

# Hypertension

## A Silent, Deadly Killer

By John I. West

Closing the Gap, Men's Health • September/October 2001

**T**hat Ronald Cook. What a crazy guy. He could drive the cover off a golf ball and stay up all night playing cards with the best of them. We shared a lot of things together during a friendship that started back when we both enlisted in the U.S. Army in 1969. I went off to train for Airborne, jumping out of perfectly good airplanes, and then journalism school, while Ronald pursued a career as an on-the-ground military photographer. After Vietnam, we ended up working and training together off and on over the next 25 years. Ronald even got me to attend his church once, promising that I would really like the gospel music. Little did I know the music would add about another hour or so to the hour of preaching. But, it went by quickly and I did really like the gospel music.

One hot and muggy Saturday morning last year, we met at the golf course to have our usual "starter" breakfast. It was always too much, especially if you were going to hoof it with your golf bag as we usually did. He ordered the creamed beef on toast, a very large breakfast for the hearty ex-Army paparazzi, who had gained a few pounds since leaving the daily grind of military life. I had cereal and fruit.

We ate quickly and teed it up, and away we went. It was a normal day until the second hole. After hitting his tee shot, right down the middle, Ronald took two steps, collapsed and died. Cardiac Arrest. There was nothing we could do. For one of the few times in my life, I felt totally helpless. Why? Why Ronald?

The answer to my "why" came after Ronald's funeral when Stacy, his wife of almost 25 years, told me that Ronald had been diagnosed with high blood pressure during his exit physical from the Army five years ago. He was advised to schedule an appointment with Internal Medicine. He never did.

### Prevalence

In the United States, the prevalence of high blood pressure in African Americans is among the highest in the world. Left untreated, it can cause cardiovascular disease (including stroke and congestive heart failure), and diabetes. According to the American Heart Association (AHA), the leading cause of death for African American males is cardiovascular disease. Simply put, uncontrolled hypertension/high blood pressure is deadly, and it should be taken seriously. As many as 30 percent of all deaths in African American men and 20 percent of all deaths in African American women can be attributed to high blood pressure, AHA said. Also alarming is the fact that high blood pressure develops at an earlier age in African Americans than it does in whites.

Contributing factors to cardiovascular disease, such as cholesterol, also punish African Americans at an alarming rate. According to the National Center for Health Statistics, 45 percent of non-Hispanic black men and 46 percent of non-Hispanic black women ages 20-74 have high cholesterol.

### Other Health Concerns

High blood pressure can also lead to other serious health problems. High blood pressure and kidney disease are closely related. Uncontrolled or poorly controlled high blood pressure is the primary diagnosis for about 25 percent of the patients who have chronic kidney failure. The National Kidney Foundation said African-Americans are eight times more likely than whites to have kidney failure as a result of uncontrolled high blood pressure. High blood pressure accounts for 26 percent of all new cases of kidney failure each year, and is second only to diabetes as the leading cause of end stage renal disease, which requires treatment with an artificial kidney machine (dialysis) or kidney transplantation to stay alive.

Left untreated, high blood pressure can also be a major cause of strokes. A stroke is another form of cardiovascular disease and occurs when the blood supply to the brain is interrupted. This interruption occurs from a buildup of fatty deposits blocking the artery or when a blood vessel bursts in your brain causing bleeding or hemorrhaging. According to the American Stroke Association, African American men are twice as likely as whites to have a stroke and almost twice as likely as whites to die from a stroke.

### What is High Blood Pressure?

So what is high blood pressure/hypertension? Blood pressure is the force of blood against the walls of arteries. Blood pressure rises and falls throughout the day. But, when the pressure stays elevated over time, then it is called high blood pressure.

The National Institutes of Health's (NIH) National Heart, Lung, and Blood Institute said that blood pressure is usually measured in millimeters of mercury (mm Hg) and recorded as two numbers—systolic pressure (as the heart beats) over diastolic pressure (as the heart relaxes between beats).

For example, a blood pressure reading would look like this: 130/80 mm Hg. To accomplish measurement, a cuff is placed, usually on the upper arm, and inflated. Air is slowly let out of the cuff and the doctor or nurse listens to blood flow with a stethoscope. A blood pressure of less than 120 mm Hg systolic and 80 mm Hg diastolic are optimal.

