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Hypertension fact sheet pdf

American Heart Association.

ANSWERS by heart | Lifestyle + Risk Reduction High Blood Pressure

What is High Blood Pressure?

Blood pressure is the force of blood pushing against blood vessel walls. It is measured in millimeters of mercury (mm Hg).

High blood pressure (HBP) means the pressure in your arteries is higher than it should be. Another name for high blood pressure is hypertension.

Blood pressure is written as two numbers, such as 112/78 mm Hg. The top (systolic) number is the pressure when the heart beats. The bottom (diastolic) number is the pressure when the heart rests between beats.

Normal blood pressure is below 120/80 mm Hg. If you're an adult and your systolic pressure is 120 to 129, and your diastolic pressure is less than 80, you have **elevated blood pressure**. **High blood pressure** is a systolic pressure of 130 or higher,or a diastolic pressure of 80 or higher, that stays high over time.

High blood pressure usually has no signs or symptoms. That's why it is so dangerous. But it can be managed.

Nearly half of the American population over age 20, has HBP, and many don't even know it. Not treating high blood pressure is dangerous. High blood pressure increases the risk of heart attack and stroke.

Make sure you get your blood pressure checked regularly and treat it the way your health care provider advises.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/ or	HIGHER THAN 120

Am I at higher risk of developing HBP?

There are risk factors that increase your chances of developing HBP. Some you can control, and some you can't.

Those that can be controlled are:

- Cigarette smoking and exposure to secondhand smoke
- Diabetes
- Being obese or overweight
- High cholesterol
- Unhealthy diet (high in sodium, low in potassium, and drinking too much alcohol)
- Physical inactivity

Factors that can't be modified or are difficult to control are:

- Family history of high blood pressure
- Race/ethnicity
- Increasing age
- Gender (males)
- Chronic kidney disease
- Obstructive sleep apnea

Socioeconomic status and psychosocial stress are also risk factors for HBP. These can affect access to basic living needs, medication, health care providers, and the ability to adopt lifestyle changes.

(continued)

Medicines To Help You

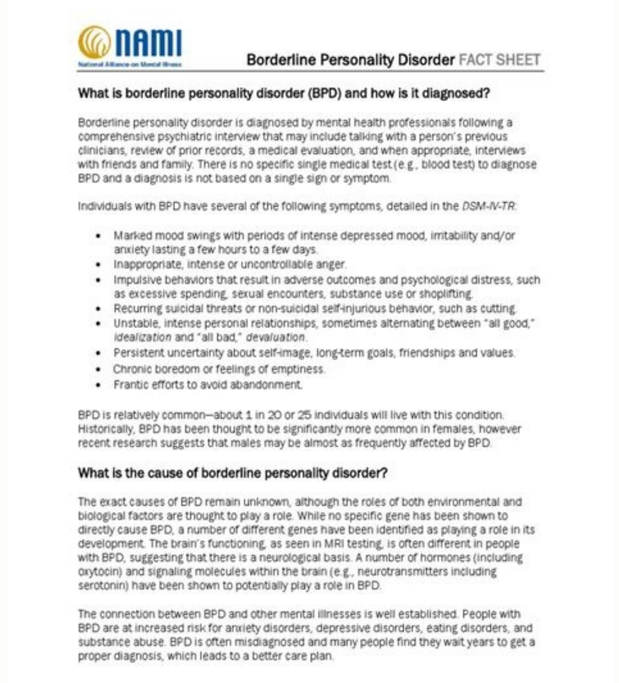
High Blood Pressure

FDA Office of Women's Health

Use this guide to help you talk to your doctor, pharmacist, or nurse about your blood pressure medicines. The guide lists all of the FDA-approved products now available to treat this condition. You will also find some general information to help you use your medicines wisely.







NAMI

Borderline Personality Disorder FACT SHEET

What is borderline personality disorder (BPD) and how is it diagnosed?

Borderline personality disorder is diagnosed by mental health professionals following a comprehensive psychiatric interview that may include talking with a person's previous clinicians, review of prior records, a medical evaluation, and when appropriate, interviews with friends and family. There is no specific single medical test (e.g., blood test) to diagnose BPD and a diagnosis is not based on a single sign or symptom.

Individuals with BPD have several of the following symptoms, detailed in the *DSM-IV-TR*:

- Marked mood swings with periods of intense depressed mood, irritability and/or anxiety lasting a few hours to a few days.
- Inappropriate, intense or uncontrollable anger.
- Impulsive behaviors that result in adverse outcomes and psychological distress, such as excessive spending, sexual encounters, substance use or shoplifting.
- Recurring suicidal threats or non-suicidal self-injurious behavior, such as cutting.
- Unstable, intense personal relationships, sometimes alternating between "all good," *idealization* and "all bad," *devaluation*.
- Persistent uncertainty about self-image, long-term goals, friendships and values.
- Chronic boredom or feelings of emptiness.
- Frantic efforts to avoid abandonment.

BPD is relatively common—about 1 in 20 or 25 individuals will live with this condition. Historically, BPD has been thought to be significantly more common in females, however recent research suggests that males may be almost as frequently affected by BPD.

