

LIVING WITH HIGH BLOOD PRESSURE

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SO, I HAVE BLOOD PRESSURE. WHAT SHOULD I DO?

The first step is to make changes to your lifestyle. Lifestyle changes may be all that is necessary if your high blood pressure is not very high. Even if you must take blood pressure lowering medicine, making some changes in your lifestyle can reduce the amount of medicine you must take. See handout No 1 for tips on lifestyle changes that you can make.

WHAT ABOUT MEDICINES?

Many different types of medicines can be used to treat high blood pressure (Table 1). The goal of treatment is to reduce your blood pressure to normal levels with medicine that's easy to take and has few, if any, side effects. This goal can almost always be met. If your blood pressure can only be controlled with medicine, you will need to take the medicine for the rest of your life. Do not stop taking the medicine without talking with your family doctor or you will risk of having a stroke or heart attack.

Table 1: Types of blood pressure lowering medicines and their actions

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| κ | Diuretics – These medicines help your body get rid of extra sodium and fluid so that your blood vessels don't have to hold so much fluid |
| κ | Beta blockers – These medicines block the effects of adrenaline |
| κ | Alpha blockers – These medicines help your blood vessels stay open |
| κ | ACE inhibitors – These medicines prevent your blood vessels from constricting by blocking your body from making angiotensin II. Angiotensin II is a chemical that constricts blood vessels |
| κ | Calcium channel blockers – These medicines help prevent your blood vessels from constricting by blocking calcium from entering your cells |
| κ | Combinations – These medicines combine an ACE inhibitor with a calcium channel blocker. |

WHAT ARE THE POSSIBLE SIDE EFFECTS OF BLOOD PRESSURE LOWERING MEDICINES?

Different medicines have different side effects for different people. Side effects of antihypertensive medicines can include feeling dizzy when you stand up after lying down or sitting, lowered levels of potassium in your blood, problems sleeping, drowsiness, dry mouth, headaches, bloating, constipation and depression. In men, some antihypertensive medicines can cause problems with having an erection.

Talk to your family doctor about any changes you notice. If one medicine does not work for you or causes side effects, you have other options. Let your doctor help you find the right medicine for you.

WHAT ARE THE CHANCES THAT MY DOCTOR CAN CONTROL MY BLOOD PRESSURE?

More than 90% of patients with hypertension get good results from antihypertensive medicines if they follow their doctor's instructions. Your treatment is more likely to be successful if you follow these guidelines:

- κ Work with your doctor to establish treatment goals.
- κ Involve your family in your treatment program – improve your family's diet and exercise. This is helpful for everyone and may prevent other family members from developing hypertension.
- κ Measure your blood pressure at home and keep a daily record – this will help your doctor keep track of your progress.
- κ Be sure to take your medicine every day.
- κ If you don't think you are making progress in controlling your hypertension, talk to your doctor – communication is a key to success.
- κ Keep your doctor appointments – even if your blood pressure is under control, see your doctor every three to six months.

WHAT TREATMENT GOALS MUST I AIM FOR?

By far, the single most important indicator of good hypertension control is achieving target BP levels. The 2000 Singapore Ministry of Health Clinical Practice Guideline on Hypertension has recommended that optimal BP treatment target levels are < 130/85 mmHg in young middle age or diabetic subjects and < 140/90 mmHg in elderly subjects.

The American Diabetes Association has recently recommended that the target BP level for diabetic subjects should be < 130/80 mmHg. In diabetic subjects with high blood pressure and protein in the urine, an even lower BP target level (e.g. < 125/75 mmHg) is desirable.

Preventing heart attack, heart failure, kidney failure and reducing heart enlargement are the final goals of reducing high blood pressure. Studies have shown that if blood pressure is adequately lowered, a reduction in the rates of these complications will also be achieved.

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