BIOLOGICAL RELATIONSHIP BETWEEN BODY WEIGHT AND BLOOD PRESSURE –A ONE YEAR PROSPECTIVE STUDY OF PATIENT IN ORAL DIAGNOSIS AND RADIOLOGY CLINIC, UNIVERSITY OF BENIN TEACHING HOSPITAL

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ABSTRACT

Back ground: Overweight and high blood pressure are topical and challenging issues in healthcare but less stressed in dental care.

Aim: The aim of this study is to analyze the relationship between body weight and blood pressure in the patients attending dental clinic.

Methodology: This study was a one year prospective study of patients attending dental clinic between 2011-2012. African average adult weights (60.7kg) was used as baseline, above which constitutes overweight, while two times measurement and two times visit of physician classification 140/90mmHg was used as basis for blood pressure status.

Result: A total of 4756 patients were seen .50 %(2378) were overweight and 2.6 %(124) were hypertensive with weight range of (91-110kg).Grand average blood pressure of patients weighing 101-110kg was 139.67/91.43mmHg.

Conclusion: We therefore conclude that blood pressure check is a necessity especially in overweight patients requiring dental procedures.

INTRODUCTION

Body weight is the weight of a person without any item located on the patient, but this is not practicable in the oral diagnosis clinic, where it is usually done with clothes on but often without the shoes and heavy accessories like mobile phones, wallet and bags. It is concurrently taken with blood pressure. In many centres focus is on divine

Corresponding Author: Madukwe I. U. Department of Oral Surgery and Pathology Faculty of Dentistry, College Of Medical Sciences, University of Benin, Benin City, Nigeria. E-mail: ????????@yahoo.com ideal body weight¹, body mass index and the Hamni Method. Here our focus is on average weight of an adult which is 70kg with a height of 1.75 metres, African average adult weight 60.7kg, with an overweight population of 28.9% of 535 million (154.62 million).²Abdulle et al³ and Fah et al⁴ in their study revealed a strong relationship between high blood pressure and body weight, even in pregnancy⁵ and confirmed by Framingham Heart Study, a famous study for 44 years estimated that excess body weight accounted for approximately 26% of cases of hypertension in men and 28% in women⁶. In this study therefore, over weight referred to weight above established African value of 60.7kg², and high blood pressure referred to physicians classification of values stage I - systolic 140 - 159/diastolic 80 90mmHg; stage 2 -Systolic > 160mmhg / diastolic >100mmHg and is based on the average of two or more properly measured blood pressure readings at each of two or more visits after an initial screening.⁷

METHODOLOGY

This study was prospective in an oral Diagnosis and Radiology Clinic. This clinic is the first point of visit for patients attending the Dental Centre. Here diagnosis is made before patients are referred to appropriate clinic for definitive treatment. It was a one year prospective study(2011-2012) of oral diagnosis clinic attendance archive. Data forAfrican average adult weight $(60.7 \text{kg})^2$ was used as base line above which constitutes over weight.¹ Blood pressure was measured using student sphygmomanometers. Patient on regular medications were excluded. Medication defaulters were included with the fresh patients. Two times

ĔÆ	Month	Total No Patient	Male	Female	Body Weight Kg	No of Patients	Total Systolic	Total Diastolic	AVS	AVD
1a.	July 2011	403	64	339	61-70	109	12,780	8,065	117.25	73.99
					71-80	51	6250	3810	122.55	74.71
					81-90	32	3248	2810	129.06	87.81
					91-100	17	2210	1470	130	86.47
					101-110	<u>6</u> SRV	YWQ	590	143.33	98.33
					(403-2	215) < 61	kg			
b.	Aug. 2011	437	76	361	61-70	107	12570	6850	117.48	64.02
					71-80	72	8870	5680	123.19	78.89
					81-90	32	3960	2660	123.75	83.13
					91-100	15	1940	1280	129.33	85.33
					101-110	<u>9</u> 235	1270	870	141.11	96.62
				(433	-235) : 202 -	< 61kg				
c.	Sept.	393	167	226	61-70	81	9740	6140	120.25	75.8
	2011				71-80	51	6150	3980	120.59	78.04
					81-90	29	3570	2350	123.10	81.03
					91-100	14	1750	1190	125	85
					101-110	<u>6</u> 181	840	530	140	88.33
					(393 – 1	81) 212	< 61kg			
d.	Oct.	388	175	213	61-70	83	9950	6230	119.88	75.06
	2011				71-80	45	5720	3720	127.11	82.67
					81-90	24	3170	2190	132	91.25
					91-100	12	1570	1050	130.8	87.5
					101-110	<u>15</u> 129	1960	1310	130.67	87.33
					(381 –	179) 209	< 61kg			
e	Nov.	326	146	180	61-70	51	6280	4110	123.14	80.59
	2011				71-80	48	6031	3670	125.65	76.46
					81-90	33	4190	2760	126.97	83.64
					91-100	16	2110	1410	131.8	88.13
					101-110	<u>11</u> 159	1500	1010	137.27	91.82
	1	-	I	I			I	I		

