

# HIGH BLOOD PRESSURE

Getting your blood pressure under control can mean the difference between life and death



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## MORE THAN 7,600 AFRICAN AMERICANS DIE FROM HIGH BLOOD PRESSURE-RELATED STROKE AND HEART DISEASE EACH YEAR

High blood pressure is a serious health problem in the U.S., but getting it diagnosed and treated can be even more problematic. One in three adults has high blood pressure, and 70 percent of those affected don't do a good job of controlling it, according to the Centers for Disease Control and Prevention (CDC). In addition, one-third of sufferers don't even know they have the condition because it doesn't have any symptoms.

But the damage it causes is certainly real. The average adult heart beats 100,000 times a day. So if you have high blood pressure, every beat can damage the delicate blood vessels in your body over time. This is why blood pressure, also known as hypertension, is often called the "silent killer."

African Americans suffer from high blood pressure at a disproportionate rate compared to their Caucasian counterparts. More than 7,600 African Americans die from related stroke and heart disease each year as a result. The good news is that in many cases high blood pressure is preventable and treatable if you follow medical advice and make simple lifestyle changes.

Therein lies the rub. Sufferers often ignore their high blood pressure or just aren't willing to commit to treatment. Some of the factors behind high blood pressure include obesity, lack of exercise, smoking and too much dietary salt.

Hilda Graham is a perfect example of someone who has taken control of her high blood pressure over the long term.

Graham, 54, of Fayetteville, was diagnosed 10 years ago during a routine doctor's office visit. She's been taking medication ever since with great results. It says a lot for getting treatment, because Graham experiences stressful situations on a daily, if not hourly, basis as a school counselor.

"I pretty much live a normal life," Graham says. "I take my blood pressure medication daily and I try to manage my stress levels, which has worked out fairly well."

Sharon Mitchell, M.D., of Fayetteville Family Medical Care, is Graham's doctor. She says prescribing medication is a routine practice for treating high blood pressure, but not universal.

"Depending on how high the blood pressure is, medication therapy is tried for a couple of months," Dr. Mitchell says. "But if the patient is borderline,

I'll let them try to lower their blood pressure through diet and exercise first."

If the patient cannot lower their blood pressure on their own, medication is then prescribed. Patients also undergo routine blood tests to ensure there aren't any underlying health issues, such as diabetes or cardiovascular disease.

So how is high blood pressure defined?

A reading below 120/80 mmHg is considered normal. Readings above 140/90 mmHg is considered high blood pressure, and anything between 120/80 mmHg and 139/89 mmHg is considered borderline hypertension.

There are five main classes of drugs used to lower blood pressure. Each uses a different approach and has varying degrees of success and side effects:

- Angiotensin-converting enzyme (ACE) inhibitors lower the chemical that you make in your blood stream called angiotensin II, which narrows blood vessels. It's commonly used by patients who have heart failure or diabetes, but should not be used if you have certain kidney or artery problems, or if you are pregnant.
- Angiotensin Receptor Blockers (ARB) block the effect of angiotensin II on the blood vessel walls. They have side effects similar to ACE inhibitors.
- Calcium-channel blockers affect the way calcium is used in blood vessels and heart muscle, essentially relaxing the blood vessels.
- Diuretics increase the amount of salt and fluid you pass out of your urine. This helps reduce the fluid pressure in your body.
- Beta-blockers work by slowing the heart rate and reducing the force of the heart, thus lowering blood pressure. People with asthma, chronic pulmonary disease or certain types of heart or blood vessel problems should not take beta-blockers.

Dr. Mitchell says patients often require a combination of drugs to ultimately lower their blood pressure, but treatment outcomes are usually good.

"We try to tailor the medication so it doesn't affect your lifestyle," she says, "but if you don't get high blood pressure under control, you can end up with a lot of problems in the end."