

THE INCREASING NUMBER OF ADULTS WITH **HIGH BLOOD PRESSURE** STATEMENT FROM BARBARA ALVING, M.D., ACTING DIRECTOR, NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

A new analysis* of the prevalence of high blood pressure in the US shows a striking increase over the last 10 years in the number of adults with this condition.

According to this study, there are about 65 million hypertensive adults in this country or about a third of US adults (age 18 and older). This number, based on survey and examination data from 1999 to 2000, contrasts with data from 1988 - 1994 which found that about 50 million adults had hypertension. The data came from the U.S. Census Bureau and the National Health and Nutrition Examination Survey (NHANES).

The new analysis shows that the proportion of the population with hypertension grew by about 8 percent in the last decade. In terms of absolute numbers, the study found a 30 percent increase in the total number of adults with hypertension.

The rising trend in hypertension has important consequences for the public health of this nation. High blood pressure is a major risk factor for heart disease and the chief risk factor for stroke and heart failure, and also can lead to kidney damage.

The hypertension trend is not unexpected given the increase in obesity and an aging population. Obesity contributes to the development of hypertension and the current epidemic of overweight and obesity in the U.S. has set the stage for an increase in high blood pressure. We also know that high blood pressure becomes more common as people get older. At age 55, those who do not have high blood pressure have a 90 percent chance of developing it at some point in their lives.

This is not healthy aging! Fortunately, we can take steps to reverse this trend. Guidelines issued by the National Heart, Lung, and Blood Institute's National High Blood Pressure Education Program (NHBPEP) identified a new prehypertension category. This category was created to alert people to their risk of developing high blood pressure so they could make lifestyle changes to help avoid developing the condition. These changes include losing excess weight, becoming physically active, limiting alcoholic beverages, and following a heart-healthy eating plan, including cutting back on salt and other forms of sodium.

Prevention efforts must start early. According to recent high blood pressure guidelines for children and adolescents, prehypertension and hypertension are also significant health issues in the young due in large part to the marked increase in the prevalence of overweight children. These guidelines were also issued by the NHBPEP, which represents 46 professional, voluntary, and Federal organizations.

For over 30 years, the NHBPEP has worked to educate the public and health professionals about the importance of diagnosing, preventing, and treating high blood pressure.

We have had many success stories over the years, including improved awareness, treatment, and control rates. In fact, part of the increase in hypertension shown in the new study may be due to better survival of those who have been treated or may be living longer as a result of healthier lifestyles.

We hope that this new data will serve as a wake-up call to physicians, other health care professionals, and the public. More aggressive prevention and treatment of high blood pressure is needed. Our heart health depends on it.

NHLBI is part of the National Institutes of Health (NIH), the Federal Government's primary agency for biomedical and behavioral research. NIH is a component of the U.S.

Department of Health and Human Services. NHLBI press releases and other materials, including an interactive Web page, "Your Guide to Lowering High Blood Pressure," are available online at www.nhlbi.nih.gov.

*Fields LE, Burt VL, Cutler JA, Hughes J, Roccella EJ, Sorlie P. The Burden of Adult Hypertension in the United States 1999 to 2000, A Rising Tide. *Hypertension*; 2004; 44: 1-7.

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You may have been reading that the new healthy blood pressure should be 120/80 or less. A new classification –“**pre-hypertension**”- describes people with blood pressures between 120-139 millimeters of mercury (mm Hg) systolic (the top number in a blood pressure reading) or 80-89 mm Hg diastolic (bottom number).

In people over age 50, the systolic pressure is more important than diastolic. The guidelines say systolic pressure of 140 mm Hg or greater in this age group should be treated regardless of the diastolic blood pressure level. For persons with stage one hypertension (systolic pressure of 140-159 mm Hg) and additional cardiovascular risk factors, a sustained 12 mm Hg reduction in systolic pressure for more than 10 years will prevent about one death of every 11 persons.

Two (or more) drugs are better than one for most persons with high blood pressure. Most hypertensive patients will require two or more antihypertensive medications to achieve the goal blood pressure (less than 140-90 mm Hg, or less than 130-80 mm Hg for those with diabetes or kidney disease). Current rates of blood pressure control are still far below the Healthy People 2010 goal, which is to have 50 percent of Americans attain the blood pressure control goal of 140/90 mm Hg or less.

“Come, eat of my food, and drink of the wine I have mixed! Forsake foolishness that you may live; advance in the way of understanding” (Proverbs 9:6).

Medical science, through God’s goodness and mercy, has provided us with much knowledge and life-saving technology and medications. We, as children of God, have the responsibility to acknowledge the information that is available to us, and to utilize that information to make healthier lifestyle decisions. Start early to monitor your blood pressure; if elevated, treat it aggressively. If you are in the “pre-hypertensive” range, monitor your weight, stress level, amount of exercise, sodium (salt) intake, and caffeine intake. Modifications in any one, or all, of these areas may delay or prevent having to use antihypertensive medications, if your elevated blood pressure level is caught early.

Let us be wise, forsake ignorance or denial, and “advance in the way of understanding” to reduce or control our blood pressure!