 Table 1: Average Systolic/Diastolic values in mmHg; Age > 60kg

ĴO	Dec. 2011	343	146	197	61-70	73	9040	5670	123.84	77.67
	2011				71-80	41	5142	3280	125.41	80.00
					81-90	20	2570	1710	128.5	85.5
					91-100	24	3250	2190	135.4	91.25
					101-110	<u>9</u> RVX	RSZQ	870	143.33	96.67
					(343 –		6 < 61k	i		
h.	Jan.	284	115	169	61-70	31	3760	2390	121.3	77.10
	2012	(six day			71-80	30	3810	2430	127.0	81.00
		strike NLC)			81-90	37	4740	3060	128.11	82.70
					91-100	17	2470	1590	145.29	93.53
					101-110	<u>7</u> 122	940	6103	134.3	87.14
	ł		1	1	(284 –	122) 162	< 61kg	ŀ	ŀ	
i.	Feb. 2012	411	195	216	61-70	101	1225	8068	121.29	79.88
	2012				71-80	63	10132	5310	160.83	84.29
					81-90	25	3270	2190	130.80	87.60
					91-100	9	1200	8103	133.33	90.00
					101-110	<u>7</u> 205	1000	690	142.86	98.6
			•		(411 – 20	05) 206	< 61kg			
j.	March 2012	415	187	228	61-70	83	10260	6750	123.61	81.33
					71-80	66	8630	5590	130.76	84.70
					81-90	38	5080	3390	133.68	89.21
					91-100	14	2000	1340	142.86	95.71
					101-110	<u>11</u> 212	1570	1090	142.73	99.09
		-		-	(415 – 21	203 (12)	< 61k	g	-	
K	April	425	184	241	61-70	100	12290	8130	122.9	81.3
	2012				71-80	54	7100	4740	131.48	87.78
					81-90	43	5810	3840	135.12	89.30
					91-100	4	560	350	140.	87.5
					101-110	<u>14</u> 215	1970	1360	140.7	97.14
			•	•	(425 – 21	5) 210	< 61kg		•	•

Madukwe I. U.

Ø	May 2012	450	193	257	61-70	108	13110	874.0	121.39	80.92
	2012				71-80	60	7720	5110	128.67	85.17
					81-90	46	6270	4070	136.30	88.48
					91-100	20	2870	1910	143.5	95.50
					101-110	<u>11</u> SUV	RVIRQ	1050	146.36	95.45
	(450 - 245) 205 < 61 kg									
m.	June 2012	481	192	289	61-70	114	13780	8650	120.88	75.88
	2012				71-80	93	11720	7880	126.02	84.73
					81-90	55	7180	4760	130.55	86.55
					91-100	19	2500	1720	131.58	90.53
					101-110	<u>12</u> 293	1600	1130	133.33	94.17
Tota	Total 4756 1840 2916		2916	(481 - 293) $180 < 61 kg$						
Pati	Patients					`	,	(,	

Table II: Average Value of Blood Pressure by Weight Group

ĈŇĿĬ ÆŁŅĽ	Male	Female	Body Wt in Kg	mmHg AVS	mmHg AVD
4756 over	39%	61%	61-70	121.10	76.96
weight adults 2378			71-80	129.11	81.54
(50%)			81-90	120.00	86.35
			91-100	134.91	89.70
			101-110	139.67	91.43

AVS: Average systolic blood pressure AVD: Average Blood pressure

measurement, two time visit of stage I physician classification 140/90 were used as basis for blood pressure status.

RESULTS

Tables 1a, b, c, g, I, j, k, l, showed overweight and blood pressure. Weight 101-110kg showed values > 140/90mmHg physician classification. Tables h, j, l, weight 91-100kg showed valuesgreater than 140/90mmHg physician classification. African average adult weight is 60.71kg.² Tables 1a-g I,k,m, 61-100kg are normotensive except tables j and l. Average values of blood pressure by weight group 139.67/91.43mmHg (Table II) and average values of blood pressure from over-weight (97–110kg) group is143.21/96.67.

