



## FAQ: BP Guidelines 2017

### General Questions:

#### **What is the new definition of high blood pressure?**

The guideline changes the definition of high blood pressure.

It is now considered any measurement at or above 130 systolic or 80 diastolic. (Systolic is the term for the top number, diastolic the bottom.) High blood pressure used to be defined as readings at or above 140 systolic or 90 diastolic.

#### **The guidelines say I now have high blood pressure, when I didn't before. What will change at my next doctor visit?**

Your doctor will talk to you about how this new definition changes the approach in managing your blood pressure and reducing future risk. Most of those who are newly diagnosed due to the guideline update will be advised to take action (dietary changes and increased physical activity, for example) to keep their blood pressure from rising further and may not require medication immediately.

#### **My blood pressure level is now considered "Stage 2" – does that mean I'm at higher risk for heart attack or stroke?**

While the definitions for the stages of high blood pressure have changed, it doesn't mean you face a dramatic increase in risk. Rather, the guideline is more aggressively identifying the risk that exists, and recommending action earlier.

According to the new guidelines, most adults diagnosed with Stage 2 high blood pressure should be prescribed two antihypertensive medications in addition to lifestyle change recommendations.

#### **If someone is newly diagnosed because of the new guidelines, will they need medication right away?**

- People with elevated or stage 1 hypertension should be counselled to make lifestyle changes that can help reduce their blood pressure. These include engaging in physical activity on most days of the week, losing weight, reducing salt, and quitting smoking.
- For those at stage 1 level, treatment decisions should be based on a person's estimated CVD risk in addition to their average blood pressure.
- **Remember: Managing blood pressure is a life-long process and not a one-time event. Getting blood pressure under control happens with close monitoring and open discussion with your healthcare provider.**

#### **Are there special recommendations for African Americans?**

The recommendations on selecting blood pressure-lowering medicine are generally the same for all Americans. However, there are a couple of considerations for African Americans due to genetic or common responses to certain medications in this population:

- In African American adults with hypertension but without heart failure or chronic kidney disease, including those with type 2 diabetes, initial blood pressure lowering treatment should include a thiazide-type diuretic or calcium channel blocker

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- Two or more antihypertensive medications are recommended to achieve a BP target of less than 130/80 mm Hg in most adults with hypertension, especially in African American adults with hypertension

### **Are the guidelines the same for older people?**

- We believe a higher target for systolic blood pressure control for people age 60 or above is likely bad for their health.
- Research shows the benefit of treatment outweighs the potential harm in treating blood pressure above 130/80 mmHg.
- We recognize that older adults can experience medications differently than their younger counterparts. Blood pressure and medication effects should be carefully monitored in older adults who are taking medication to control their condition.

### **Will more people have to take medication due to the lower baseline for high blood pressure?**

The new definition of high blood pressure results in more people being actively counseled on lifestyle changes to reduce blood pressure but only a small increase in the percentage of U.S. adults for whom antihypertensive medication is recommended in conjunction with lifestyle management.

### **Why do the guidelines no longer identify prehypertension?**

The guideline committee moved away from the term “prehypertension” because the data show the risk for heart attack, stroke and other consequences of high blood pressure begins to occur at any level above 120 mmHg. Heart disease and stroke risk is doubled at 130/80 compared to blood pressure below 120/80.

### **Why do the guidelines need updating?**

There is a growing body of evidence that lower blood pressure is better for your health. The 2017 guideline reflects this new information to help people prevent and treat high blood pressure sooner.

Our volunteers are continually reviewing new data for new information and trends that are relevant to improving cardiovascular health and managing cardiovascular disease and risk factors such as hypertension. We saw the need to update guidelines to reflect the most recent science about the threats of high blood pressure and to establish a protocol that can improve the cardiovascular health of all Americans.

These guidelines incorporate new information from studies that address the way blood pressure is measured (in the doctor’s office, at home, or over 24-hours) and how measurement relates to the risk of cardiovascular diseases.

### **What is the American Heart Association doing to address disparities in health care, access, and blood pressure control?**

- When considering treatment, we understand that socioeconomic status and psychosocial stress affect a patient’s ability to control blood pressure.
- Culturally sensitive issues and socioeconomic status affect access to basic living necessities, medication, healthcare providers, and the ability to adopt lifestyle changes.
- These factors should be considered in a patient’s plan of care
- The American Heart Association/American Stroke Association reaches diverse populations through targeted efforts that include the Empowered To Serve initiative, which develops free culturally sensitive and relevant resources and education and recruits ambassadors to take action in their communities. Ambassadors take action by:

- advocating for healthier policies,
- increasing food access, building gardens,
- sharing resources in their churches or groups,
- starting workout groups,
- engaging other leaders and organizations to impact greater change, and
- raising awareness through their own social media platforms and personal networks.

**Will changes in the Affordable Care Act affect people’s access to blood pressure-lowering medicines or treatment?**

- The Affordable Care Act (ACA), passed in 2010, resulted in significant coverage gains across the population - including CVD and stroke patients.
- In fact, a study released in 2016 by the American Heart Association revealed that more than six million adults at risk of CVD and 1.3 million with heart disease, hypertension or stroke gained health insurance between 2013 and 2014.
- Additionally, in states that expanded Medicaid, studies show a significant increase in adults receiving consistent care for their chronic conditions, an increase in the use of preventive services and screening, and increased access to specialty care.
- In this way, any changes to the ACA that undermine the coverage offered on the Exchanges or roll-back Medicaid Expansion are likely to reduce access to the medications and treatments to treat hypertension.