What is the cause of borderline personality disorder?

The exact causes of BPD remain unknown, although the roles of both environmental and biological factors are thought to play a role. While no specific gene has been shown to directly cause BPD, a number of different genes have been identified as playing a role in its development. The brain's functioning, as seen in MRI testing, is often different in people with BPD, suggesting that there is a neurological basis. A number of hormones (including oxytocin) and signaling molecules within the brain (e.g., neurotransmitters including serotonin) have been shown to potentially play a role in BPD.

The connection between BPD and other mental illnesses is well established. People with BPD are at increased risk for anxiety disorders, depressive disorders, eating disorders, and substance abuse. BPD is often misdiagnosed and many people find they wait years to get a proper diagnosis, which leads to a better care plan.

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Reviews

Exercise and hypertension: facts and uncertainties

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In 1986 the World Health Organization (WHO) and the International Society of Hypertension (ISH)[1] stated very tentatively that "increased physical activity is likely to reduce the risk of cardiovascular disease and is appropriate in mildly hypertensives". In 1991 a consensus document entitled *Physical exercise in the management of hypertension* was published by the World Hypertension League[2] which concluded that exercise programmes can contribute to the management of hypertension, enhance the sense of well being, and may improve life expectancy. In 1992 the WHO/ISH recommended lifestyle interventions such as weight reduction in the overweight, reduction of alcohol consumption, regular mild exercise in sedentary subjects, and salt restriction in the primary prevention of hypertension.[3] In 1993 this was followed by a memorandum of the WHO/ISH[4] which stated that "it appears reasonable to advise that efforts to lower blood pressure by lifestyle modifications, including exercise, should normally precede any decision about the necessity of drug treatment of mild hypertension". At approximately the same time the US Joint National Committee on the Detection, Evaluation and Treatment of High Blood Pressure[5] stated that physicians should vigorously encourage their hypertensive patients to adopt lifestyle modifications, including increased physical activity. The American College of Sports Medicine[6] recommended endurance exercise to reduce the incidence of hypertension in susceptible individuals and as the initial treatment strategy for individuals with mild to moderate hypertension. Since then, regular exercise has been widely advocated as an effective tool in the non-pharmacological treatment of hypertension and as an adjunct to its pharmacological treatment. Nevertheless, the evidence on which this view is based is sometimes challenged.[7 8] In this review I will try to summarise the evidence for the role of exercise in the treatment of hypertension and also point out areas that are still uncertain.

Table 1 Classification of hypertension by resting blood pressure level

	SBP (mm Hg)		DBP (phase V) (mm Hg)
Normotension	<140	and	<90
Mild hypertension	140-180	and/or	90-105
subgroup: borderline	140-160	and/or	90-95
Moderate and severe hypertension	>180	and/or	>105
Isolated systolic hypertension	>140	and	<90
subgroup: borderline	140-160	and	<90

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Hypertension, cardiovascular risk and treatment

Cardiovascular risk and blood pressure are positively correlated: the higher the blood pressure, the higher the risk of both stroke and coronary events.[9] The current dividing line between normotension and hypertension lies at the level of blood pressure above which intervention has been shown to reduce the risk.[3] The operational classification of hypertension by the World Health Organization/International Society of Hypertension is shown in table 1.

The worldwide prevalence of hypertension is high. In most countries 15-25% of the adult population have raised blood pressure at screening. In most of these individuals blood pressure is mildly elevated.[9] Lowering of blood pressure in patients with hypertension by pharmacological treatment significantly reduces the risk of stroke and myocardial infarction.[10] The reduction of mortality from myocardial infarction is, however, less than predicted from observational studies. There is considerable suspicion that some of the drugs used may have adverse effects which partly counteract the benefits of the blood pressure reduction.[9] Non-pharmacological blood pressure reduction—for instance, by regular exercise—therefore seems an attractive alternative. However, no prospective randomised trials have been performed to show that exercise training reduces cardiovascular morbidity and mortality in hypertensive patients.

The evidence that regular exercise has hypotensive efficacy comes from both epidemiological and intervention studies.

Hypotensive efficacy of exercise

EVIDENCE FROM EPIDEMIOLOGICAL STUDIES

Two large epidemiological studies in the United States (Harvard Alumni Study and Aerobics Center Longitudinal Study) seem to suggest that normotensive individuals with a low level of physical activity or fitness have an increased risk of developing hypertension in the future.[11 12] On the other hand, the results from epidemiological studies that have prospectively studied the association between changes in physical activity or physical fitness and changes in blood pressure are inconsistent, with the majority finding no attenuation of the increase in blood pressure in those who improved their fitness or increased their physical activity.[7] Several, but not all, large epidemiological studies have reported an inverse

