Fast Facts FOR YOUR HEALTH
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High Blood Pressure & Your Health

They call high blood pressure, or hypertension, the silent killer for a reason. You can't feel it or see it, and without a special instrument to measure it, there is no way to know you have it. Perhaps that's why studies find that about 30 percent of those with high blood pressure don't even know they have it.

But let high blood pressure go unchecked and you could end up with a heart attack or stroke. It can contribute to the buildup of gunk in your arteries and even result in kidney damage. Overall, high blood pressure affects about one in three American adults and is responsible for about 11 percent of deaths every year.

High blood pressure is more prevalent in African Americans, who also tend to develop it earlier and have much higher levels. It's also more prevalent in women than men after age 45, and in women who take oral contraceptives, particularly if they're overweight or older.

Blood pressure is the amount of force your blood exerts against the walls of your arteries. Think of it as water gushing through a hose. If the hose is clean and flexible, the water moves through easily. But if it becomes clogged with gunk (as your arteries can), or stiff from being left outside all winter (as your arteries do as you age), the water has a hard time making its way through the tube, and pressure from the slowing stream builds. This pressure can cause a clot to break loose, leading to a stroke or heart attack; can damage the artery walls so cholesterol and other gunk get an easier toehold; or can wear out your heart, because it has to pump harder to get blood to the rest of your body.

Know Your Numbers

Blood pressure has two measurements: the systolic, or top number, and the diastolic, or bottom number. The systolic represents the pressure when your heart beats to push blood out; the diastolic measures the pressure in the arteries between heartbeats. A blood pressure reading is expressed verbally as "120 over 80." Here's a look at blood pressure ranges:

- Normal: 119 mm Hg systolic or below and/or 79 mm Hg diastolic or below.
- Prehypertension: 120 to 139 mm Hg systolic and/or 80 to 89 mm Hg diastolic.
- Stage 1 hypertension: 140 to 159 mm Hg systolic and/or between 90 and 99 mm Hg diastolic.
- Stage 2 hypertension: 160 mm Hg or above systolic and/or 100 mm Hg diastolic or more.

Prehypertension: A Warning Sign

Prehypertension is a warning sign that you're on the brink of tipping into hypertension. Prehypertension is more common in people who are overweight or obese, and in those under 60 (probably because prehypertension has already turned into hypertension in older people). Studies find that about one out of five people with prehypertension develop hypertension within four years of their diagnosis.

Lifestyle Changes

To treat prehypertension, you should:

- Limit the amount of sodium in your diet to less than 2.4 grams of sodium per day (equal to 6 grams—about 1 teaspoon). Studies find this step can reduce your blood pressure 2 to 8 mm Hg.

Questions to Ask Your Health Care Professional

Take some time to ask your health care professional the following questions about your risk for high blood pressure and, if you already have hypertension, how to treat it.

1. Can you explain my blood pressure reading? Am I at risk for developing high blood pressure?
2. Is it possible to lower my blood pressure by losing weight and living a healthy lifestyle? Could I eventually lower it enough to stop taking medication?
3. Why did you choose this particular medication to treat my high blood pressure? What are the benefits and side effects? Will it interact with other medications I'm taking?
4. What if I don't like or can't tolerate the side effects of my medication?
5. How often should I have my blood pressure checked?

- Reduce your alcohol consumption. Studies find limiting alcohol intake to two or fewer drinks a day for men or one or fewer a day for women can reduce your blood pressure an average of 2 to 4 mm Hg.
- Lose weight. Reaching and maintaining a normal body weight can reduce your blood pressure 5 to 10 mm Hg for every 20-pound loss.
- Follow the DASH diet (Dietary Approaches to Stop Hypertension), a diet rich in fruits, vegetables and low-fat dairy combined with reduced intake of saturated and total fat. It can cut your blood pressure between 8 and 14 mm Hg.
- Get regular aerobic activity. Regular aerobic physical activity like a brisk walk most days of the week can reduce your blood pressure an average of 4 to 9 mm Hg.

Resources

American Heart Association
800-242-8721
www.americanheart.org

Association of Black Cardiologists
800-753-9222
www.abcardio.org

National Heart, Lung, and Blood Institute
301-592-8573
www.nhlbi.nih.gov

WomenHeart
The National Coalition for Women with Heart Disease
202-728-7199
www.womenheart.org

Risk Factors for Hypertension

While we don't know the cause of most cases of hypertension, the Women's Health Initiative, a major study of postmenopausal women, found the following significantly increased a woman's risk:

- Having a body mass index (BMI) greater than 27
- Smoking
- Not drinking alcohol at all
- Drinking seven or more alcoholic beverages a week
- Getting little to no physical exercise
- Having heart disease risks, including a family history of a heart attack, high cholesterol and diabetes, and/or having had a previous heart attack, heart failure or stroke.

Certain medical conditions can also cause hypertension.

Many people don't receive proper treatment for hypertension. A major government survey found just 45 percent of those with hypertension received treatment, and only about a third have it under control. Yet reducing your blood pressure is critical. Studies find high blood pressure doubles or even triples your risk of developing coronary heart failure. If you have Stage 2 hypertension, you're about four times more likely to have a stroke than someone with normal blood pressure.

Medical Treatments for High Blood Pressure

Although lifestyle changes can help some people reach their blood pressure goal, the majority of people with high blood pressure require two or more medications.

If you're otherwise healthy, i.e., you don't have any heart disease, diabetes, or kidney disease, and you have Stage 1 hypertension, your doctor will likely start you on a thiazide-type diuretic such as chlorothiazide (Diuril) or indapamide (Lozol). Other options include ACE inhibitors like enalapril (Vasotec) or captopril (Capoten); angiotensin receptor blockers (ARBs) like losartan (Cozaar) and valsartan (Diovan); beta blockers like acebutolol (Sectral) and (Lopressor); or calcium channel blockers (CCB) like diltiazem (Cardizem) or amlodipine (Norvasc). Many of these drugs are available in a generic form.

For Stage 2 hypertension, you will most likely start off with a combination of two drugs, usually a thiazide-type diuretic with either an ACE inhibitor, beta blocker, CCB or ARB.

If you have heart disease, diabetes or kidney disease, or have had a heart attack or stroke, the recommended treatment for your high blood pressure depends on your medical history.

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