, triglyceride, HDL, LDL.

This study is conducted in the department of community medicine of Muhammad College of Medicine, Peshawar and Department of Biochemistry, Northwest school of medicine, Peshawar. It was cross section -control study. Total 200 Male patients were selected male and 100 control health people are selected for the study. Lipid profile (Total cholesterol, HDL, VLDL and triglycerides) was estimated in both groups in male patient and control healthy people. Blood samples were collected from both groups' male hypertensive patient and health people. Samples were analyzed by Micro lab 300 for lipid profile for both groups male hypertensive patient and control .Merck kits were used for analysis of lipid profile in both groups. With high levels of cholesterol in blood circulation is associated with progression of heart disease. Risk factors of CHD are modifiable, high level of lipid is mostly occurring factor of Hypertension. By restriction of saturated fat and cholesterol, high blood cholesterol levels is decreased, with diet. 14HDL increase vasoprotective effects^{21,22}, In the present study, in male hypertensive patients we found high level of cholesterol as compare to control. ^{23, 24} In male hypertensive patients the serum lipid profile is higher as compare to control health male except HDL which is decreased in hypertensive patients and high in male control which have vasoprotective effect. The mean of total cholesterol (256.5±12.9) is higher in male hypertensive patients as compare to healthy control. The mean of total LDL (mg\dl) (130.8 \pm 21.5) is higher in male hypertensive patients as compare to healthy control. The mean of total Triglycerides (mg\dl) (190.2±32.6) is higher in male hypertensive patients as compare to healthy control. The mean of total HDL (mg\dl) (30.6±8.7) is lower in male hypertensive

patients as compare to healthy control. Moderate LDL-C reduction is best method to reduce hypertension.²⁵ The ratio of LDL-C/HDL-C help us to CVD risk determine in male population.²⁶

CONCLUSION

Male hypertensive patient found high level of serum lipid profile, so at high risk of cardiovascular diseases. It is may be their life style or metabolic system.

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REFERENCES

- 1. Reddy KS. Cardiovascular disease in non-Western countries. N Engl J Med 2004;350(24):2438–2440.
- Murray CJ, Lopez AD. Global mortality, disability, and the contribution of risk factors: Global Burden of Disease Study. Lancet 1997;349(9063):1436– 1442.
- Mora S, Glynn RJ, Ridker PM. High-density lipoprotein cholesterol, size, particle number, and residual vascular risk after potent statin therapy. Circulation 2013;128(11):1189–1197.
- 4. Liu Y, Zhang B, Chen JY, Chen PY. The relationship between fasting triglyceride level and prevalence and severity of angiographic coronary artery disease in 16,650 patients from the TRUST study in the statins era. Eur Heart J 2013;34(Suppl 1):P1550.
- Akhtaruzzaman M, Khan MNI, Islam SN. Nutrition, Health and Demographic Survey of Bangladesh-2011. Dhaka, Bangladesh: Institute of Nutrition and Food Science University of Dhaka; 2013.
- World Health Organization. Non-Communicable
 Disease Risk Factor Survey Bangladesh
 2010.Ministry of Health and Family Welfare,
 Bangladesh; 2010. Available from:
 http://www.ban.searo.who.int/LinkFiles/Publicatio
 n_NCD_Risk_Factor_Survey_Report.pdf.
 Accessed May 12, 2014
- 7. Bruckert E, Pamphile R, McCoy F, André P. Defining the prevalence of low HDL-C in a European cohort of dyslipidaemic patients. Eur Heart J Supplements 2005;7(Suppl F):F23–F26.

