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Medicine Update

POSTPARTUM BP: A PREDICTOR OF FUTURE HYPERTENSION AFTER HYPERTENSIVE DISORDER OF PREGNANCY

Women with a history of hypertensive disorder of pregnancy and raised systolic blood pressure (BP) 15 to 90 days postpartum are at an 81% higher risk of incident hypertension in the first year after childbirth, according to a study published October 6, 2025 in the journal *Hypertension*[1].

The retrospective cohort study examined the association between postpartum BP and new-onset hypertension in women after a hypertensive disorder of pregnancy. The study was conducted across two health systems in the southeastern United States from 2014 to 2017, and included women having a history of prior hypertensive disorder of pregnancy but no pre-existing hypertension. BP measurements were taken between 15 and 90 days postpartum.

Of the 5,657 women, only 2,520 (45%) underwent postpartum BP measurement, while 39% of otherwise eligible participants did not have a BP check at 15 to 90 days after childbirth. After a median follow-up of 9.9 months (median), the study found that higher postpartum systolic BP was associated with a twofold increase in the risk of developing incident hypertension in the first year after childbirth with hazard ratio of 1.81. Women with BP of 140/90 mmHg had an estimated 12% cumulative incidence of hypertension at 12 months, compared with 4.5% among those with BP of 110/65 mmHg.

The observations of this study emphasize the implication of early postpartum BP monitoring in women with hypertensive disorders of pregnancy, as nearly 40% of the at-risk participants did not have their BP measured within 15 to 90 days postpartum, according to the authors. Timely monitoring may prevent progression to chronic hypertension in this high-risk group.

Reference

1. Urrutia RP, Loop MS, Johnson JD, Wang TY, Price TM, Daubert MA. Blood pressure 15 to 90 days after a hypertensive disorder of pregnancy and later hypertension. Hypertension. 2025 Oct 6.

MENTAL HEALTH OUTCOMES OF PRIMARY HEADACHES

Primary headaches are associated with at least a 50% increased risk for incident depression in both men and women, while tension-type headache was associated with a significantly higher risk of suicide, but only in men. These findings from a study were published in the *Journal of Psychiatric Research*[1].

Data from the National Health Insurance Service-National Health Screening Cohort database from 2002 to 2019 in South Korea was utilized in this population-based retrospective cohort study to determine the association of pre-existing primary headaches with higher risk of depression and suicide. Over 192,000 individuals with primary headaches - tension-type headache or migraine - were followed from 2006 until the onset of depression, suicide, death, or the end of

the study period. The mean age was 52 years and 54% were men. They were age- and sex-matched to nearly 460,000 individuals without primary headaches[2].

A significant association was observed between primary headaches and greater risk of developing depression in both men and women with adjusted hazard ratios (aHR) of 1.55 for tension-type headache and 1.50 for migraine. The risk of suicide was significantly elevated in men (aHR 1.39) but not in women (aHR 1.11). Migraine was not significantly associated with the risk for suicide (aHR 1.16).

Headaches may occur secondary to various causes such as trauma, brain hemorrhage, or substance use; however, most headaches are primary headache disorders, mainly tension-type headache and migraine. This study highlights the adverse impact of pre-existing primary headaches on mental health, but it does not conclusively establish causality. It underscores the need for holistic management of headache that addresses not only the symptoms but also mental health in patients with headaches, both men and women.

References

1. Kim B, Park S, Lee SK, Shin HY, Kim KH, Park SJ, et al. Risk of depression and suicide in adults with pre-existing primary headaches. J Psychiatr Res. 2025;191:216-25.
2. Chaphalkar A. Headache type tied to increased depression, suicide risk. Medscape. October 16, 2025.