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COMPARISON BETWEEN PHARMACOLOGICAL AND NATURAL TREATMENTS FOR HIGH BLOOD PRESSURE

COMPARISON BETWEEN PHARMACOLOGICAL AND NATURAL TREATMENTS FOR ARTERIAL HYPERTENSION

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SUMMARY:

Hypertension is a widely prevalent chronic condition and one of the main risk factors for cardiovascular diseases, such as myocardial infarction and stroke. Its treatment traditionally involves the use of medications, such as ACE inhibitors and beta-blockers, which are effective in rapidly controlling blood pressure. However, these treatments can have adverse effects, such as hyperkalemia and bradycardia, which compromise longterm adherence in some patients. In parallel, natural interventions, such as the DASH diet and regular physical activity, have gained attention for presenting long-lasting efficacy and fewer adverse effects. This study aims to conduct an integrative review, comparing pharmacological approaches with natural interventions in the control of arterial hypertension. The search was carried out in the PubMed database, resulting in the selection of six relevant articles published between 2019 and 2024. Data analysis shows that, although pharmacological treatments are effective in immediate control, natural interventions offer advantages in terms of safety and long-term adherence. The combination of both approaches appears to be a promising strategy, providing an effective reduction in blood pressure and minimizing the risks of cardiovascular complications. This study highlights the importance of personalizing the treatment of arterial hypertension based on the individual characteristics of each patient, combining strategies that maximize benefits and minimize risks.

Keywords: Adherence to treatment. Blood pressure control. Diet. Pharmacotherapy. Arterial

hypertension.

ABSTRACT:

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Arterial hypertension is a prevalent chronic condition and one of the leading risk factors for cardiovascular diseases, such as myocardial infarction and stroke. Its treatment traditionally involves the use of medications like ACE inhibitors and beta-blockers, which are effective in quickly controlling blood pressure. However, these treatments can present adverse effects, such as hyperkalemia and bradycardia, compromising long-term adherence in some patients. Simultaneously, natural interventions, such as the DASH diet and regular physical activity, have gained attention for providing sustained efficacy with fewer adverse effects. This study aims to conduct an integrative review comparing pharmacological approaches with natural interventions in the management of arterial hypertension. The research was carried out in the PubMed database, resulting in the selection of six relevant articles published between 2019 and 2024. Data analysis shows that while pharmacological treatments are effective for

immediate control, natural interventions offer advantages in terms of safety and long-term adherence. The combination of both approaches emerges as a promising strategy, providing effective blood pressure reduction while minimizing the risks of cardiovascular complications. This study highlights the importance of personalizing hypertension management based on individual patient characteristics, combining strategies that maximize benefits and minimize risks.

Keywords:Blood Pressure Control. Diet. Hypertension. Pharmacotherapy. Treatment Adherence.

1. INTRODUCTION

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Hypertension (HT) is a highly prevalent chronic condition worldwide and is one of the main risk factors for cardiovascular diseases, such as myocardial infarction and stroke. Its association with serious complications makes adequate control of blood pressure levels essential, especially in populations with a predisposition to chronic diseases (Villafuerte*et al.*, 2020). Pharmacological treatments, such as angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), and beta-blockers, are widely used and recommended in international guidelines for the management of hypertension, especially in patients with moderate to severe hypertension (Wilkinson*et al.*, 2020). However, prolonged use of these medications is associated with adverse effects, such as hyperkalemia, cough, and bradycardia, which can negatively impact treatment adherence (Zhang*et al.*, 2023).

In parallel, non-pharmacological interventions, such as lifestyle changes, have been widely investigated as alternatives or complements to pharmacological treatments. The DASH (Dietary Approaches to Stop Hypertension) diet, which emphasizes reducing sodium and increasing the intake of fruits, vegetables and low-fat dairy products, has been shown to be effective in reducing blood pressure levels, in addition to providing additional benefits to cardiovascular health (Blumenthal*et al.*, 2021). Furthermore, regular physical activity has shown positive results in controlling blood pressure, being a widely accepted recommendation for hypertensive patients, especially those with mild to moderate hypertension (Shamsi*et al.*, 2021). Combining pharmacological therapies with natural interventions is often suggested as the ideal approach for patients with resistant or difficult-to-control hypertension. Recent studies indicate that integrating lifestyle changes with the use of medications may result in greater effectiveness in controlling blood pressure and minimizing adverse effects related to prolonged drug use (Castilla-Ojo *et al.*, 2023).

The aim of this study is to compare the effectiveness of pharmacological treatments and natural interventions in controlling arterial hypertension, with the aim of identifying the benefits, challenges and limitations of each approach. In addition, we seek to evaluate the impact of these interventions on treatment adherence and on reducing the risks of long-term cardiovascular complications. Finally, we intend to analyze the possibility of integrating pharmacological treatments and natural interventions as a more effective strategy for managing arterial hypertension.

