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Cardiovascular disease and stroke due to hypertension and other risk factors costs the American healthcare system more than **\$351 billion** each year.

## Prehypertension: Early Physician Intervention Saves Lives, Costs

Sometimes dubbed America's silent killer, high blood pressure (hypertension) has no symptoms, but is easily detected and is usually controllable. While research indicates that 50 million Americans have high blood pressure, more than 41% of those with this condition receive inadequate therapy or none at all, largely because they do not know or understand their blood pressure reading or the risks of hypertensive disease. Left untreated, high blood pressure can lead to a myriad of serious, chronic ailments, including stroke, kidney failure, heart failure, and heart attacks.

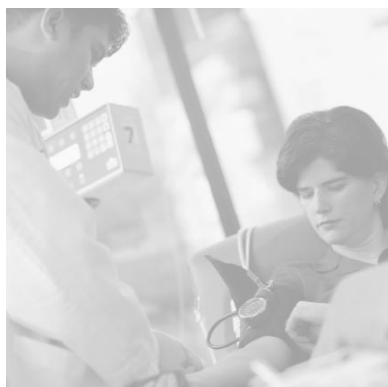
### New Blood Pressure Guidelines:

Blood pressure can change from minute to minute, with changes in posture, exercise or sleeping, but it should normally be less than 120/80 mm Hg for an adult. Blood pressure that stays between 120-139/80-89 now is considered prehypertension, and the American Heart Association recommends that physicians intervene early with these patients to encourage a more healthy lifestyle in order to prevent hypertensive diseases from developing.

### Who's at Risk?

According to the American Heart Association, the cause of more than 90% of all high blood pressure cases remains unknown. However, a number of risk factors exist that may contribute to the development and the severity of high blood pressure.

- **SEX:** A higher percentage of men than women have high blood pressure until age 55. After age 55, women have higher incidences of high blood pressure than men.
- **HEALTH HISTORY:** About 50% of those who have had a heart attack and two-thirds of those who have had a stroke also have high blood pressure.
- **OBESITY:** People with excessive body fat place increased strain on their hearts, which raises blood pressure and blood cholesterol, and increases the risk of coronary heart disease.
- **RACE:** African Americans statistically tend to develop high blood pressure more frequently and earlier in life than do Caucasians. Rates of hypertension are also higher among Mexican Americans, American Indians, native Hawaiians, and some Asian Americans.
- **PHYSICAL INACTIVITY:** People who do not regularly exercise are at a higher risk of developing high cholesterol, diabetes, obesity, and high blood pressure.
- **EXCESSIVE ALCOHOL CONSUMPTION:** Drinking more than one daily serving of alcohol for women and two daily servings for men can raise blood pressure, cause heart failure, and lead to stroke.
- **DIABETES:** Patients with diabetes are at a much higher risk of developing high blood pressure. That risk increases if the patient has other risk factors, including obesity and high cholesterol.
- **SODIUM INTAKE:** Patients who consume more than 2400 milligrams of salt each day are more likely to develop high blood pressure.
- **FAMILY HISTORY:** Patients with a family history of cardiac heart disease are much more likely to develop high blood pressure.
- **AGE:** Adults aged 55 and up are at high risk for developing high blood pressure.
- **ORAL CONTRACEPTIVES:** High blood pressure is 2-3 times more common in women taking oral contraceptives, especially in smokers and in obese and older women.



## Screening Guidelines

New research recommends that risk factor screening for high blood pressure begin at age 20. Risk factors such as the use of oral contraceptives, smoking status, age, sodium intake, alcohol consumption, weight and activity, etc., alter over the course of the patient's lifetime, and should be assessed and recorded regularly. Blood pressure, body mass index, and pulse should be recorded at every visit. Additional tests, such as lipid panels and blood glucose tests should be performed every five years for patients with two or fewer identified risk factors; the same tests should be performed every two years for patients older than age 40 and for patients with more than two risk factors.

## Treatment Guidelines

**PREHYPERTENSION:** For prehypertensive adults, physicians should promote healthy lifestyle changes, including smoking cessation; weight reduction/exercise program; reduction of sodium intake; consumption of fruits, vegetables, and low fat meat and dairy products; and moderation in alcohol intake. Certain prehypertensive adults, including those with diabetes, renal insufficiency, or heart failure, should immediately begin drug therapy to control their blood pressure.

**HYPERTENSION:** Hypertensive adults should first be given 6 – 12 months to adopt the same healthy lifestyle changes, depending on the number of risk factors present. If this program is ineffective at lowering blood pressure, hypertensive patients should be placed on medication(s). Studies indicate the majority of hypertensive patients will require two or more medications to achieve normal blood pressure.

**MEDICATION THERAPY PROTOCOLS:** Patients on medication must be monitored carefully. Up to 50% of prescription medications for high blood pressure are not taken properly, largely because there are too many pills for the patient to manage or because medications produce adverse side effects. Physicians should vigilantly monitor patient side effects and provide them with medication management tools, pill boxes, and calendars to ensure that drug therapy is successful.

**CHARTING PROGRESS:** Set up a schedule for regularly checking blood pressure with the patient. It is recommended that hypertension be monitored both in the physician office and by the patient at home. It may be advisable for the patient to purchase a home blood pressure monitoring kit in order to space out office visits and to determine whether medication and lifestyle changes are having an impact. If this isn't possible, patients are able to monitor blood pressure in many stores and

pharmacies. Have the patient record their blood pressure readings on a chart that they bring with them to every office visit. Make sure patients are well trained in the techniques of measuring and recording blood pressure.

**DIETARY PROTOCOLS:** Physicians should avoid simply telling patients to eat better. Instead, provide patients with lists of foods they should and should not eat. Design a diet that reduces the patient's intake of saturated fats to less than 10% of total calories, of cholesterol to less than 300 mg/day, and of salt to less than 6 g/day. Recommend no more than one alcoholic beverage a day for women and no more than two a day for men. Take the education a step further by teaching patients how to read food labels and how to measure their fat and sodium intakes for the day. Recommend recording food intake on charts provided by the physician office in order to increase compliance.

**ACTIVITY/WEIGHT MANAGEMENT PROTOCOLS:** Carefully explain an exercise program by recommending specific activities, the length of time the activities must be performed, and the number of days per week the patient must perform the activities. In general, most patients require at least 30 minutes of moderate- or vigorous-intensity activity 4–5 days a week, coupled with two weekly sessions of 8–10 resistance exercises (1–2 sets per exercise, with 10–15 repetitions for each set). Recommend recording exercises on charts provided by the physician office in order to increase compliance.

**FOLLOW UP:** Use pre-appointment reminders, telephone follow-up, counseling options, tracking and reporting tools, and other options to keep up with patients and ensure they regularly visit the office for check-ups. Document patient progress in medical records.

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