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Aim for two to three servings per day. Check with your doctor before using them. Try to build more physical activity into your daily routine by aiming for at least 150 minutes (2 ½ hours) of moderate intensity activity a week, in bouts of ten minutes or more. Dairy foods are good sources of calcium. Some people like to use a salt substitute, made from potassium chloride. There is nothing we can do to stop our bodies aging but there are plenty of other lifestyle changes we can make, including changing our diet, that can help to control our blood pressure. This is normal. Most people eat far more salt than they need so we should all be aiming to reduce the amount of salt (or sodium chloride) we eat. Examples include salmon, pilchards, sardines, mackerel, herring and trout. There is a strong link between high blood pressure and being overweight. Should I cut down on salt? The best way to lose weight and reduce your waist size is by reducing your calorie intake and increasing your daily physical activity. However as your food will still taste salty, it won't help you get used to a less salty taste. Are there any foods that can help to lower blood pressure? If left untreated, hypertension increases the risk of heart attacks and stroke as well as kidney and eye damage. Remember to check first with your doctor if you have heart problems or are new to exercise. Once you are used to this, try reducing the salt you add when cooking and make more use of herbs and spices. Some can be high in saturated fat, so opt for lower fat versions such as semi-skimmed milk, low-fat yoghurts and low-fat cheese. Yes – people who have a lot of salt in their diet are more likely to have high blood pressure. Is losing weight beneficial? This fact sheet will tell you about simple changes to your diet that can help reduce the health risks that having high blood pressure can cause. As a guideline, less than 0.3g salt (or 0.1g sodium) per 100g of food is 'a little' and over 1.5g salt (or 0.6g sodium) per 100g is 'a lot'. There is no need to add salt if you are using a stock cube as they contain lots of salt, try using a reduced salt stock cube. Slow and steady weight loss (about 1-2 lbs / 0.5-1kg per week) is the healthiest way to lose weight and gives you a better chance of keeping the weight off. What about alcohol? Salt substitutes are not suitable for some people, for example those with kidney problems or heart failure. Adults should have no more than six grams of salt a day – that's about one teaspoon. Using relaxation techniques such as meditation can help reduce blood pressure. If you drink alcohol it is important to keep within the UK guidelines: alcohol should be limited to no more than 14 units per week for men and women don't save up your units, it's best to spread evenly across the week a good way to reduce alcohol intake is to have several alcohol-free days a week. For more information, view the BDA Alcohol Food Fact Sheet. Try to have one portion of oily fish each week. Include two to three servings per day. Wholegrain foods such as wholegrain breakfast cereals and breads, brown pasta and rice and oats are high in fibre, potassium and magnesium. Drinking more than the recommended amount of alcohol can cause high blood pressure and damage to your heart muscle. It is the sodium in salt that contributes to high blood pressure and it is present in all types of salt including sea salt, flakes, crystals and flavoured salt. The older we get, the risks of developing high blood pressure increases because our blood vessels don't stretch as well any more. Losing weight (even as little as five to ten per cent of your starting weight) will help. Three quarters of the salt we eat is hidden in manufactured foods, ready meals and takeaways, so it will help if you eat less of these. Try to reduce the amount of processed foods you eat. 'Moderate intensity' means any activity that makes you feel warmer, breathe harder and makes your heart beat faster than usual. Talk to your doctor if you are thinking about taking a supplement. Other lifestyle factors Being physically active helps to reduce your blood pressure. Feeling stressed can raise blood pressure for a short time. Dietary supplements, such as calcium, magnesium and potassium, are not recommended for reducing blood pressure, as consuming more than you need can be harmful. However, behaviours linked to stress like overeating, eating too much salt, drinking too much alcohol and not being active enough can lead to long term high blood pressure Summary Simple changes to your diet and lifestyle can be a very effective part of treatment. Fresh, frozen, dried, juiced and canned all count. Being under stress can raise blood pressure. Make sure you have at least 5-a-day of fruit and vegetables, and two or three servings of low-fat dairy foods and wholegrains. Oily fish are rich in omega-3 fatty acids, which have been shown to have some effect on reducing blood pressure. Cutting down on salt, keeping to the recommended amount of alcohol, eating a diet rich in essential minerals and being more physically active will all help to lower blood pressure. Aim to eat at least five portions per day. This is especially true if the weight is carried centrally i.e. around your waist. Studies that have shown that eating a balanced diet that includes foods high in potassium, magnesium calcium and fibre helps to lower blood pressure. Managing your stress levels by getting enough sleep, learning relaxation techniques or asking for help, as well as eating a healthy diet, may all help to reduce and control your blood pressure. Here are the most useful findings: Fruit and vegetables are rich in potassium, magnesium and fibre. If you are unable to cook from fresh, check the label for lower salt varieties when you do need to use them. There are a number of simple ways you can cut your salt intake: Remove the salt pot from the table to avoid adding extra salt to your meals. High blood pressure, or hypertension, is very common in the UK affecting one in four adults. Regular exercise can also help you lose weight, another important way to control your blood pressure. Aim for at least one portion of these dark fleshed fish per week. If you are using canned varieties, look for those lower in salt and sugar. Reducing the amount of caffeine you drink may help, as drinking a lot of caffeine, like coffee, tea and cola drinks, may increase your blood pressure.

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