2. MATERIAL AND METHOD

This study was conducted through an integrative literature review, using the PubMed database to identify studies that compared the efficacy and safety of pharmacological treatments and natural interventions in the management of arterial hypertension. The search was performed using the following search key: "('hypertension' OR 'high blood pressure') AND ('pharmacological treatment' OR 'antihypertensive drugs') AND ('natural treatment' OR 'diet' OR 'herbal' OR 'lifestyle intervention')", with the aim of exploring recent studies that discussed therapeutic approaches based on medications and non-pharmacological interventions, such as diet and exercise.

Studies published between 2019 and 2024, written in English or Portuguese, were included in the review. The focus of the selection was randomized clinical trials, systematic reviews, and observational studies that addressed the direct comparison between pharmacological treatments and natural interventions. The inclusion criteria also required that the studies be conducted in adult populations, defined as individuals aged 18 years or older. Articles that did not present direct comparisons between the

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two types of treatment, as well as studies without access to the full text or those focused on pediatric or pregnant populations.

The initial search in the PubMed database resulted in 17,846 articles. After applying filters related to year of publication, type of study and language, 172 studies were selected for initial screening of titles and abstracts. After removing duplicates and reading the abstracts, 17 articles were selected for full reading. Of these, 6 were included in this integrative review. Table 1 summarizes the information on the selected articles, including the main topics addressed in each of them.

			Periodical (vol,	Considerations]
Base	Title	Authors	no, page, year)		Themes	
	Effects Of	f				1
	Lifestyle					
	Modification Or	1				
	Patients With					
	Resistant				Effect of the	
	Hypertension:				modifications no	∮de
	Results of the	e	Circulation,		lifestyle in	
	TRIUMPH		v.144,		patients with	
	Randomized	BLUMENTHAL,	p.1212-1226,		hypertension	
PubMed	Clinical Trial.	ALREADY <i>et al</i> .	2021		resistant	
	Effects of the	e				1
	DASH diet and	þ				
	losartan on serum				Comparison between	
	urate among			i	the DASH diet and	
	adults with	h		i	the use of losartan ir	1
	hypertension:		j d	Clin	control from	hthe
	Results of t	CASTILLA-EYE,	Hypertens, v	<i>.</i> 25,	blood pressure and	
PubMed	randomized trial.	N. <i>et al</i> .	p.915-922, 202	3	of uric acid	

Table 1. Works included.

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r	1	i	i		_
	Impact of lifestyle				
	interventions on				
	reducing diet			Impact of	the
	sodium intake and			interventions r	۱¢de
	blood pressure in			lifestyle and	
	patients with	•		reduction f	om the
	hypertension: T	HE	Turk Kardiyol	sodium intake	
	randomized	SHAMSI, S.A. <i>et a</i>	dern Ars, v.49,	in control of	
PubMed	controlled trial.		p.143-150, 2021	blood pressure	
	Effectiveness of a				7
	multifactorial				
	intervention,				
	consisting Of	f			
	self-management				
	of				
	antihypertensive				
	medication,				
	self-measurement				
	of blood pressure,				
	hypocaloric and	þ			
	low sodium diet,				
	and physical				
	exercise, ir	1			
	patients with	1		Study on	the
	uncontrolled			impact of on	ie
	hypertension			intervention	
	taking 2 or more			multifactorial ir	ו
	antihypertensive		Medicine	patients wi	th
	drugs: The	VILLAFLUERTE	(Baltimore) , v.99,	hypertension	
PubMed	MEDICHY study.	, Unda <i>et al</i> .	p.19769, 2020	resistant	
-					

	Ten Hours			
	Time-Restricted			Assessment
	Eating Reduces			effectiveness of fasting
	Weight, Blood			intermittent in
	Pressure, and	Ħ		weight loss and
	Atherogenic			blood pressure
	Lipids in Patients			in patients with
	with Metabolic	WILKINSON, M.	Cell Metab. , v.31,	syndrome
PubMed	Syndrome.	J. <i>et al</i> .	p.92-104, 2020	metabolic
	Effects of blood			
	pressure and	þ		Assessment Of
	antihypertensive			impact of the
	drugs Or		Aging Clin Exp	medicines
	osteoarthritis: t	he	Res. , v.35,	antihypertensives
	Mendelian		p.2437-2444,	in patients with
PubMed	randomized study.	ZHANG, Y. <i>et al</i> .	2023	osteoarthritis

Source: own authorship, 2024.

