

# factsabout | Hypertension

A PATIENT-EDUCATION TOOL FROM THE COMMITTEE ON CARDIOVASCULAR AND METABOLIC DISEASES



## What Your Doctor Means By... Hypertension

**Hypertension** means high blood pressure (over 140/90 mm Hg). You're probably familiar with the numbers that your healthcare provider calls out after your pressure is measured (for example, "140 over 90"). But what do they mean? Blood pressure (BP) is the force placed on artery walls to keep blood flowing throughout the body. BP rises and falls throughout the day; it is known as hypertension when it remains elevated.

### How common is it?

One out of every three US adults has hypertension. The condition can occur in children and adults, but it's more common among people over 35. About 74% of people over age 80, 63% of those aged 60-79, and 27% of people under 60 have it. African-Americans are particularly prone to hypertension, even in middle age. It's also more common in overweight people and in those with a family history of hypertension.

### What do those numbers mean?

The first number is your **systolic** BP, the highest pressure in your arteries when your heart contracts. The second number is your **diastolic** BP, the lowest pressure in your arteries when your heart relaxes between beats. BP is measured in millimeters of mercury (mm Hg).

### What causes hypertension?

The cause is unknown in about 95% of cases; doctors call this **essential**, or **primary**, **hypertension**. **Secondary**, or **identifiable**, **hypertension** is related to kidney disorders, hormonal disorders, an abnormality in the structure of the aorta, use of certain medications, or one of several rare diseases.

**What are the symptoms of hypertension?** Most people with early stages of hypertension have no symptoms; that's why the condition has been called the "silent killer." If your BP is very high, however, you may experience headaches, fatigue, confusion, changes in your vision, anxiety, excessive sweating, or redness in the face. When left untreated, hypertension slowly damages the heart, brain, kidneys, and arteries. It is also a major risk factor for heart disease, stroke, and kidney failure.

### How is it diagnosed?

A "normal" BP is usually defined as less than 130/85 mm Hg, and an "optimal" BP is less than 120/80 mm Hg. If your systolic BP is higher than 140 or your diastolic BP is higher than 90 on three consecutive readings over three different occasions, your doctor may suggest that you be treated for hypertension.

### How is hypertension treated?

Lifestyle changes may be all you need to lower your BP, especially if you have "high-normal" pressure (systolic BP 130-139 mm Hg, **or** diastolic BP 85-89 mm Hg) or "stage 1" (previously called "mild") hypertension (systolic BP 140-159 mm Hg, **or** diastolic BP 90-99 mm Hg).

- **Follow a healthy diet.** Restrict your intake of sodium (contained in salt, MSG, and baking soda) and eat plenty of fresh fruits and vegetables, as well as fat-free and low-fat dairy products.
- **Drink alcohol in moderation.** More than two drinks per day can drive up BP in some people.
- **Lose weight.** Even the loss of a few pounds can lower BP.
- **Exercise regularly.** Try to perform moderate-level exercise for about 30 minutes on most days (at least 5 days a week, if possible).
- **Stop smoking.** BP control is just one benefit of quitting.

## SUPPOSE THAT'S NOT ENOUGH...

Then your doctor will prescribe **antihypertensive** (BP-lowering) medication. You may start with a **diuretic** (water pill), which will help to rid the body of excess fluids and salt. This is particularly beneficial in older adults and in African-Americans.

- **Beta-blockers** reduce the heart rate and the heart's output of blood. They are used along with or instead of diuretics for initial treatment.
- **Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II-receptor blockers** affect angiotensin, a chemical that causes arteries to constrict. The former are good for patients with diabetes and kidney damage, as well as for some heart attack survivors. The latter are just as effective as ACE inhibitors, and may have fewer adverse effects.
- **Vasodilators** widen blood vessels and are often used in combination with a diuretic or a beta-blocker. They're not advised in patients with angina or in those who've had a heart attack.
- **Calcium channel blockers** relax blood vessels. Some also reduce the heart rate. Although they're effective in lowering BP, they have been linked to some side effects with short-acting forms.
- **Central blocker agonists** are used mostly for severe hypertension.

## IN CLOSING...

Don't let hypertension get you down. If you follow your doctor's instructions, diet, exercise, and stay on your medication, you'll be able to control your BP and reduce your risk of developing heart disease, stroke, and kidney disease.

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