DISCUSSION

The interrelationships between hypertension and overweight, two common and major health hazards is a challenge. Overweight hypertensive patients are likely to experience coronary heart disease. These two combinations are likely to pose serious challenges of morbidity and mortality⁸, as confirmed by Mertens and Van Gral.⁹⁻¹⁰ In an overweight adult, study population of 50% (2378/4756) Tables I & II. (against African 28.9%), Average values of blood pressure from total study population of 4756 by

Table III:Average Value of Blood Pressure from Hypertensive Group								
ĔIÉ	Month	Body Weight Range	mmHg	mmHg				
			AVS	AVD				
1.	July 2011	101-110 (6)	143.33	98.33				
2.	Aug. 2011	101-110 (9)	141.11	96.67				
3.	Dec. 2011	101-110 (9)	143.33	96.67				
4.	Jan. 2012	91 – 100 (17)	145.29	93.53				
5.	Feb. 2012	101-110 (7)	142.86	98.6				
6.	March 2012	91 - 100 (14)	142.86	95.71				
	March 2012	101-110 (11)	142.73	99.09				
7.	April 2012	101 – 110 (14)	140.70	97.14				
8.	May 2012	91 – 100 (20)	143.5	95.50				
	May 2012	101-110 (11)	146.36	95.45				
Total	1	(118/2378) 4.96%	143.21	96.67				

Biological Relationship Between Body Weight and Blood Pressure –a One Year Prospective Study of Patient in Oral Diagnosis and Radiology Clinic, University of Benin Teaching Hospital



Fig I : Average value of blood pressure by weight group

weight group showed 101-11-kg body weight as 139.67/91.43mmHg (Table II). This is significant, more so when the average value of blood pressure from hypertensive group from overweight adult population of 2378 (50%) (Table III)

143.21/96.67mmHg. This represents 4.96% hypertensive overweight population.

This study sensitizes the mind for the need to continue blood pressure checks on all dental patients. As dentophobia been linked

17

Madukwe I. U.

with elevation of blood pressure in patients visiting dental clinic. This may be due to the previous dental experience.

CONCLUSION

We therefore conclude that blood pressure checks is a necessity especially in overweight patients requiring dental intervention.

REFERENCES

- 1. Pai Manjunath, B., P. Palonoek, Frank P. The origin of the "Ideal body weight Equation. The Annals of Phamacotherapy 2000, 34(9), 1066–1069.,
- 2. Walpole Sarah C., Prieto-Merino David; Edwards Phil; Cleland John; Stevens, Gretchen; Roberts Ian, The weight of nations: an estimation of adult human Biomass. BMC Public Health, June 2012, 12; 439.
- 3. Abdulle, A., Al-Junaibi A., Nagelkerke N. High blood pressure and its association with body weight among children and adolescents in the United Arab Emirates. PL05 one. 2014 Jan. 20,9(1): e,85129.
- Fah CA, Smith DL, Horn GP, Agiovlasitiss, Rossow LM, Echols G., Heffeman KS, Fernhall B. Impact of excess body weight on arterial structure, functional blood pressure in fire fighters. AM J. Cardiol. 2009 Nov. 15; 104 (10): 1441-5.
- 5. Magriples U., Boynton MH, Kershaw, TS, Duffany KO, Rising SS, Ickovics JR. Blood pressure changes during pregnancy: Impact of race, body mass index, and weight gam. AM J. Perinatol.

2013 May: 30(5) 415 – 21.

- 6. Laner, MS, Anderson KM, Kannel WB, Levy D. The impact of obesity on left ventricular mass and geometry. The Framingham Study. JAMA1991;266–231.
- Chobian, AV., Bakris, GL, Black, HR et al. The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and treatment of High Blood Pressure. The JNC 7 Report. JAMA 2003; 289: 2560.
- 8. Chiang BN, Perlman LV, Epstein FH. Overweight and hypertension – A review Circulation – American Heart Assocation 1969; 39-403-421.
- Mertens IL, Van Gaal LF, Overweight, obesity and blood pressure: Effects of modest weight reduction. Obes Res. 200mg 8; (3): 270-8.
- 10.Piccirillo G, Vetta F, Viola E, Santagada E, Ronzoni S, Lacciafesta M, Marigliano V. Int. J. Obes. Relat. Metab. 1998 Aug., 22(8): 741-50.
- 11. American psychiatric Association (2013) Diagnostic and statistical manual of mental disorders, pp. 271-280.