



SPECIAL ADVERTISING SECTION

Heart, Vein & Stroke

Blood pressure guidelines updated for the first time since 2003

According to the first comprehensive new high blood pressure guidelines in more than a decade, nearly half of American adults are at risk for major health problems because of high blood pressure.

People with readings of 130 as the top number or 80 as the bottom one now are considered to have high blood pressure, according to the guidelines released in November by the American Heart Association that redefines the dangerous condition and provides tactics for doctors to detect, treat and prevent it. High blood pressure used to be defined as 140/90.

The change means 46 percent of U.S. adults are now identified as having high blood pressure, compared to 32 percent under the previous definition. A blood pressure of less than 120/80 still will be considered normal, but levels at or above that, up to 129, will be called “elevated.”

The new guideline is designed to help people take steps to control their blood pressure earlier, according to the authors. High blood pressure, also known as hypertension, is a major risk factor for heart disease and stroke – the two leading causes of death in the world.

“Yes, we will label more people hypertensive and give more medication, but we will save lives and money by preventing more strokes, cardiovascular events and kidney failure,” said Kenneth Jamerson, M.D., Ph.D.,

professor of internal medicine and hypertension specialist at the University of Michigan Health System. “If you are going to put money into the healthcare system, it’s to everyone’s advantage if we treat and prevent on this side of it, in early treatment.”

The new guidelines stress the importance of using proper technique to measure blood pressure levels, which should be based on an average of two to three readings on at least two different occasions.

High blood pressure accounts for the second largest number of preventable heart disease and stroke deaths, second only to smoking. It’s known as the “silent killer” because often there are no symptoms, despite its role in significantly increasing the risk for heart disease and stroke.

Paul K. Whelton, M.B., M.D., M.Sc., lead author of the guidelines published in the American Heart Association journal, *Hypertension* and the *Journal of the American College of Cardiology*, noted the dangers of blood pressure levels between 130-139/80-89 mm Hg.

“You’ve already doubled your risk of cardiovascular complications compared to those with a normal level of blood pressure,” Whelton said. “We want to be straight with people. If you already have a doubling of risk, you need to know about it. It doesn’t mean you need medication, but it’s a yellow light that you need to be lowering your blood pressure, mainly with non-drug approaches.”

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BLOOD PRESSURE CATEGORIES IN THE NEW GUIDELINES ARE:

- **Normal:** Less than 120/80 mm Hg.
- **Elevated:** Top number (systolic) between 120-129 and bottom number (diastolic) less than 80.
- **Stage 1:** Systolic between 130-139 or diastolic between 80-89.
- **Stage 2:** Systolic at least 140 or diastolic at least 90 mm Hg.
- **Hypertensive crisis:** Top number over 180 and/or bottom number over 120, with patients needing prompt changes in medication if there are no other indications of problems, or immediate hospitalization if there are signs of organ damage.

The new guidelines eliminate the category of prehypertension, which was used for blood pressures with a top number (systolic) between 120-139 mm Hg or a bottom number (diastolic) between 80-89 mm Hg. People with those readings now will be categorized as having either Elevated (120-129 and less than 80) or Stage 1 hypertension (130-139 or 80-89).

Previous guidelines classified 140/90 mm Hg as Stage 1 hypertension. This level is classified as Stage 2 hypertension under the new guidelines.

The impact of the new guidelines is expected to be greatest among younger people. The prevalence of high blood pressure is expected to triple among men under age 45, and double among women under 45 according to the report.

"Damage to blood vessels begins soon after blood pressure is elevated," said Whelton, who is the Show Chwan professor of global public health at Tulane University School of Public Health and Tropical Medicine and School of Medicine in New Orleans. "If you're only going to focus on events, that ignores the process when it's beginning. Risk is already going up as you get into your 40s."

The guidelines stress the importance of home blood pressure monitoring using validated devices and appropriate training of healthcare providers to reveal "white-coat hypertension," which occurs when pressure is elevated in a medical setting but not in everyday life. Home readings can also identify "masked hypertension," when pressure is normal in a medical setting but elevated at home, thus necessitating treatment with lifestyle and possibly medications.

"People with white-coat hypertension do not seem to have the same elevation in risk as someone with true sustained high blood pressure," Whelton said. "Masked hypertension is more sinister and very important to recognize because these people seem to have a similar risk as those with sustained high blood pressure."

OTHER CHANGES IN THE NEW GUIDELINE INCLUDE:

- Only prescribing medication for Stage I hypertension if a patient has already had a cardiovascular event such as a heart attack or stroke, or is at high risk of heart attack or stroke based on age, the presence of diabetes mellitus, chronic kidney disease or calculation of atherosclerotic risk (using the same risk calculator used in evaluating high cholesterol).
- Recognizing that many people will need two or more types of medications to control their blood pressure, and that people may take their pills more consistently if multiple medications are combined into a single pill.
- Identifying socioeconomic status and psychosocial stress as risk factors for high blood pressure that should be considered in a patient's plan of care.

FIVE SIMPLE STEPS TO LOWERING YOUR BLOOD PRESSURE.

In many cases this will be your doctor's first recommendation, likely in one of these areas:

- ♥ **Maintain a healthy weight.** Strive for a body mass index (BMI) between 18.5 and 24.9.
- ♥ **Eat healthier.** Eat lots of fruit, veggies and low-fat dairy, and less saturated and total fat.
- ♥ **Reduce sodium.** Ideally, stay under 1,500 mg a day, but aim for at least a 1,000 mg per day reduction.
- ♥ **Get active.** Aim for at least 90 to 150 minutes of aerobic and/or dynamic resistance exercise per week and/or three sessions of isometric resistance exercises per week.
- ♥ **Limit alcohol.** Drink no more than 1-2 drinks a day. (One for most women, two for most men.)

The new guidelines were developed by the American Heart Association, American College of Cardiology and nine other health professional organizations. They were written by a panel of 21 scientists and health experts who reviewed more than 900 published studies.

For more information or to get involved with the American Heart Association, Phoenix Division, visit www.heart.org.

UPCOMING EVENTS

♥ Go Red for Women Luncheon – Friday, February 23, 2018

♥ Phoenix Heart Walk – Saturday, April 7, 2018

♥ Phoenix Heart Ball – Saturday, November 17, 2018

For more information, visit www.heart.org.

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