For most of us, it's not too late to modify our behavior. Had Ronald gone to his doctor as recommended, his doctor would have told him to follow some simple steps to lower his blood pressure. (See "Ten Steps to Lowering Your Blood Pressure" on page 2).

### Treatment

If high blood pressure is treated aggressively, the risk of coronary artery disease, congestive heart failure, or stroke is greatly decreased. Controlling blood pressure means you lower the risk of suffering coronary disease.

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Untreated, high blood pressure will eventually lead to damage to and weakening of the walls of the arteries. The arteries become weak over time and plugged with cholesterol, red blood cells, and fat. It kind of reminds you of a sink full of potato peelings before the garbage disposal is turned on.

Sometimes treatment means medication. There are many drugs available now under a doctor's prescription. These medications sometimes have side effects but none nearly as bad as the result without them. The longer high blood pressure is left untreated, the more serious its complications can become. Because this disease is so serious, early detection and treatment are very important.

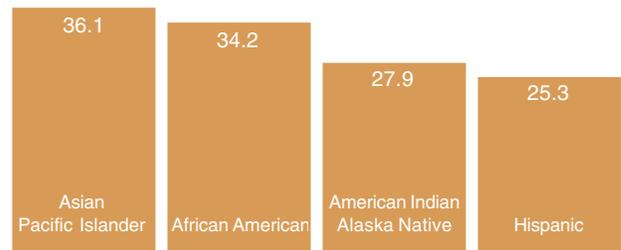
After losing one of my best friends, I started going to my doctor for regular checkups. Like Ronald, I was diagnosed with high blood pressure. The doctor immediately started me on a regimen of several tablets a day, which was confusing at first, but I got used to it.

But the doctor wasn't done with me yet. In a subsequent office visit, I found out that I had Type 2 Diabetes. I learned I needed to begin an aggressive program of diet and exercise to help lower the risks

of becoming insulin dependant or worse, and developing serious coronary heart disease. The doctor definitely has my attention right now. Isn't it time you thought about having your blood pressure checked?

*For more information on high blood pressure, call the American Heart Association at 800-AHA-USA1. ❖*

### Percent of Total Deaths Caused by Diseases of the Heart in Minority Males, United States, 1998



Information source: National Center for Health Statistics

## Ten Steps to Lowering Your Blood Pressure

1. Make sure your blood pressure is under 140/90 mm Hg. If your systolic pressure (the top number) is over 140, ask your doctor what you can do to lower it.
2. Take your high blood pressure medicine, if prescribed, every day. If you have questions, talk to your doctor.
3. Aim for a healthy weight. If you are overweight or obese, carrying this extra weight increases your risk of high blood pressure. One way to determine if you need to lose weight is to find out your body mass index or BMI. If your BMI is above the healthy range (i.e., 25 or greater), or if your waist measurement is greater than 35 inches (women) or 40 inches (men) you probably have excess abdominal weight and you may benefit from weight loss especially if you have other risk factors. Talk to your doctor to see if you are at increased risk for high blood pressure and need to lose weight.
4. Increase your physical activity. Do at least 30 minutes of moderate activity, such as walking, most days of the week. You can do 30 minutes in three 10-minute segments.
5. Choose foods low in salt and sodium. Most Americans should consume no more than 2.4 grams (2,400 milligrams) of sodium a day. That is nearly one teaspoon of table salt a day. For someone with high blood pressure, the doctor may advise less.
6. Read nutrition labels. Almost all packaged foods contain sodium. Every time you prepare or eat a packaged food, know how much sodium is in one serving.
7. Keep a sodium diary. You may be surprised at how much sodium you consume each day and the diary will help you decide which foods to decrease or eliminate.
8. Use spices and herbs instead of salt to season the food you prepare at home.
9. Eat more fruits, vegetables, grains, and low-fat dairy foods. Check out the DASH Diet plan for delicious menu ideas. (Go to <http://www.nhlbi.nih.gov/health/pub/ic/heart/hbp/dash/index.htm> for more information on the DASH Diet Plan.)
10. If you consume alcohol at all, consume moderate amounts. For men, this is less than two 12 oz. servings of beer, or two 5 oz. glasses of wine, or two 1½ oz. servings of "hard" alcohol a day. Women or lighter weight people should have no more than a single serving of any one of these beverages in a given day.



Information Source: National Heart, Lung, and Blood Institute