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ANALYSIS OF MODERN APPROACHES TO THE PREVENTION OF ARTERIAL HYPERTENSION

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Background. Arterial hypertension is currently recognised as one of the major risk factors for cardiovascular diseases, stroke, and other serious complications. In addition to genetic predisposition and age, dietary habits, excess body weight, insufficient physical activity, and unhealthy lifestyle behaviours play a significant role in its development. In particular, excessive salt intake, inadequate consumption of potassium-rich foods, and high dietary intakes of saturated fats and added sugars contribute to elevated blood pressure and an increased risk of cardiovascular disease.

Keywords: arterial hypertension, nutrition, dietary risk factors, salt intake, potassium, DASH diet, obesity, prevention

Aim of the study. To analyse the significance of diet-related risk factors in the development of arterial hypertension (AH) and to substantiate modern dietary approaches to its primary prevention.

Main body. A healthy lifestyle, underpinned by a balanced diet, is fundamental to the prevention of arterial hypertension. Therefore, optimising the composition and quality of the daily diet represents an important preventive strategy. According to the recommendations of the World Health Organization (WHO), adults should limit their daily salt intake to less than 5 g. To achieve this, it is recommended to reduce the consumption of pickled and salted foods, processed and convenience foods, salty snacks, and other products with a high sodium content. Furthermore, adequate consumption of vegetables, fruits, legumes, whole grains, and potassium-rich foods enhances the preventive value of the diet.

The DASH (Dietary Approaches to Stop Hypertension) dietary pattern is of particular importance in the dietary prevention of arterial hypertension. This approach emphasises increased consumption of vegetables and fruits, whole grains, low-fat dairy products, fish, poultry, legumes, and nuts, while limiting saturated fats, excess salt, and added sugars. A growing body of scientific evidence supports the effectiveness of this dietary pattern in blood pressure control and the reduction of cardiovascular risk.

In addition, adjusting dietary energy intake to individual physiological requirements, maintaining a healthy body weight, engaging in regular physical activity, and adopting healthier eating habits are essential components of comprehensive prevention. The use of potassium-enriched salt substitutes may be beneficial for certain individuals. However, they should not be used without medical advice by people with impaired kidney function or those taking medications that

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increase serum potassium levels. Furthermore, regular blood pressure monitoring, early identification of individuals at increased risk, and the provision of individualised preventive recommendations are important strategies for reducing the risk of developing arterial hypertension and its complications.

Conclusion. The primary prevention of arterial hypertension requires the early identification of diet-related risk factors, restriction of salt intake, increased consumption of vegetables and fruits, maintenance of a healthy body weight, and promotion of dietary practices based on the DASH principles. The systematic implementation of these measures among the population can help reduce the risk of developing arterial hypertension and improve cardiovascular health.

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