Lowering BP
Naturally
How diet and lifestyle changes can keep your blood pressure in check

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Presenter Guidelines:
1. This program is designed to be presented at a chapter meeting. The topic is how to avoid high blood pressure using natural techniques.

2. Materials Needed—blank, lined paper and pens (one of each per participant).

3. Throughout the program, members will be asked to share their experiences and ideas about natural approaches to blood pressure management.

4. After greeting the members and asking everyone to take a seat, pass out a pen and a piece of blank, lined paper to each participant and begin.

I would like everyone to please close your eyes and visualize yourself leaving your doctor’s office. You have just been told for the first time ever that you have high blood pressure. Feel and visualize your reaction to this news. (Pause. Participants close eyes and visualize.)

You may open your eyes. Although you may not know a lot about high blood pressure, I’m going to ask you to write down—for one minute—all the words that come to mind when you hear the diagnosis “hypertension.” Hypertension means high blood pressure. Think of foods, lifestyle choices, and medical implications, and jot down all your feelings and vocabulary associated with this condition. This list is yours and will not be turned in. You have one minute, beginning now. (Participants list words, feelings and foods associated with hypertension. Give a 15-second warning to wrap up.)

Now, please take a look at your list and do the following:
• Underline words that are related to food
• Circle words that are related to feelings
• Put a star next to words that are related to exercise
• Put an “X” next to words that are related to health or medicine

(Participants categorize words from list into foods, feelings, exercise or health/medicine terms.)

Now, let’s analyze our initial reactions to learning that we hypothetically have high blood pressure. Would someone care to share...
three of the words from their list?

Initiate discussion about words associated with hypertension. Possible questions include:

- What foods do you associate with high blood pressure?
- Are there any foods you believe may lower blood pressure?
- What feelings does this condition elicit?
- Are your reactions based on personal experiences or those of family or friends?
- Does medication need come up with regards to hypertension? How about stress?

During today’s program, we are going to look at hypertension and some natural approaches to helping maintain good blood pressure levels.

Knowledge Is Power

To begin, it is important to know what hypertension is. Surprisingly, many people who have hypertension have no idea they are walking around with high blood pressure. Hypertension is often referred to as the “silent killer” because it does not have any signs or symptoms. However, if left untreated, hypertension increases the risk of stroke, heart disease and early death.

In our society, blood pressure is a big deal. In North America, approximately one in three adults has high blood pressure. And of those with high blood pressure, 8% are currently undiagnosed. There are certain things that can increase your risk for high blood pressure, including:

- **Age**—Being a male age 45 or older or female over age 55 increases risk (half of all Americans over age 60 have high blood pressure)
- **Race**—African Americans are at higher risk than Caucasians or Hispanic Americans
- **Weight**—Overweight and obesity increase hypertension risk
- **Gender**—Male hypertension is more prevalent than female, although being female does not mean you can’t be at risk
- **Lifestyle**—Tobacco, too much alcohol, a sedentary lifestyle, and a high-salt, low-potassium diet all increase risk
- **Genetics and Other Factors**—Having a family member with hypertension and the presence of other health conditions can increase risk

Activity: Identifying Risk

To put some of this knowledge into practice, I will read you a brief bio of three case study individuals. I would like you to identify what their risk factor for hypertension is.

1. Marcia is a 34-year-old, newly married, dental hygienist. She is African American and eats a vegetarian diet. What puts her at risk for hypertension?
   Answer: African American

2. Terrence is a 59-year-old teacher who recently had his three young grandchildren move in with him. What puts him at risk for hypertension?
   Answer: Male over age 45; stress associated with grandkids may also add to risk

3. Lydia is a 43-year-old tennis instructor who works out regularly. She smokes two packs of cigarettes per week and spends a lot of time in the sun. What puts her at risk for hypertension?
   Answer: Tobacco/smoking

How is Hypertension Diagnosed?

It takes two or more blood pressure readings—preferably recorded on separate days—to establish whether or not a person has hypertension. Taking the average of a few readings at the same sitting is a good way to get your “true” blood pressure reading. There are two numbers that make up a blood pressure reading: your systolic and diastolic blood pressures.

**Systolic Blood Pressure**

Your systolic blood pressure is the first of
the two numbers—the top one and the higher of your two numbers in the reading. Systolic blood pressure is the blood pressure in the arteries when the heart is contracting and pumping blood into the arteries. Optimal systolic blood pressure is 120 mm Hg (mercury) or below.

**Diastolic Blood Pressure**

Your diastolic blood pressure is the second of the two numbers—the bottom or lower number in the reading. Diastolic blood pressure is the blood pressure in the arteries when the heart is relaxed. Optimal diastolic blood pressure is 80 mm Hg or below.

