

Destination Healthy Heart:

A ROADMAP TO MANAGING HEART FAILURE



HYPERTENSION AND

Heart Failure

NURSE TALKING TIPS SHEET

This Nurse Tip Sheet was developed by AAHFN as a resource in facilitating patient education. It provides additional information so that the Nurse can supplement patient teaching with the corresponding Patient Tip Sheet. A list of resources is provided for additional information.

Background:

- Hypertension (HTN) is when the blood pressure, or force of the blood flowing through the blood vessels, is consistently elevated
- 29.1% of adult Americans have HTN
 - One out of every three adults has high blood pressure
 - Nearly half of this population with high blood pressure are suboptimally controlled
 - Nearly one out of six adults does not know they have high blood pressure
- HTN is referred to as “the silent killer” because patients can often be asymptomatic until target organ disease occurs
- HTN is diagnosed when an adult patient has two separate blood pressure measurements of at least 140/90 mmHg or higher
- HTN is classified as Prehypertension: 120/80 to 139/89mmHG; Stage 1 Hypertension: 140-159/90-99; and Stage 2 Hypertension: >160/100
- HTN is a risk factor for many disorders – stroke, cardiovascular disease, renal disease, visual problems, peripheral vascular disease
- HTN is a significant modifiable risk factor for heart failure (HF)

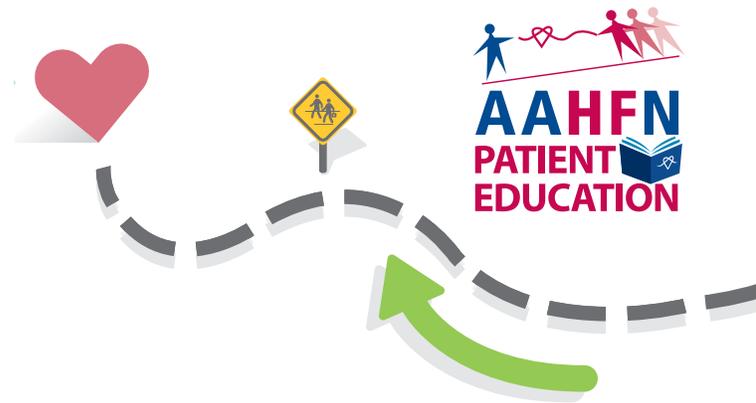
Causes:

- There are two groupings of HTN: Primary (Essential) and Secondary
 - Primary (Essential) HTN is elevated blood pressure that does not have a known secondary cause; the majority of patients with HTN fall into this category
 - Secondary Hypertension has an identifiable cause of elevated blood pressure; the known cause is often related to kidney disease, diabetes, and other endocrine abnormalities
- The heart and arteries are components of the cardiovascular system; healthy arteries are elastic; they expand and recoil easily
- HTN damages the inner lining of the arteries making them no longer flexible and elastic
- With HTN, the arteries become stiff and the heart is forced to work harder to pump blood through the vascular system; arterial wall stiffness causes increased pressure

Patient Teaching:

- Educate patients that uncontrolled HTN leads to structural heart disease, heart failure, stroke, arrhythmias, myocardial infarction, blindness and kidney failure
- Advise patients that the best way to manage all of the negative outcomes of HTN, including HF, is to prevent HTN from occurring and then optimally managing HTN
- Inform patients that the goal blood pressure (BP) should be 120-140/60-80 unless specified otherwise
- Encourage patients that keeping a log at home can be very helpful in monitoring BP
- Encourage positive lifestyle interventions
 - Weight loss if obese
 - DASH diet, and low sodium intake can improve BP
 - Exercise 30 minutes a day; 5 days a week to better control BP

- Take all medications as prescribed
- Inform patients to avoid NSAIDS
- Inform patients that it often takes two to four different classes of antihypertensives to adequately control BP
- Educate patients on potential medication side effects and know who to call to report them
- Reinforce medication and lifestyle adherence



Treatment/Prevention:

- Clinicians should follow the 2017 ACC/AHA/HFSA Heart Failure Guidelines:
 - Recommendation for Prevention
 - In patients at increased risk, Stage A HF, the optimal blood pressure in patients with HTN should be < 130/80 mmHg
 - Recommendation for Hypertension in Stage C HFrEF
 - Patients with HFrEF and HTN should be prescribed GDMT titrated to attain systolic blood pressure < 130 mm Hg
 - Recommendation for Hypertension in Stage C HFpEF
 - Patients with HFpEF and persistent HTN after management of volume overload should be prescribed GDMT titrated to attain systolic blood pressure < 130 mm Hg
- The Eighth Joint National Committee (JNC 8) guidelines recommend treatment for adults with cardiovascular disease should target a blood pressure of < 130/80 mmHg
- The 2017 ACC/AHA/HFSA Heart Failure Guidelines recommend patients with NYHA Class II-IV and suspicion of sleep disordered breathing or excessive daytime sleepiness receive a formal sleep assessment to distinguish obstructive versus central sleep apnea

For Further Reference:

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- Levy D, Larson MG, Vasan RS, et al. The progression from hypertension to congestive heart failure. *JAMA.* 1196, 275; 1557-1562.
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- James PA, Oparil S, Carter BL, et al. 2014 Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA.* 2014, 311: 507-520.