- 8. AmitDaphale, SouryaAcharya, Samarth Shukla. Detection of asymptomatic coronary artery disease (CAD) in newly detected type 2 diabetes mellitus (DM) by exercise treadmill test. Int J Contemporary Med Res 2017;4:2269-2275.
- Husan Pal, SavitaKapila, AshishBhagat, HarharpreetKaur, Kiranjit. Risk Factors molding the direction of ischemic heart disease and the most prevalent ishcemic heart disease amongst males and females of Punjab. Int J Contemporary Med Res 2017;4:127-129.
- Saumya Gupta, Krishna K. Lakhani, HiravaMunshi. A study of risk factors in young patients of acute coronarysyndrome. Int J Contemporary Med Res 2017;4:2144-2147.
- 11. National Cholesterol Education Program (NCEP)
 Expert Panel on Detection, Evaluation, and
 Treatment of High Blood Cholesterol in Adults
 (Adult Treatment Panel III). Executive Summary
 of the 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). JAMA 2001;285:2486-2497.
- 12. John VC, William AB, Dorman T, Sharon GO. Valvular heart disease. The Johns Hopkins manual of cardiac surgical care. 2nd ed. Marry land, Baltimore: Elsevier publisher;2007.p.96.
- 13. Bonow RO, Carabello BA, Kanu C. Guidelines for the management of patients with valvular heart disease: a report of the American Heart Association Task Force on Practice Guidelines. Circulation 2006;114: 84 231.
- 14. Vuyisile TN, Julius MG, Thomas NS, John SG, Christopher GS, Maurice ES. Burden of valvular heart diseases: a population based study. The lancet 2006; 368: 969 971.
- 15. Rahilly-Tierney C, Bowman TS, Djoussé L, Sesso HD, Gaziano JM. Change in High-Density Lipoprotein Cholesterol and Incident Coronary Heart Disease in Apparently Healthy Male Physicians. Am J Cardiol 2008; 102: 1663–1667.
- Singh IM, Shishehbor MH, Ansell BJ. High-Density Lipoprotein as a Therapeutic Target A Systematic Review. JAMA 2007;298:786-798.
- 17. Gaziano TA, Bitton A, Anand S, Abrahams-Gessel S, Murphy A. Growing Epidemic of Coronary Heart Disease in Low- and Middle-Income Countries. Curr Probl Cardiol 2010;35:72–115.
- Friedewald WT, Lewy RJ, Fredrickson DS. Estimation of concentration of low density lipoprotein cholesterol in plasma, without use of the preparative ultracentrifuge. Clin Chem 1972;
 499 502.Canada, Alive books publishers: Green press;1993.p.56.
- 19. Werner M, Garberielson DG, Estman J. Ultramicro determination of serum triacylglycerols by

- bioluminescent assay. Clin Chem 1981;27: 268-271.
- 20. BeLue R, Okoror TA, Iwelunmor J, Taylor KD, Degboe AN, Agyemang C. An overview of cardiovascular risk factor burden in sub- Saharan African countries: a socio-cultural perspective. Globalization and Health 2009.
- 21. Yusuf S, Hawken S, Ounpuu S, Dans T, Avezum A, Lanas F, et al. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): casecontrol study. Lancet 2004;364:937-52.
- 22. Wilson PW, Cupples LA, Kannel WB. Is hyperglycemia associated with CVD? The Framingham Study. Am Heart J 1991;121:586-590.

- 23. Castelli WP, Anderson K, Wilson PW, Levy D. Lipids and risk of coronary heart disease. The Framingham Study. Ann Epidemiol 1992; 2:23-8.
- 24. Gotto AM. Cholesterol intake and serum cholesterol level. N Engl J Med 1991;324:912-913.
- 25. Grundy SM, DenkeMA.Dietary influences on serum lipids and lipoproteins. J Lipid Res 1990; 31:1149-1172.
- 26. Panagiotakos DB, Pitsavos C, Skoumas J, Chrysohoou C, Toutouza M, Stefanadis CI, et al. Importance of LDL/HDL cholesterol ratio as a predictor for coronary heart disease events in patients with heterozygous familial hypercholesterolaemia a 15-year follow-up (1987-2002). Curr Med Res Opin 2003;19:89-94.