



HEARTS UNDER **PRESSURE:** REDEFINING HYPERTENSION

By Narendra Singh, MD

On November 12th, 2017, thirty two million more Americans, by definition, became hypertensive. Our national medical societies, on a mandate from the NHLBI (National Heart Lung and Blood Institute), redefined hypertension. A normal blood pressure is now a systolic (top number) BP < 120 mm Hg and a diastolic (bottom number) of less than 80 mmHg. **Elevated blood pressure** is now a systolic BP between 120-129 mm Hg or a diastolic BP between 80-89 mmHg. **Stage 1 hypertension** is now a systolic BP (Blood Pressure) between 130-139 mm Hg or a diastolic BP between 90-99 mmHg. **Stage 2 hypertension** is a systolic BP greater than 140 mm Hg or a diastolic BP greater than 100 mmHg.

Taking an accurate BP reading is very important. Make sure your doctor's office uses calibrated equipment. Proper cuff size is important. Home blood pressure readings are recommended to confirm the diagnosis—as long as the equipment quality is accurate. Masked hypertension and white coat hypertension should be ruled out. There are a number of secondary causes of hypertension that include excess alcohol, sleep apnea, kidney disease and

endocrine hormone disorders. Your health care professional will do blood, urine and imaging tests to identify how much damage has occurred from high blood pressure.

Hypertension is known as the silent killer. It is the leading risk factor for heart and stroke disease worldwide. It can also damage the kidney, eyes, and limbs. In most cases, the goal of treatment is to get the BP < 130/80 mmHg. The first steps with hypertension management are lifestyle changes. Every 2 pounds of weight loss on average will reduce your blood pressure by 1 mmHg. The DASH diet (rich in fruits, vegetables, whole grains and low fat) can drop by 11 mmHg. Reducing sodium intake to < 1500 mg/day will drop BP 6 mmHg while increasing potassium intake to > 3500 mg/day will drop BP 5 mmHg. Reducing stress with deep breathing exercises, yoga and meditation will also help.

No one likes to be on medications but the good news is that these drugs work and are inexpensive. All the lifesaving BP meds are now generic and therefore affordable by all. The decision to treat hypertension with drugs will depend on your BP reading, the extent of damage already and your 10-yr. estimated

cardiovascular risk. First line therapy is usually with a thiazide diuretic (e.g. HCTZ), calcium channel blocker (e.g. Nifedipine, amlodipine, diltiazem), ACE inhibitor (e.g. lisinopril, ramipril) or an ARB (e.g. losartan, valsartan). Other BP lowering drugs that can be used in special circumstances include beta blockers (e.g. heart disease), aldosterone (e.g. heart failure), alpha agonists (e.g. Prostate enlargement) and vasodilators (e.g. hypertensive crisis).

A staggering 46% of Americans are now defined as hypertensive ... so you are not alone! Controlling this risk factor has the potential to dramatically improve the health of this nation.

Let's not falter under pressure! ■

NARENDRA SINGH, MD,
FRCP(C), FACC, FAHA
Clinical Assistant Professor –
Medical College of Georgia at
Augusta University
Director, Clinical Research,
Atlanta Heart Specialists LLC, Atlanta, GA
DrSingh@ahsmed.com
www.heartdrsingh.com