## Living Healthy With High Blood Pressure

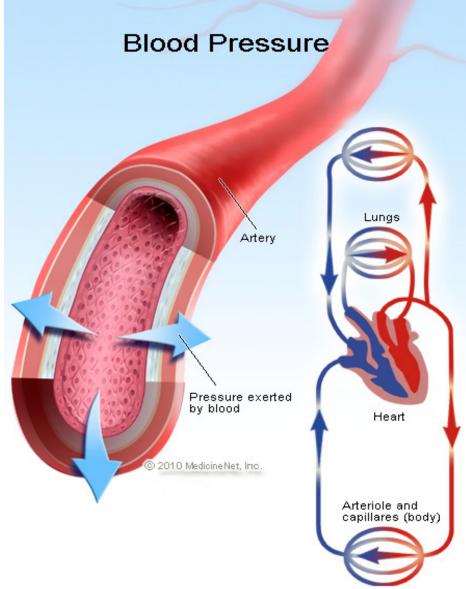
Presented by .....

## Who Has It?

- About 46% of adults according to the new guidelines\*
- Age is a factor: 90% chance if you live to 85
- Some ethnic groups more likely than others
- More adolescents being diagnosed too

\*New guidelines define hypertension as >130 or >80

## What Is It ?



# **Blood Pressure Categories**



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

## What Causes It?



# I Have It: Why Do I Care?

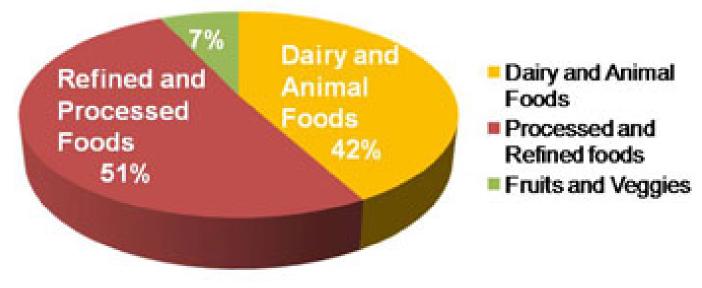
- What are your goals in life?
- Controlling blood pressure reduces risk of:
  - Heart attacks and heart failure
  - Strokes that cause death and/or disability
  - Kidney damage that can result in kidney failure and dialysis
  - Loss of cognitive function
  - Other

## Now That I Have It What Can I Do

- Understand the odds are against you, be smart and don't gamble
- Do right with food: DASH
- Do right with exercise: 30 min 3-5 times weekly
- No smoking
- Slow down on the drinking

### The American Diet: Designed for Disease

#### **Dietary Components**



Source: USDA Agriculture Fact Book 98: Chapter 1-A

#### Most Sodium Consumed Comes from Processed and Restaurant Foods

Already in processed/ restaurant foods, 71% Naturally occuring, 14%

Added at the table, 5%

Home cooking/preparation, 6%

Other, <1%

Harnack LI, Cogswell ME, Shikany JM, et al. Sources of Sodium in US Adults from 3 Geographic Regions. Circulation. 2017;135:1775-1783.

#### Best Proven Nonpharmacological Interventions for Prevention and Treatment of Hypertension\*

	Nonpharmacologi-	Dose	Approximate Impact on SBP	
	cal Intervention		Hypertension	Normotension
Weight loss	Weight/body fat	Best goal is ideal body weight, but aim	-5 mm Hg	-2/3 mm Hg
		for at least a 1-kg reduction in body		
		weight for most adults who are		
		overweight. Expect about 1 mm Hg for		
		every 1-kg reduction in body weight.		
Healthy diet	DASH dietary	Consume a diet rich in fruits,	-11 mm Hg	-3 mm Hg
	pattern	vegetables, whole grains, and low-fat		
		dairy products, with reduced content		
		of saturated and total fat.		
Reduced	Dietary sodium	Optimal goal is <1500 mg/d, but aim	-5/6 mm Hg	-2/3 mm Hg
intake of		for at least a 1000-mg/d reduction in		
dietary sodium		most adults.		
Enhanced	Dietary	Aim for 3500–5000 mg/d, preferably	-4/5 mm Hg	-2 mm Hg
intake of	potassium	by consumption of a diet rich in		
dietary		potassium.		
potassium				

Best Proven Nonpharmacological Interventions for Prevention and Treatment of Hypertension\* (cont.)

