



MEDICAL
CONDITION

SUGGESTED SOLUTIONS

DISEASE MANAGEMENT/
SCREENING GUIDELINES
IN THE UNITED STATES

STATISTICS / RISK
REDUCTION

Blood pressure:

- Have your blood pressure checked three to four times a year; it should be less than 130/80mm Hg.

(Source: Joint National Committee On Prevention, Detection, Evaluation And Treatment Of High Blood Pressure.
Http://Www.Nhlbi.Nih.Gov/Guidelines/Hypertension/Jnc7full.Pdf)

My blood pressure is _____.

- See if your doctor can prescribe an ARB Therapy (Angiotensin Receptor Blocker) (Example: Valsartan, Irbesartan, Losartan), or ACE Inhibitor Therapy (Angiotensin Converting Enzyme Inhibitor) (Example: Ramipril, Lisinopril, Enalapril) for blood pressure control and for protective effect for your kidneys, heart, and brain.
- Combination therapy using ARB Therapy (Example: Valsartan, Irbesartan, Losartan) or ACE Inhibitor Therapy (Example: Ramipril, Lisinopril, Vasotec) With a Calcium Channel Blocker (Amlodipine) may provide faster achievement of blood pressure goal and better protective effect for your heart and brain.

You may need additional therapy with beta blockers, calcium channel blockers, and direct renin inhibitor to achieve blood pressure goal.

My blood pressure medications are

HYPERTENSION (HIGH BLOOD PRESSURE):

Current guidelines state that normal blood pressure is less than 120/80.

Pre-hypertension is systolic blood pressure of 120-139mm Hg or diastolic blood pressure of 80-89mm Hg.

Stage 1 hypertension is systolic blood pressure of 140-159 mm Hg or diastolic blood pressure of 90-99 mm Hg.

Stage 2 hypertension is systolic blood pressure of 160mm Hg or greater or diastolic blood pressure of 100mm Hg or greater.

Regular screening for hypertension should be done at least every 2 years and more frequently in minority population and the elderly.

(Source: Joint National Committee On Prevention, Detection, Evaluation And Treatment Of High Blood Pressure. <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>)

The JNC VII/American Diabetes Association/American Heart Association/recommendation is maintaining blood pressure of less than 130/80 mm Hg. (www.guidelines.gov)

HYPERTENSION (HIGH BLOOD PRESSURE)

World Wide estimates of individuals with hypertension are 1 billion people currently.

In 2000, 972 million adults were estimated to have hypertension (high blood pressure) worldwide. By 2025, that number is estimated to rise to 1.56 billion. (The Lancet; 365: 9455 January 15, 2005:217-223)

73 million individuals in the United States had hypertension in 2005. (www.americanheart.org/statistics)

The risk of cardiovascular disease, beginning at 115/75 mm Hg doubles with each increment of 20/10 mm Hg.

(Source: Joint National Committee On Prevention, Detection, Evaluation And Treatment Of High Blood Pressure. <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.htm>)

Every 10mm lower usual systolic blood pressure or a 5mm lower usual diastolic blood pressure would predict a 50-60% lower risk of stroke death and approximately 40-50% lower risk of death due to coronary artery disease or other vascular event. (AHA Scientific Statement Circulation, 2007; 115:2761-2788 Clive Rosendorff M.D. et.al. <http://circ.ahajournals.org/cgi/content/full/115/21/2761>)

- Controlling blood pressure leads to 16-25% risk reduction for MI, stroke, and cardiovascular mortality (ASCOT, LIFE, MICROHOPE)
- Controlling blood pressure reduces stroke risk by 22-50% (UKPDS, LIFE, MICROHOPE)
- Controlling blood pressure with Valsartan in the VALUE Trial, led to 19% fewer hospitalizations for heart failure, compared to the Amlodipine group.
- However failure to control blood pressure with Valsartan to the same level as Amlodipine in the first 6 months, led to increased risk of stroke, myocardial infarction, and death.

Therefore it is important to achieve blood pressure goal sooner than later.

(Stevo Julius et al. The Lancet; 19. June, 2004;363;9426;2022-2031 <http://www.lancet.com/journals/lance>)

			<p>t/article/PIIS0140-6736(04)16451-9/fulltext)</p> <p>Controlling blood pressure with a combination of calcium channel blocker (Amlodipine) and ACE inhibitor (Perindopril) showed a 14-26% risk reduction for myocardial infarction, angina, heart failure, stroke, peripheral arterial disease, new onset of renal insufficiency, and cardiovascular events and mortality compared to the regimen using beta-blocker (Atenolol) and thiazide diuretic.</p> <p>(ASCOT-BPLA Study: Björn Dahlöf et al. The Lancet; 366;9489;895-906 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67185-1/fulltext)</p>
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