



PCNA Position Statement on High Blood Pressure

The Issue

High blood pressure is a major public health epidemic in the United States. There are 73.6 million Americans with hypertension as defined by a blood pressure “140/90 mm Hg or greater.” High blood pressure is associated with an increased risk of numerous chronic conditions such as stroke, kidney disease, coronary heart disease and heart failure. It is one of the nation’s leading causes of death, responsible for roughly one in six deaths among adults annually.

The estimated cost of high blood pressure (direct and indirect) for 2009 is 73.4 billion dollars and the prevalence of hypertension has increased at least 30% over the past 5-7 years. From 1999-2000 people with prehypertension were 1.65 times more likely to have above-normal cholesterol levels, overweight/obesity or diabetes, than those with normal blood pressure levels. (*Arch Intern Med.* 2004;164:2113–2118).

Data from the Framingham Heart Study indicate that high blood pressure is associated with shorter overall life expectancy as well as shorter life expectancy free of cardiovascular disease (CVD) and more years lived with CVD. At age 50, total life expectancy is 5.1 years longer for men with normal blood pressure, and 4.9 years longer for women with normal blood pressure, than in those with hypertension. (*Hypertension.* 2005;46:280; 46:280–286). Finally, for those with high blood pressure, adequate blood pressure control remains at only 34%.

Prevention of high blood pressure and more adequate control of those with established high blood pressure is key to reducing death and disability from cardiovascular disease and stroke. Analysis of NHANES/NCHS data from 1999–2004 through 2005–06 revealed substantial increases in awareness and treatment of hypertension. Control rates increased in both sexes in non-Hispanic blacks and Mexican Americans.

The Facts

- Blood pressure risk begins at 115/75 mmHg. Each increment of 20/10 mmHg doubles the risk of CVD. Normal blood pressure is considered to be <120/80 mmHg.
- Persons who are normotensive at age 55 have a 90% lifetime risk for developing hypertension. Only 34% of all individuals with hypertension have blood pressures controlled below 140/90 mmHg.
- Pre-hypertension (BP 120-130/80-89 mmHg) signals the need for increased education of the public to reduce blood pressure in order to prevent hypertension and CVD. 25% of the US population age 20 and older has “prehypertension”

- Lifestyle modification including weight loss, exercise, sodium restriction, moderate alcohol consumption and a diet rich in fruits and vegetables lowers systolic blood pressure. Such interventions are associated with both the prevention of hypertension and more adequate control of blood pressure.
- Home blood pressure monitoring offers feedback to both health care providers and patients helping them determine an adequate diagnosis and better control.
- Nurses have played a very prominent role in HTN prevention and control through public and patient education, case management and community outreach efforts. Nurses have been very involved in the majority of the hypertension clinical trials

Conclusion

The Preventive Cardiovascular Nurses Association (PCNA) recommends that the public clearly understands the:

- Risks associated with high blood pressure and the development of cardiovascular disease, such as heart attack and stroke
- Lifestyle interventions that may lower life-time risk of developing high blood pressure
- Need for better control of blood pressure to normal levels to reduce cardiovascular events
- PCNA members are a valued resource for questions and concerns regarding blood pressure management

PCNA recommends that all health care professionals:

- Communicate the need for life-style intervention to prevent high blood pressure including physical activity, weight control and dietary interventions
- Communicate and disseminate the NHLBI DASH eating plan information
- Ensure patients know their blood pressure number and goals and keep track of them on a regular basis
- Encourage the use of home blood pressure monitors to more adequately determine hypertension diagnosis and control rates

References

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