

HIGH BLOOD PRESSURE MANAGEMENT: ARE YOUR PATIENTS GETTING THE MESSAGE?

In *The Usual Suspects*, Keyser Soze, one of the characters, is not much in evidence but is responsible for much of the mayhem that takes place in the film. You don't see him, but his influence is strongly felt (and tends to be far more negative than positive). In many ways, hypertension plays a similar role. It exerts its effects silently, yet recent estimates suggest that, worldwide, two-thirds of stroke and one-half of ischemic heart disease are attributable to it¹. This is a fact that clinicians know well, yet many patients continue to have uncontrolled hypertension. In the 2004 Behavioral Risk Factor Surveillance System (BRFSS) Survey, 28% of adult Oregonians reported that they had clinically diagnosed high blood pressure; of these, one in three reported being told that their blood pressure remained high at their last health care visit.

Happily, there is good evidence for the benefit of treatment. Blood pressure control in those with hypertension has been associated with a 35-40% risk reduction for stroke, a 20-25% risk reduction for myocardial infarction, and more than a 50% reduction for heart failure². Further, since the risk of cardiovascular disease starts when the blood pressure exceeds 115/75 and doubles with each increment of 20/10 mm Hg, the *Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC - 7) recommends life-style modification for anyone with pre-hypertension (defined

as a systolic pressure of 120-139 or a diastolic pressure of 80-89 mm Hg)³ In this *CD Summary*, we review what Oregonians with hypertension know about how to manage the condition, and offer some tools clinicians can use to help their patients accomplish this important task.

AWARENESS OF HYPERTENSION MANAGEMENT STRATEGIES

In the 2004 BRFSS, we asked those with hypertension if a doctor, nurse, or other health professional had recommended certain steps to control their blood pressure. Some of the results are encouraging and some suggest we have room for improvement in getting out key messages.

In all, 70% of Oregonians with hypertension said they were taking prescribed medication for the condition. This might not seem too bad, but it does mean that 3 out of 10 adults with high blood pressure are not currently receiving pharmacological treatment, a finding not entirely in keeping with the spirit of the JNC - 7 recommendations. The percentage taking medication for their hypertension is even lower among those aged 35-44 years (47%) and those 25-34 years (25%).

Regular physical activity can lower systolic blood pressure. JNC - 7 recommends at least 30 minutes of aerobic physical activity most days for anyone who is able. Among Oregonians with hypertension, 72% reported being advised by their clinician to exercise regularly, although this dipped to 54% among males aged

45-54.

Because of sodium's often deleterious effects on blood pressure, JNC - 7 recommends limiting sodium intake to 2.4 grams a day (roughly 6 grams of table salt). Less than half (49%) of respondents to our survey reported being advised by their clinician to limit salt or sodium intake.

Modest weight loss (even 10 pounds) reduces blood pressure in persons who are overweight. In light of this, JNC - 7 recommends maintaining a healthy body weight (body mass index 18.5-24.9kg/m²) or as close to it as possible. Among overweight Oregonians with hypertension, 62% report being advised by their clinician to lose weight as a means of better controlling blood pressure. However, only 43% reported that they were actively trying to reduce their weight.

Moderate to heavy alcohol use – more than 30 grams, (or 2 drinks) in men and 15 grams (1 drink) in women – increases blood pressure both in hypertensive and in normotensive individuals. For this reason, the JNC - 7 recommends that daily alcohol intake not exceed these levels. In Oregon, 6% of women and 7% of men report drinking more heavily than outlined in these recommendations, while 13% of women and 34% of men report binge drinking (consuming 5 or more drinks at a sitting) at least once in the last month. BRFSS data don't allow us to determine how many people with hypertension are also moderate-to-heavy drinkers, and we don't know for how many respondents alcohol



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consumption had been clinically assessed. With that in mind, 20% of Oregonians with hypertension had been advised by their clinicians to reduce alcohol consumption.

IN CONCLUSION

While clinicians may be talking with their patients consistently about recommended lifestyle modifications to address hypertension, those messages are not always registering. Providing written materials with step-by-step strategies to support patients' efforts in weight management, diet, and physical activity can further encourage patients to take an active role in controlling blood pressure. A patient primer for blood pressure self-management is available from the National Heart, Lung, and Blood Institute at: http://www.nhlbi.nih.gov/health/public/heart/hbp/hbp_low/index.htm.

Because a long list of lifestyle "shoulds" can feel very overwhelming for a person living with one or more chronic conditions, it's important to emphasize

to patients that it's best to make modifications one easy step at a time. Collaborating with patients to identify an attainable, mutually agreeable self-management goal at each visit is a powerful way to encourage positive lifestyle changes and open dialogue about barriers to effective self-management of hypertension and other conditions. Following up with a quick check-in call or postcard can help them stay on track.

Establishing a hypertension registry, a list of all patients with known high blood pressure, makes it easier to track whether patients are coming in for recommended preventive health maintenance visits. A registry can be used to track self-management goals and may serve as a prompt for reviewing current progress during and between clinic visits. You can involve patients in tracking their progress with a patient wallet card like the one at <http://www.nhlbi.nih.gov/guidelines/hypertension/>. Taking a collaborative approach to disease management demonstrates to the patient that

you value their efforts and can emphasize the importance of lifestyle choices in overall disease management.

A program now available in many parts of Oregon, *Living Well with Chronic Conditions*, helps patients with hypertension and other chronic diseases improve their skills in self-management. Participation in the *Living Well* program has been associated with significant improvements in physical activity, and fewer days of hospitalization among patients with cardiovascular disease. The program involves patient participation in a 2 ½ hour session, once a week for six weeks. If you have a patient you think would benefit, check out our website to locate a *Living Well* program near you: <http://www.oregon.gov/DHS/ph/livingwell/index.shtml>.

REFERENCES

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3. National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Accessed at: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>.

A Simple Guide to Help Patients with Hypertension Stay HEART Healthy

- Healthy weight. If overweight, try to lose weight; if you are not, try to keep it that way.
- Exercise. Aim to get at least 30 minutes of aerobic physical activity most days.
- Alcohol. Limit it to no more than two drinks (men)/one drink (women) a day.
- Reduce salt intake to about one teaspoon a day.
- Take your blood pressure medicine regularly.