

High Blood Pressure



Marshfield Clinic



MINISTRY HEALTH CARE



Two Leaders, One Leading Heart Care Team

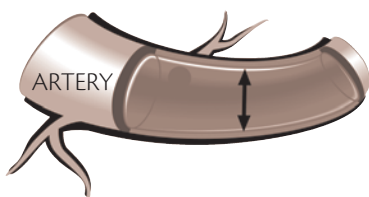


High Blood Pressure

High blood pressure affects nearly 1 in 3 American adults. It is called “the silent killer” because almost a third of the people with high blood pressure don’t know they have it. Often, there are no signs or symptoms. The only way to know for sure if you have high blood pressure is through a simple, painless blood pressure check.

Blood Pressure

Blood pressure (BP) is the force of blood against the walls of the arteries. It is recorded in millimeters of mercury by two measurements. The pressure in the arteries when the heart beats is called systolic pressure. The pressure in the arteries between heartbeats (resting period) is called diastolic pressure.



The measurement is given as two numbers, systolic being first, diastolic second. An example would be 120/76, verbally expressed as “120 over 76.” Our blood pressure is always changing in response to the needs of our body. Optimal blood pressure is less than 120/80 mm/Hg.

Hypertension and Prehypertension

High blood pressure, otherwise known as hypertension, makes the heart work harder to overcome resistance in the arteries. Over time, the increased workload causes it to become enlarged. The larger muscle requires more oxygen, resulting in problems such as ischemic (lack of oxygen) heart disease and congestive heart failure (CHF). The persistent stress on the vessels causes hardening of the arteries (arteriosclerosis) making them narrow and weak, which in addition to heart disease, contributes to stroke, kidney disease and blindness.

A person has high blood pressure when his or her pressure is consistently 140/90 mm/Hg or greater (130/80 mm/Hg or greater for those with diabetes or chronic kidney disease).

If your blood pressure always ranges between 120/80 mm/Hg and 139/89 mm/Hg, you have what is called prehypertension.

This means you are at a higher risk of developing high blood pressure over time. You can reduce this by making lifestyle changes such as diet, exercise and, if you smoke, by quitting.

If you don't have high blood pressure by the time you are 55 years old, you have a 90% chance of developing it in the future. It is a significant risk factor in the

development of cardiovascular diseases, such as heart attack and stroke, and should not be underestimated. Taking control by getting information and making lifestyle changes can reduce your risk.



Categories of Blood Pressure in Adults

–18 YEARS AND OLDER–

BP Classification	Blood Pressure Level (mmHg)		
	Systolic		Diastolic
Normal	< 120	and	< 80
Prehypertension	120 - 139	or	80 - 89
Hypertension Stage 1	140 - 159	or	90 - 99
Hypertension Stage 2	≥ 160	or	≥100

< means less than

≥ means greater than or equal to

When systolic and diastolic blood pressures fall into different categories, the higher category is used to classify blood pressure level. For example, 160/80 mmHg would be stage 2 hypertension (high blood pressure).



Types of Hypertension

The majority of the time, the cause of hypertension is not known. One important factor may be heredity. People who have family members with hypertension are more likely to develop the condition than people whose family members don't. Hypertension with no known cause is called **primary hypertension**.

Hypertension can also be caused by a variety of medical conditions such as kidney disease, blood vessel diseases, disorders of the thyroid or other glands, alcoholism, pregnancy and the use of certain prescription drugs. This type is called **secondary hypertension**.

Both numbers in a blood pressure test are important, but for people who are 50 or older, systolic pressure gives the most accurate diagnosis of high blood pressure. As we age, arteriosclerosis (hardening of the arteries), causes the systolic pressure to rise. This is called isolated systolic hypertension (ISH). Hypertension in younger adults is generally associated with a high diastolic pressure and called diastolic hypertension. Both are risk factors for heart attack, stroke, kidney disease and blindness and treatment is the same.



Detection

Remember, high blood pressure is subtle. You likely won't have a clue that you have it unless you get checked. This means you need to get checked regularly — at least every 2 years, and more often depending on your history and risk factors.

Blood pressure varies. Generally it is lower in the morning and increases in response to emotional and physical events throughout the day. The consistency of these ranges determines the blood pressure category you are in.

Some situations can temporarily increase your blood pressure dramatically, which makes it worthwhile to have it checked again under more normal conditions. One situation is “white coat syndrome,” when blood pressure skyrockets upon entry to a health care facility. Others may include a stressful event or excess caffeine.

If you've been diagnosed with hypertension or prehypertension, you need to check your blood pressure frequently. Depending on your age, situation and risk factors, you may want to think about buying a blood pressure cuff. There are many models available, your health care provider or pharmacist can help you select one that's right for you.

There are some compelling reasons to justify this expense. First, you are investing in your health. Having your own cuff can certainly make it easier for you and your provider to keep a close eye on your levels. Second, it is empowering to have the ability to do your own test. Self-testing means you can know your blood pressure at any time, even enabling you to pinpoint triggers that might “set you off” as an individual.

For some, stopping at the local grocery store or pharmacy that has a blood pressure machine is a convenient option for a quick check.

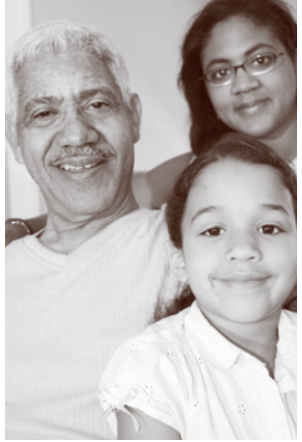
Your doctor or other qualified health professional should check your blood pressure at least once every two years. If you've been told you have high blood pressure, or if you have any of the





following risk factors, you should have it checked more often:

- Male over 55 years old or female over 65
- African American
- Family history of high blood pressure
- Obesity
- Consume large amounts of alcohol
- Have diabetes
- Take oral contraceptives
- Take corticosteroids
- Have uncontrolled stress



What Can You Do?

There is no cure for primary hypertension, but blood pressure can almost always be controlled with the correct treatment. The goal is to prevent the complications of hypertension. In the case of secondary hypertension, the medical condition needs to be treated as well as efforts to reduce the blood pressure at the same time.

A program designed to reduce blood pressure usually has three parts: changes in diet, a plan of regular exercise and medication when necessary. Some changes in lifestyle that can reduce blood pressure include the following:

- Reduce salt intake
- Reduce fat intake
- Lose weight
- Get regular exercise
- Quit smoking
- Reduce alcohol consumption
- Learn how to manage stress

Healthy lifestyle changes are important for everyone, but critical for those who have high blood pressure. Faithfully follow the regimen recommended by your primary health care provider. If you do not have one, contact the nearest Marshfield Clinic or Ministry Health Care facility. Keeping your blood pressure in control will benefit your health immeasurably in the long run.



For more information, contact the Marshfield Clinic and Ministry Health Care heart care team, or visit www.oneheartcareteam.org.

References:

American Heart Association (AHA)

National Heart, Lung and Blood Institute (NHLBI)

National Cholesterol Education Program (NCEP)

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For more information on the
Marshfield Clinic and Ministry Health Care
heart care team, ask your health care provider or visit
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