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Hypertension 2014

As many of you know, new treatment guidelines for blood pressure therapy were released in December of 2013. There are some changes from past guidelines but it is not that drastic. I will try to summarize these findings for you.

High blood pressure, also known as hypertension, is a major cause of heart disease, stroke, and renal disease. The CDC estimates that one in three US adults suffer from it, yet less than 50% are controlled. Risk factors for developing it include family history, advancing age, diabetes, and lifestyle. It has been called the "silent killer" because there are generally no signs or symptoms to warn a person. That is why I like to check your blood pressure at each and every visit.

First and most important is the method that blood pressure is taken. You should be seated in a chair, feet on the floor and relaxed for at least five minutes (preferably 15) before the measurement. You should not have had caffeine or cigarettes for an hour before. You should have your arm resting on a surface at the level of the heart and three measurements about one to two minutes apart should be taken. These need to be averaged. Let me stress to you that I doubt your pressure is taken like this at most doctor's offices and I know it is not done at the emergency room like this.

The blood pressure number that we are concerned with is 140/ 90 if you are less than 60, and 150/90, if you are over 60. It no longer matters if you have diabetes, heart disease, stroke, or renal disease; these are the numbers at which we begin treatment. We would like a series of readings to make a determination on, not one, so home monitoring is important. The Omron blood pressure cuff is generally reliable and can be used for home monitoring. I like you to bring it in at least once for me to check it against my mercury manometer.

If your numbers are elevated, several months of therapeutic lifestyle modifications are encouraged. These include the reduction of salt in the diet, reduced alcohol and caffeine, weight loss and exercise. Each of these interventions can lower you blood pressure 5 points and help you avoid medication. The DASH diet is available on the internet (www.dashdietoregon.org) and is a good diet for hypertensive patients to follow. I would like to make special note about sodium. In general, we should all take in about 3-6 grams per day (unless you have heart failure). The average Chinese meal has 22 grams of sodium, Italian 17 grams, Mexican 10 grams, and fast food burger 5-7 grams before the

fries. The moral of the story is to stop eating out so much. If you do, you will lower your weight and your blood pressure.

If these changes do not work then there are many medications available that are well tolerated for treatment. In Caucasians, drugs such as Lisinopril, along with diuretics, are good first choices. Another class is calcium channel blockers such as Amlodipine or Nifedipine. They are also great choices for first line treatment. If you are African American, we start with calcium channel blockers and diuretics first. Most of these medications are generic and thus inexpensive.

No matter whether you take medication or not, frequent evaluation of your blood pressure, both in the office and at home, are necessary. I like to see all hypertensive patients a minimum of two times a year for a blood pressure check. These new guidelines are recommended parameters and do not override a physician's judgment. Not everyone will fit these criteria, but for most they do work. If you have questions about your blood pressure, please see me in the office.