3. RESULTS AND DISCUSSION

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Pharmacological treatments continue to be the basis for the management of arterial hypertension, especially in patients with moderate to severe or resistant hypertension. Recent studies indicate that medications such as angiotensinconverting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs) and beta-blockers are effective in reducing blood pressure levels in various patient profiles, mainly due to their direct impact on the renin-angiotensin-aldosterone system (RAAS), one of the main mechanisms regulating blood pressure (Villafuerte*et al.*, 2020; Zhang*et al.*, 2023). However, adverse effects related to prolonged use of such drugs, such as chronic cough, hyperkalemia and bradycardia, limit their longterm adherence, especially in elderly patients or those with multiple comorbidities (Wilkinson*et al.*, 2020).

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In the context of natural interventions, the reviewed literature suggests that approaches such as the DASH (Dietary Approaches to Stop Hypertension) diet and regular exercise are effective in controlling blood pressure, especially in cases of mild to moderate hypertension. These interventions are based on reducing sodium intake, increasing potassium intake and improving the lipid profile, contributing to an overall improvement in cardiovascular health (Blumenthal*et al.*, 2021; Wang*et al.*, 2022). In addition, studies that analyzed regular exercise have shown that physical activity helps reduce peripheral vascular resistance and improves the elasticity of the arteries, which contributes to a sustained reduction in blood pressure (Shamsi*et al.*, 2021).

Combining pharmacological treatments with natural approaches, such as lifestyle modification, is emerging as an effective strategy, especially for patients with resistant hypertension. Analysis of studies comparing these two approaches indicates that the introduction of non-pharmacological interventions can reduce dependence on higher doses of medication, which in turn minimizes the incidence of adverse effects and improves therapeutic adherence (Castilla-Ojo*et al.*, 2023). A multifactorial approach, involving self-monitoring of blood pressure, a low-sodium diet, and physical exercise, has been shown to be effective in long-term control of hypertension, as evidenced in recent studies (Blumenthal*et al.*, 2021).

Furthermore, it was observed that, in patients who strictly adhered to these lifestyle changes, the reduction in blood pressure levels was accompanied by an improvement in the general metabolic profile, with a reduction in blood glucose and serum lipid levels, which reinforces the effectiveness of these non-pharmacological interventions as adjuvants in the treatment of hypertension (Wang*et al.*, 2022). However, it is important to emphasize that adherence to natural interventions requires a high degree of commitment on the part of patients, something that is not always easily achieved. Significant behavioral changes, such as drastically reducing sodium in the diet, can be challenging, which can compromise long-term results (Shamsi*et al.*, 2021).

In patients with resistant or difficult-to-control hypertension, the combination of pharmacological and natural treatments appears to be the most effective strategy. Evidence suggests that patients who follow a multifactorial treatment plan have better outcomes

results compared to those following only an isolated pharmacological regimen (Villafuerte*et al.*, 2020). This integrated approach not only promotes immediate blood pressure reduction but also helps maintain this control in the long term, minimizing the risk of serious cardiovascular complications. The synergy between these approaches is essential to maximize therapeutic benefits and reduce the risks associated with prolonged use of medications, especially in patients with multiple comorbidities (Blumenthal*et al.*, 2021).

FINAL CONSIDERATIONS

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Pharmacological treatments for arterial hypertension have been shown to be effective in rapidly controlling blood pressure levels, especially in patients with severe hypertension or associated comorbidities. However, adverse effects associated with these medications, such as hyperkalemia and bradycardia, may compromise long-term adherence, especially in more vulnerable populations (Villafuerte*et al.*, 2020; Wilkinson*et al.*, 2020). On the other hand, natural interventions, such as the DASH diet and regular exercise, have been shown to be effective in reducing blood pressure levels in the long term, in addition to providing a series of additional benefits to cardiovascular health and the general well-being of patients (Blumenthal*et al.*, 2021; Shamsi*et al.*, 2021).

However, the effectiveness of natural interventions depends heavily on patient adherence, which can be challenging in contexts where there is resistance to behavioral change. The combination of both pharmacological and natural approaches emerges as a promising alternative, integrating the immediate control of hypertension provided by medications with the sustainable benefits of lifestyle changes (Castilla-Ojo*et al.*, 2023). Adopting this hybrid strategy can reduce the need for high doses of drugs, thus minimizing the incidence of serious adverse effects and increasing the quality of life of hypertensive patients (Blumenthal*et al.*, 2021).

Therefore, the choice of treatment for arterial hypertension must be individualized, taking into account the specific characteristics of each patient, the presence of comorbidities and adherence to treatment. The integration of pharmacological interventions with lifestyle changes offers the most effective perspective for controlling hypertension

long term, promoting not only the reduction of blood pressure levels, but also the prevention of cardiovascular complications and the improvement of the general health of patients (Villafuerte *et al.*, 2020).

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