



**Women In Government  
Medicare Preventive Services Policy Resource Center**

**HIGH BLOOD PRESSURE: THE SILENT KILLER**

Blood pressure is measured by the force of blood against the arteries when the heart beats. Systolic pressure is the pressure against the arteries when the heart is pumping. Diastolic is the pressure against the arteries when the heart is resting. In a blood pressure reading, the systolic number is above and the diastolic number is below. When blood pressure remains high over time it is called “high blood pressure”(HBP) or “hypertension”. In general, a systolic blood pressure of 140 mm Hg and higher or a diastolic pressure of 90 mm Hg or higher is considered high. Low blood pressure readings should also be evaluated by a physician, since they are unusual.<sup>1</sup>

HBP forces the heart to work extra hard to deliver blood to the organs, can lead to hardening of the arteries, and can lead to poor kidney function, blindness, stroke, or heart disease. Since it affects blood and oxygen circulation, HBP can also lead to mental deterioration and Alzheimer’s. Below are the optimal blood pressure recommendations from the American Heart Association.<sup>1,2</sup>

**American Heart Association Recommended Blood Pressure Levels**

<b>Blood Pressure Category</b>	<b>Systolic (mm Hg)</b>		<b>Diastolic (mm Hg)</b>
Normal	less than 120	and	less than 80
Prehypertension	120–139	or	80–89
<b>High</b>			
Stage 1	140–159	or	90–99
Stage 2	160 or higher	or	100 or higher

Source: American Heart Association. [www.americanheart.org](http://www.americanheart.org)

One in three American adults (65 million) have hypertension, and an additional 59 million have prehypertension. Seventy percent of these 124 million individuals do not control their HBP and nearly 30 percent of these individuals do not even know they have HBP. Individuals who have prehypertension do not currently have HBP but are at high risk for developing it in the near future. More than forty percent of African Americans have HBP and they generally develop it earlier in life than white Americans.<sup>1</sup> Individuals

who are 55 years of age or older face a 90 percent risk of developing HBP at some point in their life. Even so, HBP should not be considered a part of healthy aging. Both the systolic and diastolic blood pressure test results are important, however for people who are 50 or older, systolic pressure gives the most accurate diagnosis of HBP while the diastolic reading is an extremely important number for younger individuals.<sup>2</sup>

HBP is a major factor in 69 percent of heart attacks, 77 percent of strokes, 74 percent of heart failure cases, and 26 percent of all chronic kidney failure cases. It causes more physician visits than any other health condition and costs the U.S. economy more than \$100 billion per year.<sup>3</sup> A 12 to 13 point reduction in systolic blood pressure can reduce heart attacks by 21 percent, strokes by 37 percent, and deaths from CVD by 25 percent.<sup>4</sup>

Even though 75 percent of women are aware that they have HBP, less than one in three are controlling it. Women are at high risk for developing HBP during pregnancy (gestational hypertension) or while taking contraception. In addition, some women may experience a rise in blood pressure after initiation of hormone replacement therapy. Women on hormone replacement therapy should have their blood pressure monitored by a physician more regularly to catch unhealthy increases.<sup>3</sup>

The major risk factors for HBP are: being overweight or obese, physical inactivity, high salt and sodium intake, low potassium intake (typically from not eating enough fruits and vegetables), diabetes, smoking, and excessive alcohol consumption.<sup>3</sup> Therapeutic lifestyle changes such as increasing physical activity, proper nutrition, decreasing sodium consumption, limiting alcohol and caffeine intake, smoking cessation, stress reduction, and, if necessary, blood pressure-lowering medication can prevent and control high blood pressure.<sup>1,2</sup>

HBP is largely preventable and for many individuals can be controlled. Research has shown that preventive screenings and healthy lifestyle habits can help to prevent and control HBP, lowering an individual's risk for developing costly and burdensome chronic conditions such as cardiovascular disease, kidney disease, and Alzheimer's disease. Policymakers can introduce incentives and policies that support individuals in making healthy lifestyle choices, increase visibility of the issue by initiating awareness and educational campaigns, targeting high-risk groups for early preventive screenings, and promoting utilization of prevention services such as those covered for beneficiaries under Medicare.

Sources:

1 American Heart Association. (2007) High Blood Pressure. July. Retrieved August 8, 2007 from [www.americanheart.org](http://www.americanheart.org).

2 National Heart, Blood and Lung Institute. Your Guide To Lowering Blood Pressure. Retrieved August 8, 2007 from <http://www.nhlbi.nih.gov/hbp/>.

3 National Heart, Blood and Lung Institute. Prevent and Control High Blood Pressure: Mission Possible. Retrieved August 8, 2007 from <http://hp2010.nhlbihin.net/mission/about/bp/about/bp.htm>

4 Council of State Governments Healthy States Initiative. (2007) Legislative Policy Brief: High Blood Pressure. May. Retrieved August 8, 2007 from <http://www.healthystates.csg.org/NR/rdonlyres/3E2E20A8-B42F-4DF9-9D9E-53CEBA9AFE7D/0/ControllingHighBloodPressureFINAL.pdf>