

Louisiana Pharmacists Association Educates Patients About High Blood Pressure

We've all heard about high blood pressure, but what about it?

High blood pressure, also known as hypertension, is a prevalent health condition affecting roughly 39.0% of Louisiana's residents.¹ It is important to note that Louisiana's percentage is well above the average for the United States which is 32.2%.¹ This disease is often overlooked due to the fact that patients do not start experiencing noticeable effects until their blood pressure is extremely high. It is crucial we pay attention to our blood pressure because it has been proven to be a major risk factor for heart disease, the leading cause of death, and stroke, the fifth leading cause of death.² It's okay though, because there is something we can do about it!

Do I have hypertension? How do I check my blood pressure and what do my numbers mean?

First, you should keep in mind that hypertension cannot be diagnosed with just one or two high blood pressure readings. With that being said, you should take the time to keep a log of your readings if you are concerned about having hypertension. In order to get an accurate blood pressure, there are a few steps you need to take.³

- Avoid caffeine, exercise, and smoking for at least 30 minutes and empty your bladder before taking your blood pressure.
- Sit in a chair and relax with your feet flat on the floor for at least five minutes.
- Make sure your arm is supported and that your blood pressure device is calibrated and properly fitting. Properly fitting means that the cuff's bladder encircles 80% of your arm.
- Position the cuff on the middle of your upper arm.
- That's it! You are ready to take your blood pressure!

Second, what do those numbers mean? The top number, known as the systolic blood pressure (SBP), is how much pressure is being put against your arteries when your heart beats. The bottom number, known as the diastolic blood pressure (DBP), is how much pressure is being put against your arteries when your heart is at rest. So what classifies a person as having high blood pressure? Remember, if your blood pressure comes back a little high, do not have a panic attack and make your blood pressure worse. Maybe you had a stressful day or drank too much coffee. Calm down and try again tomorrow.

Table 1. Blood Pressure Stages.³

Stages	SBP/DBP
Normal	SBP (< 120) and DBP (< 80)
Elevated	SBP (120-129) and DBP (<80)
Stage 1 Hypertension	SBP (130-139) or DBP (80-90)
Stage 2 Hypertension	SBP (≥ 140) or DBP (≥ 90)

What can I do to lower my blood pressure without a trip to the pharmacy?

The good news is there are several things you can do to lower your blood pressure at home. Although most people that live in the south do not want to hear it, the best way to lower one's blood pressure is to change one's diet. The DASH diet which is consumed of fruits, vegetables, whole grains, and low fat dairy is the most effective way to get your numbers down. Try to eat foods that are high in potassium (potatoes, bananas, avocados) and try to avoid foods that are too high in sodium. The goal sodium level is less than 1500 mg per day, but a reduction of 1000 mg per day is often more obtainable and also beneficial. As always, try to exercise and lose weight to keep your body healthy. Limit your alcohol intake (≤ 1 drink daily for women and ≤ 2 drinks daily for men). Attempt to keep your caffeine intake under 300 mg/dL (24 oz coffee). When you have aches, try to avoid the use of NSAIDs if possible, and reach for the acetaminophen instead. STOP smoking! Smoking is not good for anyone. ³

Table 2. Best Ways to Decrease Your Blood Pressure at Home.³

What can I do?	How much will this affect my systolic blood pressure?
DASH diet	↓ 11 mm Hg
Eat potassium rich food	↓ 4-5 mm Hg
Eat less sodium	↓ 5-6 mm Hg
Aerobic exercise	↓ 5-8 mm Hg
Weight loss	↓ 5 mm Hg
Alcohol moderation	↓ 4 mm Hg

That didn't work for me... Now what?

You may have noticed there are a multitude of options when it comes to treating high blood pressure with medication. That many options can be intimidating, but there are a few tricks to breaking them down to make it all a little easier to swallow (pun intended.) There are three classes of antihypertensives that we consider first line for most patients: ACE inhibitors/ARBs, thiazide diuretics, and calcium channel blockers. A drug class that is known as a "go-to" for doctors is **ACE inhibitors**. These drugs are easy to remember because they all end in "-pril." **ARBs** make up another class that is often used upon the diagnosis of hypertension. ARBs tend to end in "-artan." They act similarly to ACE inhibitors, but should not be used concomitantly. Both ACE inhibitors and ARBs have proven to be wonderful options in patients with hypertension. They also have some extra benefits for patients diagnosed with both hypertension and diabetes. Neither drug class has too many serious side effects; however, ACE inhibitors are known to cause a pesky little cough. **Thiazide diuretics** are another great option for high blood pressure, but make sure to these in the morning so you are not up using the bathroom all night! **Beta blockers** have lost popularity when it comes to treating hypertension because they decrease your heart rate. This decreases your blood pressure by decreasing the workload put on your heart and the amount of blood your heart pumps out. These drugs are fun to say and easy to remember because they all end in "-

lol.” It’s important to note that beta blockers are known to cover signs of hypoglycemia so diabetics should be careful when taking these. **Calcium channel blockers** are the last class we’re going to talk about. Most of these drugs end in “-pine” and one side effect that is often seen with these is swollen ankles due to water build up in the lower extremities. Constipation from calcium channel blockers has also been documented.⁴ There are so many drugs that can treat hypertension, so there is really an opportunity to individualize each patient’s treatment. Just remember, that while medication is a wonderful way to help with your condition, it will work even better if you can incorporate those lifestyle changes at the same time. Talk to your doctor and they should be able to devise the perfect plan for you!

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