

Wellness report

Blood pressure

Going up?

Have you ever been chased by a herd of angry musk oxen? Hopefully not. But if you have had the misfortune, it's likely your blood pressure skyrocketed as your adrenaline started to flow and your body's 'fight or flight' response kicked into high gear. You might experience a similar response when you have to deal with an irate customer at work, or when confronted by your spouse who's less than pleased about all the time you've been spending romping around with those musk oxen. Life is full of these moments, but if your blood pressure is consistently high it can have significant health implications.

Hypertension

Blood pressure is the measurement of the force exerted by blood as it moves through the blood vessels. It's expressed as two numbers: the first number represents the pressure exerted when the heart beats (the medical term for this is systolic pressure); the second number—the lower of the two—represents the pressure felt when the heart relaxes between beats (this is called diastolic pressure). Taken together, these measurements give doctors an important piece of information about your health. When any patient's blood pressure is consistently found to be high, he or she is said to have hypertension.

What's normal?

What's not?

Generally speaking, the following blood pressures are considered normal, high normal and high.

Normal	less than 130 systolic and less than 85 diastolic
High normal	130 to 139 systolic and 85 to 89 diastolic
High	140 and above systolic and 90 and above diastolic

A doctor looks for a number of consistently "high" readings over a period of time before diagnosing hypertension. Depending on the patient's existing medical conditions and risk factors, the doctor may treat a patient for hypertension even if his or her blood pressure doesn't fall into the "high" category as indicated in this chart.

In May 2003, the U.S. National Heart, Lung and Blood Institute introduced a new category called "pre-hypertension." The pre-hypertension level (from 120 to 139 systolic and 80 to 89 diastolic) recognizes that hypertension is more difficult to treat as a patient ages. Readings in this category likely offer an early warning signal that can prompt those at risk to take action to control their blood pressure earlier in life.



There are two types

Primary hypertension is most common and has no obvious causes. In the case of secondary hypertension (representing about 10% of all diagnoses), doctors can identify the causes and make the corrections necessary to control it or return pressure to normal. For example, some hormonal disorders, medications and medical conditions can cause secondary hypertension.

Whether suffering from the primary or secondary condition, a person with high blood pressure won't sense the problem, so hypertension is often referred to as a "silent" disease. An estimated 18% of Canadian women and 26% of Canadian men between 18 and 74 have high blood pressure, but half don't know it. Focusing specifically on the group of Canadians over the age of 65, nearly 6-in-10 have high blood pressure, but only 59% are aware of their condition. This is cause for significant concern because high blood pressure can double or even triple the risk for heart disease, stroke and kidney disease—major contributors to illness, disability and death. High blood pressure can also damage the arteries, affect vision and, in older people, lead to mental deterioration.

Blood pressure increases with age, so anyone who lives long enough will likely develop primary hypertension. Research has found the condition to be prevalent among certain groups. People of South Asian and African backgrounds as well as Aboriginal peoples have a greater risk. Family history plays a

Check your pressure, Ma'am?

Health care professionals use a device called a sphygmomanometer to measure blood pressure. For accurate results, the Heart and Stroke Foundation of Canada recommends sitting restfully for 5 minutes before the reading is taken. It's also necessary to avoid exercising, eating, smoking or drinking coffee or tea for at least thirty minutes beforehand. Before testing, doctors need to know if any medications are being taken—such as blood pressure medicine, cold or cough remedies, nicotine patches and nicotine gum—because these can affect the results.

role as well. Individuals with one parent who suffered high blood pressure have a 1-in-5 chance of developing it, too. If both parents had high blood pressure, the odds increase to about 1-in-3. Obesity, diabetes and the use of oral contraceptives are also contributors.

Hypertension and pregnancy

About 6 to 8 percent of pregnant women develop high blood pressure during the last trimester. This can be dangerous and cause complications for both mother and baby, so careful medical management is necessary.

With so many people facing at least some risk of developing high blood pressure, what can be done? For many people, lifestyle changes are the first step to getting blood pressure under control. For others, those lifestyle changes need to be accompanied by one or a combination of medications.

Take some of the pressure off

Health Canada has identified nine lifestyle-based strategies to control high blood pressure.

Control your weight. A balanced diet has a multitude of health benefits. Begin by getting familiar with Canada's Food Guide to Healthy Eating at www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html

Reduce your consumption of alcohol. Limit alcohol consumption to no more than two drinks per day. Cutting back on or eliminating alcohol consumption completely can help you control your weight, too.

Reduce the amount of salt in your diet.

For many people, a diet containing too much sodium contributes to high blood pressure. Avoid using table salt and look for food labels that say "low sodium" or "no salt added." Try cooking with no-salt alternatives like herbs and spices.

Eat foods that are a source of potassium.

Bananas, oranges, melons, kiwi fruit, potatoes, tomatoes as well as whole grain cereals, nuts and milk are all high in potassium.

Stop smoking. Smoking, combined with hypertension, greatly increases the risk of heart attack and stroke. Your doctor has information on strategies and programs to help you quit.

Get physically active. An active lifestyle will help control your weight and manage your stress—two risk factors for high blood pressure. When heart rate increases during exercise, the heart grows stronger and more efficient. Ask your doctor for advice and see Canada's Physical Activity Guide at www.paguide.com

Relax. Remember how that angry musk ox sent your blood pressure through the roof? It's important to schedule time to simply relax and have fun. Spend time with your family, friends and pets. And don't skip vacations! Going on vacation actually protects you from all forms of disease.

Take your medication as prescribed by your doctor. Blood pressure medication needs to be taken as directed. Don't skip or stop taking your medicine, and ask your doctor or pharmacist before using over-the-counter drugs—some of these can raise blood pressure. By working with your doctor, you can control your blood pressure and reduce the risks.

Learn to check your own blood pressure. If your doctor thinks it's a good idea, learn to take and record your own blood pressure. This involvement can help motivate you to achieve your goals.

Sources: Health Canada; The Heart and Stroke Foundation of Canada; The National Heart, Lung, and Blood Institute.

Please Note:

Wellness Report is for information purposes only and is not intended to provide medical advice.

Wellness Report is published by Manulife Financial Group Benefits, 380 Weber Street North Waterloo, Ontario N2J 4V7

Please send your comments and suggestions to the EBN editor, by fax: (519) 883-0406, or use the "contact editor" feature on our Web site.

For additional copies of the *Wellness Report* go to www.manulife.ca/groupbenefits and click on "Newsletters."

Manulife Financial and the block design are registered service marks and trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates including Manulife Financial Corporation.

GCQ303.1E (09/2003)