**Why are the AHA/ACC levels for hypertension lower than recommendations from other groups and organizations (“JNC8”, AAFP)?**

Recommendations put forth by the “JNC8” committee and the American Academy of Family Physicians/American College of Physicians addressed a limited scope of care and were based on limited data.

The data show that the risk for heart attack, stroke and other consequences of high blood pressure begins to increase at any level above 120 mmHg. In fact, risk doubles at 130 compared to levels below 120.

**Does the designation of more Americans as hypertensive benefit your corporate sponsors in terms of drug sales? Device sales?**

The ACC and AHA have rigorous policies and methods to ensure guidelines are developed independently based solely on the scientific evidence. The organizations do not allow bias or improper influence. Relationships with industry were reviewed for every member of the writing group.

Financial support from corporations helps the Association’s programs and campaigns more effectively achieve our goals of improving the cardiovascular health of all Americans and saving more lives. All corporate relationships are required to comply with the Association’s corporate relations policies, and regional and national corporate relationships are approved by a committee of national volunteers and executive staff.

Corporate relationships must not materially detract from the organization’s reputation for objectivity, independence, integrity, credibility, social responsibility and accountability or otherwise be inconsistent with the mission and values of the American Heart Association.

[AHA Funding Sources](#)

[AHA Corporate Relationships Policies](#)

**Does the AHA lobby for insurance coverage of blood pressure monitors?**

It's critical that we find ways to control this condition and advance its diagnosis and treatment to help Americans maintain their cardiovascular health. To achieve these goals, the Association advocates for Medicare reimbursement for validated home monitoring devices for hypertension management.

**Safety**

**Are there any concerns about drug side effects as more people will likely take multiple drugs?**

**Is the benefit for someone who wouldn't have needed it previously worth it vs risk/side effects?**

- Research shows that the benefit of treatment outweighs the potential harm in treating blood pressure above 130/80 mmHg. However, treatment is individualized to a patient's needs.
- While the new guideline means we are more aggressive about blood pressure control, this is always balanced by communication with the patient to see how they are feeling and how these medications may affect their daily activities.
- Note: The recommendation is to start two medications when blood pressure reaches stage 2, or 140/90 mmHg.

**Is it safe to lower blood pressure to lower numbers?**

Safety is an important concern with any treatment strategy, therefore an individualized approach is necessary.

Within certain limits, the lower your blood pressure reading is, the better. There is also no specific number at which day-to-day blood pressure is considered too low, as long as none of the symptoms of trouble are present. If you experience any dizziness, lightheadedness, nausea or other symptoms, it's a good idea to consult with your healthcare provider

While the new guideline means we are more aggressive about blood pressure control, lifestyle changes are always a part of the treatment plan, which is agreed to by patient and doctor and includes ongoing communication with the patient to see how they are feeling and how their medications may affect their daily activities.

The guidelines call for a risk-based approach to managing high blood pressure, as well as personal consultation with a healthcare provider. Research shows that the benefit of treatment outweighs the potential harm in treating blood pressures above 130/80 mmHg.

**This guideline emphasizes people measuring their own blood pressure at home. Is this safe?**

Monitoring blood pressure at home is an important method to confirm high blood and is an important component of blood pressure management. Patients should be trained by healthcare providers to accurately monitor their blood pressure at home.

- Out-of-office measuring often yields lower readings for people who have abnormally high readings in the doctor's office. This problem is known as "white coat hypertension." For this reason, readings taken at home or when the doctor is not present are important to confirm a diagnosis.
- Self-monitored blood pressure outside the physician's office can help confirm a diagnosis and help manage the condition long-term.
  - The guideline recommends using an automatic, clinically validated monitor that stores readings.
  - Your doctor or healthcare provider can recommend an appropriate monitor.
  - Also, package labeling may identify a clinically validated device.

- Out-of-office measuring to manage high blood pressure can help to evaluate the effectiveness of lifestyle modifications and medication.

## **Sodium and Potassium**

### **There have been mixed messages on sodium. Do the guidelines still call for reducing sodium?**

The relationship between sodium and blood pressure is well established by scientific evidence. Sodium intake is associated with higher blood pressure in migrant, cross-sectional, and prospective cohort studies, and accounts for much of the age-related increase in blood pressure.

In addition, certain groups are more sensitive to the effects of eating salt, therefore are more likely to see a rise in blood pressure related to sodium intake.

Salt sensitivity is especially common in African-Americans, older adults, those with a higher level of blood pressure, or those with other conditions such as chronic kidney disease, type 2 diabetes, or the metabolic syndrome. In aggregate, these groups constitute more than half of all U.S. adults

Studies show that increasing potassium can decrease blood pressure, and decrease stroke risk. A higher level of potassium seems to blunt the effect of sodium on BP.

## **Ad Council Campaign**

- The American Heart Association, American Medical Association, and the Ad Council have launched a new public service advertising (PSA) campaign that reminds viewers of the serious, life-threatening consequences of uncontrolled high blood pressure.
- The campaign encourages those with high blood pressure who either don't have a treatment plan or who have gone off their plan to take urgent action by speaking with their doctor to create or modify a treatment plan together.