Heart Disease and Stroke Facts: Hypertension

What is hypertension?

Hypertension is another term for high blood pressure (BP). Newly updated in 2017, it means having systolic blood pressure (SBP) \geq 130 mmHg or diastolic blood pressure (DBP) \geq 80 mmHg.¹



2017 BP Category ¹	Systolic (mmHg)		Diastolic (mmHg)
Normal	less than 120	and	less than 80
Prehypertension	120 - 129	and	less than 80-89
Stage 1 Hypertension	130 - 139	or	80-89
Stage 2 Hypertension	140 or higher	or	90 or higher

What are the risk factors?²

✓ older age

- sleep apnea
- certain races/ethnicities family history
- kidney disease overweight or obese
- of hypertension diabetes
- physical inactivity tobacco use
- high cholesterol
- diets high in sodium ♥ low socioeconomic status ♥ diets low in potassium
- psychological stressors
- heavy alcohol use

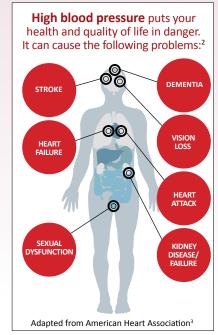
What are the health consequences?

Hypertension is known as the *silent killer* because it often has no symptoms. Without screening and follow-up, hypertension can be missed. Sixteen percent of U.S. adults with hypertension are not

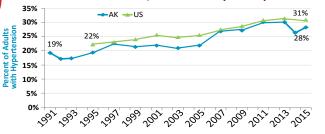
aware they have it.²

People with hypertension developed cardiovascular disease five years earlier than those without hypertension.4

Each 20 mmHg higher SBP and 10 mmHg higher DBP is associated with a **doubling** in the risk of death caused by stroke, heart disease, or other vascular diseases.⁵

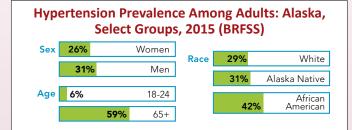






What do we know about hypertension in Alaska?

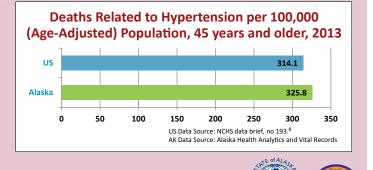
- The prevalence of hypertension among adults has increased over the past 25 years in Alaska, mirroring the trend in the United States.
- In 2015, 28% of Alaska adults reported having hypertension.



- Hypertension is significantly associated with age; 59% of Alaskans ages 65 and older report hypertension, compared to only 6% of those ages 18 to 24.
- African American adults are more likely to report having hypertension (42%) than other race groups (29% to 31%).
- Unlike the national trend, hypertension prevalence does not differ significantly by poverty level, but rather is seen across all socioeconomic groups in Alaska.

How many hospitalizations and deaths in Alaska are related to hypertension?

- ✓ In 2015, there were 238.4 per 10,000 inpatient discharges from hospitals that were related to hypertension.6*
- In 2013, there were 567 deaths in Alaska identified as hypertension related.7**





www.dhss.alaska.gov/dph/Chronic

What can we do about hypertension?



Healthcare providers:

- Promote healthy lifestyles for all patients.
- Optimize treatment for risk factors, including diabetes, high cholesterol, chronic kidney disease, heart failure, obesity, depression, and tobacco use.²
- Train direct care staff on taking accurate blood pressure measurement.
- Promote blood pressure self-monitoring and provide education and support.

Community partners:

• Offer screenings outside an office, such as in fire stations or pharmacies.



• Support walking groups, physical activities, farmers markets, community gardens.

Pharmacists:

- Provide patients with education and health coaching.
- Provide comprehensive medication management by working with providers.

Individuals:

• Know Your Numbers: Keep blood pressure lower than 130/80 with a sustained goal of lower than 120/80.



- Take medications every day as prescribed for treating hypertension.
- Monitor blood pressure at home and regularly report readings to your health care provider.⁹
- Move! Get regular physical activity.
- Eat healthy meals with smaller portion sizes.
- ♥ Reduce salt.
- Lose weight. Just 10 pounds makes a big difference.
- ♥ Don't smoke.
- Manage stress.
- ♥ Sleep well.

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CHRONIC DISEASE PREVENTION

Resources:

Learn more about Heart Disease and Stroke Prevention Program efforts in Alaska:



www.dhss.alaska.gov/dph/Chronic/Pages/Cardiovascular

National Resources Online:

- Million Hearts: millionhearts.hhs.gov/data-reports/reports.html
- American Heart Association: www.heart.org/HEARTORG/ Conditions/HighBloodPressure/High-Blood-Pressure-or-Hypertension_UCM_002020_SubHomePage.jsp
- CDC: www.cdc.gov/bloodpressure

References

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- ² Benjamin EJ, Blaha MJ, Chiuve SE, Cushman M, Das SR, Deo R, et al. Heart disease and stroke statistics—2017 update: a report from the American Heart Association. Circulation. 2017; doi:10.1161/ CIR.000000000000485.
- ³ Adapted from American Heart Association Health Threats From High Blood Pressure, available: http://www.heart.org/HEARTORG/ Conditions/HighBloodPressure/LearnHowHBP HarmsYourHealth/ Health-Threats-From-High-Blood-Pressure_UCM_002051_Article. jsp#.WZ4gDjaovGh.
- ⁴ Rapsomaniki E, Timmis A, George J, Pujades-Rodriguez M, Shah AD, Denaxas S, White IR, Caulfield MJ, Deanfield JE, Smeeth L, Williams B, Hingorani A, Hemingway H. Blood pressure and incidence of twelve cardiovascular diseases: lifetime risks, healthy life-years lost, and age-specific associations in 1.25 million people. Lancet. 2014;383:1899–1911. doi: 10.1016/S0140-6736(14)60685-1.
- ⁵ Lewington S, Clarke R, Qizilbash N, Peto R, Collins R; Prospective Studies Collaboration. Age-specific relevance of usual blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies [published correction appears in Lancet. 2003;361:1060]. Lancet. 2002;360:1903–1913.
- ⁶ Alaska Health Facilities Data Reporting Program. http://dhss.alaska. gov/dph/VitalStats/Pages/HFDR/default.aspx
- ⁷ Alaska Health Analytics and Vital Records.
- ⁸ Kung HC, Xu JQ. Hypertension-related mortality in the United States, 2000–2013. NCHS data brief, no. 193. Hyattsville, MD: National Center for Health Statistics. 2015.
- ⁹ Washington State Department of Health. Improving the screening, prevention, and management of hypertension–an implementation tool for clinic practice teams. August 2013. https://www.healthit. gov/sites/default/files/13_bptoolkit_e13l.pdf
- * Essential hypertension (ICD9/10: 401, 401.1, 401.9; I10) or hypertensive diseases (ICD9/10: 402, 402.01, 402.1, 402.11, 402.9, 402.91, 403, 403.01, 403.1, 403.11, 403.9, 403.91, 404, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.90, 404.91, 404.92, 404.93, 405, 405.01, 405.09, 405.11, 405.19, 405.91, 405.99; I11, I11.9, I12, I12.9, I13, I13.1, I13.11, I13.2, I15, I15.1, I15.2, I15.8, I15.9) listed as primary or secondary diagnosis.
- **Defined as deaths with an underlying or contributory cause recorded using ICD-10 codes I10-I13, I15.

