

Health Awareness

New Guidelines Mean More Americans Have High Blood Pressure—You Could Be One Of Them

(NAPS)—The American Heart Association (AHA) and American College of Cardiology recently announced new blood pressure guidelines that will change how high blood pressure is detected, prevented, managed and treated.

The big news? There's a whole new definition for what constitutes high blood pressure. It's now considered any measure over 130/80 mm Hg, rather than the old definition of 140/90.

The guidelines classify blood pressure into different categories, eliminating the previous pre-hypertension category. They also recommend treatment based on risk factors such as family history, age, gender and race. Regardless of your risk or blood pressure level, however, one thing is the same: Treating high blood pressure starts with lifestyle modifications including healthy diet, regular exercise, limit or avoid drinking alcohol and nonsmoking.

To highlight the importance of keeping blood pressure under control, the AHA, along with the American Medical Association and the Ad Council, has launched a new campaign that encourages people to talk with their doctors, and visit LowerYourHBP.org for tools and resources to help manage blood pressure.

New Definitions And Classifications

Normal: If your blood pressure is less than 120/80, it's considered normal and should be checked at least once per year. You still need to take care of yourself to help prevent hypertension or make it easier to control in the future, as blood pressure can rise as you age. Those with other risk factors for heart disease or stroke should periodically check blood pressure to ensure their numbers stay healthy. High blood pressure often has no signs or symptoms, so people with uncontrolled high blood pressure might feel fine and think they're OK.

Elevated: When your blood pressure's top number is 120–129 while the bottom number is less than 80, it's considered elevated and you need to take action to preserve your heart and brain health. Lifestyle changes are suggested with a blood pressure re-evaluation in three to six months. Partnering with your doctor to create a treatment plan



You might not see or feel its symptoms, but the results—a heart attack or stroke—are far from invisible or silent. Go to LowerYourHBP.org before it's too late.

you can stick to lowers your risk for serious health consequences.

Stage 1: This occurs when your top blood pressure number is 130–139 OR your bottom 80–89. If you're otherwise healthy, the guidelines suggest making healthy lifestyle changes and re-evaluating in three to six months. If you have other risks for cardiovascular disease, you may need lifestyle changes plus medication. Your doctor can use a "risk calculator" to tell you your risk level. Then, you would re-evaluate every month until your numbers are controlled.

Stage 2: This is when your blood pressure is at least 140/90. At this level, the new guidelines recommend you be evaluated by your primary care provider within one month of your diagnosis. Two types of medication as well as lifestyle changes with a monthly re-evaluation of your numbers are recommended because the risk of heart attack or stroke is higher.

Hypertensive crisis: If your blood pressure is greater than 180/120, you need to act swiftly to bring it down. This is a hypertensive "crisis" and you should consult your doctor immediately. Quick management is important to reduce the risk of organ damage.

No matter where you fit within the new blood pressure guidelines, talk to your doctor to determine your risk and treatment. It's smart to check your pressure regularly and stay in touch with your doctor for the best way to handle any changes.