## 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) $\geq 130 \mathrm{mmHg}$ or diastolic
$\geq 130$
$\geq 80$,
blood pressure (DBP) $\geq 80 \mathrm{mmHg}$. ${ }^{1}$

| $\mathbf{2 0 1 7}$ BP Category ${ }^{1}$ | Systolic (mmHg) |  | Diastolic (mmHg) |
| :--- | :---: | :---: | :---: |
| Normal | less than $\mathbf{1 2 0}$ | and | less than $\mathbf{8 0}$ |
| Prehypertension | $\mathbf{1 2 0 - 1 2 9}$ | and | less than $\mathbf{8 0 - 8 9}$ |
| Stage 1 Hypertension | $\mathbf{1 3 0 - 1 3 9}$ | or | $\mathbf{8 0 - 8 9}$ |
| Stage 2 Hypertension | $\mathbf{1 4 0}$ or higher | or | $\mathbf{9 0}$ or higher |

What are the risk factors? ${ }^{2}$

- older age
- sleep apnea
$\bullet$ certain races/ethnicities $\quad$ kidney disease
- family history of hypertension
- diabetes
$\bullet$ high cholesterol $\bullet$ diets high in sodium
$\bullet$ low socioeconomic status $\bullet$ diets low in potassium
$\bullet$ psychological stressors $\quad$ 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. ${ }^{5}$

Hypertension on the Rise Among Adults in Alaska and US, 1991-2015 (BRFSS)


## 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 Prevalence Among Adults: Alaska, Select Groups, 2015 (BRFSS)


| $29 \%$ | White |
| ---: | ---: |
|  | $29 \%$ Alaska Native <br> $42 \%$ African <br> American |

- 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. ${ }^{6^{*}}$
$\bullet$ In 2013, there were 567 deaths in Alaska identified as hypertension related. ${ }^{7^{* *}}$

Deaths Related to Hypertension per 100,000 (Age-Adjusted) Population, 45 years and older, 2013


## 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.


## 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-orHypertension_UCM_002020_SubHomePage.jsp
- CDC: www.cdc.gov/bloodpressure


## References

${ }^{1}$ Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Hypertension. 2017. https://doi.org/10.1161/ HYP. 0000000000000065.
${ }^{2}$ 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. 0000000000000485 .
${ }^{3}$ 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.

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