Focus on the ABCS

The Take Home Message:
The “Silent Killer” affects nearly 35% of Delawareans. While the guidelines may quibble over exact goals, we know we can do better helping our patients manage their hypertension. Get them to their goals, encourage treatment when needed and encourage lifestyle modifications to support a heart healthy life!

GET THE PATIENTS TO THE RIGHT GOALS

Although there was no actual “JNC8”, in December 2013 there were updated guidelines published in the Journal of the American Medical Association. These guidelines did have some significant changes from JNC7 most notable for the relaxing of some previous goals using age and comorbidity cut-offs.

- For younger patients (age <60), drug therapy should be considered for diastolic BP ≥90 mm Hg or systolic BP ≥140 mm Hg. The goal is <140/90 mm Hg.
- For older patients (age ≥60), drug therapy should be considered for diastolic BP ≥90 mm Hg or systolic BP ≥150 mm Hg; the goal is <150/90 mm Hg.
- For patients with diabetes and patients with chronic kidney disease, the threshold to initiate drug therapy is 140/90 mm Hg; the goal is <140/90 mm Hg.

CUSTOMIZE INITIAL THERAPY BASED ON RACE & ETHNICITY

(REGARDLESS OF DIABETES)

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<thead>
<tr>
<th>GENERAL NONBLACK POPULATION</th>
<th>GENERAL BLACK POPULATION</th>
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<tr>
<td>• thiazide-type diuretic,</td>
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<td>• calcium channel blocker (CCB),</td>
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<td>• angiotensin-converting enzyme inhibitor (ACEI), or</td>
<td>(For general black population: Moderate Recommendation – Grade B; for black patients with diabetes: Weak Recommendation – Grade C)</td>
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**Encourage (Lifetime) Lifestyle Modifications**

Lifestyle modifications that have been shown to effectively lower BP include:

- weight loss,
- reduced sodium intake,
- increased physical activity,
- limited alcohol consumption, and
- the Dietary Approaches to Stop Hypertension (DASH) diet.

You don’t have to overwhelm the patient with starting them all at once. Use motivational interviewing to help the patient identify which change would bring the most “bang for the buck” in his/her life. Some starting points:

- **3500 calories= 1 pound** so keeping a food diary and cutting back 500 calories/day will help your patient lose 1-2 lbs a week. (Paper/pen work fine, but many patients like smartphone tools like MyFitnessPal)

- Teach patients how to [read food labels](http://www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm274593.htm) so they can find the sodium.

- **10,000 steps= 5 miles.** Pedometers are low cost and pretty effective at tracking activity. Have the patient start just tracking on a usual day then increase by 10-20% each week. Couch to 5K is another popular app among patients.

- **DASH diet** is only helpful if you share what’s in it! Use this resource from the NHLBI to print and give to patients: [DASH Diet](http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf)

**Some Great Resources For You:**


*www.millionheartsde.com  |  @MillionHeartsDE*