	Nonpharmacological	Dose	Approximate Impact on SBP	
	Intervention		Hypertension	Normotension
Physical	Aerobic	● 90–150 min/wk	-5/8 mm Hg	-2/4 mm Hg
activity		<ul> <li>65%–75% heart rate reserve</li> </ul>		
	Dynamic resistance	● 90–150 min/wk	-4 mm Hg	-2 mm Hg
		● 50%–80% 1 rep maximum		
		<ul> <li>6 exercises, 3 sets/exercise, 10</li> </ul>		
		repetitions/set		
	Isometric resistance	<ul> <li>4 × 2 min (hand grip), 1 min rest</li> </ul>	-5 mm Hg	-4 mm Hg
		between exercises, 30%–40%		
		maximum voluntary contraction, 3		
		sessions/wk		
		• 8–10 wk		
Moderation	Alcohol consumption	In individuals who drink alcohol,	-4 mm Hg	-3 mm
in alcohol		reduce alcohol <sup>+</sup> to:		
intake		<ul> <li>Men: ≤2 drinks daily</li> </ul>		
		<ul> <li>Women: ≤1 drink daily</li> </ul>		

\*Type, dose, and expected impact on BP in adults with a normal BP and with hypertension.

+In the United States, one "standard" drink contains roughly 14 g of pure alcohol, which is typically found in 12 oz of regular

beer (usually about 5% alcohol), 5 oz of wine (usually about 12%

alcohol), and 1.5 oz of distilled spirits (usually about 40% alcohol).

# Still Elevated So Now What?

- Keep up the healthy lifestyle always!
- Take your medicine
  - Right medicine
  - Right dose
  - Right way
  - Every day



# The Right Medicine

- Finding the right medicine
  - Is not always easy
  - May take a few tries
- When you have the right medicine it:
  - Should control your blood pressure 24 hours a day
  - Will often be more than one kind
  - Should not cause side effects that are bothersome
  - Should be affordable

# I Have The Right Medicine

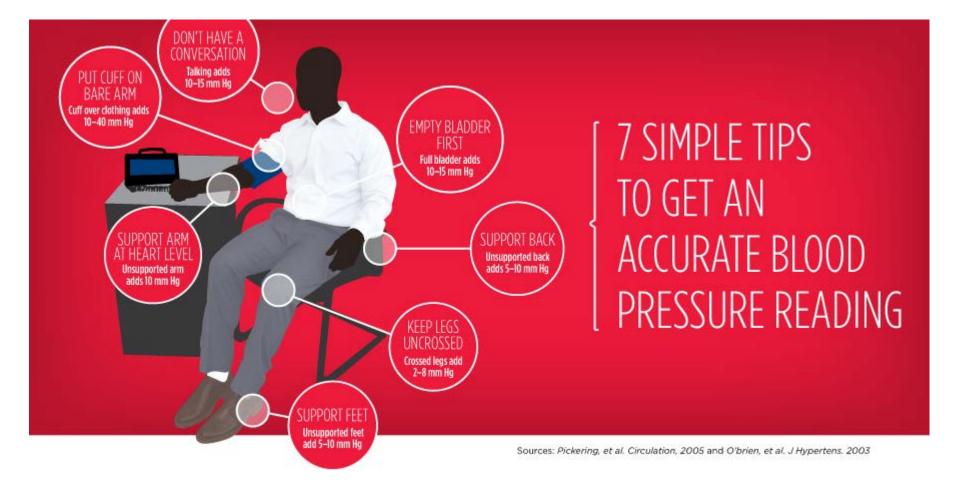
- But I don't always take it
  - Because I feel fine
  - Because I feel bad
  - Because I don't like taking medicine
  - Because my cousin said he read some bad things
  - Because I can't afford it
- I take it regularly and it works well
  - I know if I stop taking it my blood pressure will go back up again
  - I follow up with the doctor regularly
  - I check my blood pressure at home

# Why Should I Check My Blood Pressure at Home?

- When done correctly you get the most accurate picture of your blood pressure
- Often used to verify reading from the doctor's office
- You know if your plan is working
- The readings are valuable information for your doctor at your next appointment

## Home Blood Pressure: What and How

- Fully automatic upper arm validated device
   With a cuff that fits
  - With memory for 20 or more readings
  - With directions that you have studied
- When to check your blood pressure
  - First thing in the morning before medicine
  - Before evening meal
- Every day?
  - Not necessarily
  - Once or twice weekly on normal days and a weekend periodically



## Summary

- Most people with high blood pressure feel fine so you can't tell by your feelings
- Poorly controlled blood pressure is a serious problem that can change your life
- Blood pressure can almost always be controlled with medicine and a healthy lifestyle

## Thank You !

Your contact info