**Blood Pressure Readings**

Optimal blood pressure consists of a systolic reading of less than 120 mm Hg and a diastolic reading of less than 80 mm Hg. In other words, you want to aim for blood pressure of less than 120 over 80 mm Hg. This is defined as normal blood pressure.

Pre-hypertension occurs when you have a systolic reading between 120 and 140 mm Hg and/or a diastolic reading between 80 and 90 mm Hg. If either the systolic or diagnostic number is in the prehypertensive range—even if the other one is “normal”—it is still considered hypertension. For example, someone with a blood pressure reading of 118 over 88 mm Hg has pre-hypertension because the second, diastolic number is in that risk range.

Actual hypertension is a systolic reading of 140 or above and/or a diastolic reading of 90 mm Hg or above. Again, if your systolic and diastolic pressures fall into different categories, your risk is dependent on the higher category. For example, a blood pressure reading of 142 over 88 is diagnosed as hypertension because the first, systolic number is in that risk range.

**Activity: Sample BP Reading**

To get a better idea of blood pressure readings and their associated risk, let’s look at the blood pressure readings of our three case studies. Based on their average reading, let’s determine whether the person has normal blood pressure, pre-hypertension or hypertension.

1. Marcia’s average blood pressure reading is 90 over 72 mm Hg. What is her diagnosis?
   **Answer: Normal blood pressure**

2. Terrence’s average blood pressure reading is 150 over 88 mm Hg. What is his diagnosis?
   **Answer: Hypertension**

3. Lydia’s average blood pressure reading is 112 over 86 mm Hg. What is her diagnosis?
   **Answer: Pre-hypertension**

It is important to note that many blood pressure monitoring devices made for home use or those available at drug stores may not be as accurate as those you would find in a medical office or clinic. You can check the validity of your individual blood pressure monitoring device at the Dable® Educational Trust website, www.dableducational.org. If the cuff is too big or too small, it can yield an inaccurate reading.

One good rule of thumb is that the cuff should cover about two-thirds of the distance from your elbow to your shoulder.

A few additional tips for assuring the most accurate blood pressure readings are:

- Avoid coffee and cigarettes for at least 30
minutes prior to the reading
• Sit for a few minutes before your test and go to the bathroom before the reading
• Get two readings—taken at least two minutes apart—and average your results
• Wear short sleeves to expose your arm and, when tested, sit still with your arm on a table at about heart level

BP is Up…Now What?
If you do discover that you have hypertension or pre-hypertension, medication is not necessarily the only route for blood pressure control. Many primary care practitioners actually encourage patients to undertake diet and lifestyle changes to help bring down blood pressure before recommending medication. A dedicated commitment to improving your food choices and increasing exercise can be just as effective at lowering blood pressure as are some medications. You can even see positive results within a few weeks of changing diet and exercise habits.

Let’s take a look at some of the naturally proven ways to lower blood pressure:

Skip the Salt
It’s not surprising to learn that a diet high in salt increases blood pressure. But what you may be surprised to learn is where most of the salt is hiding in your diet. It’s not the salt shaker, but rather packaged, processed and fast foods that contribute the greatest amount of sodium in the diet. Adopting a meal plan such as the DASH Diet that is high in fruits and vegetables (8 to 10 servings a day!), lean protein and low-fat or nonfat dairy foods has been proven to help lower blood pressure.

Also not surprising: North Americans eat too much salt. The Dietary Guidelines for Americans 2010 recommend that all Americans aim to eat less than 2,300 mg sodium; this is significantly less than the average citizen is getting each day. Even more important are the new recommendations for African Americans, those who already have hypertension, and everyone over age 50 (which, in total, is about half of the U.S. population): keep your sodium to less than 1,500 mg per day. You have to read labels, eat fewer packaged foods, and severely limit restaurant foods to stay within those strict guidelines.

Pump Up on Potassium
While most people know that dietary sodium plays a big role in blood pressure, it might be news to you that potassium may be equally as important. Whereas we want to reduce sodium intake, increasing potassium intake (from foods, not supplements) also helps lower blood pressure.

What’s the best way to boost your potassium intake? Increase the variety and amount of fruits and vegetables in your daily diet. Fruits and vegetables are naturally rich in potassium—and low in salt—making them the perfect piece in the low BP diet puzzle.

Keep an Eye on the Scale
If the number on your scale has been creeping up of late, it’s also negatively affecting your blood pressure. Excess weight increases blood pressure, and losing weight eases stress on the arteries. A good rate of weight loss is one to two pounds per week, achieved with a combination of reduced intake and increased exercise. Aim for a waist circumference of less than 40 inches for men and less than 35 inches for women.
Get Moving

Speaking of exercise, when it comes to blood pressure, regular exercise can lower your systolic blood pressure reading (the top one) by anywhere from 5 to 10 mm Hg. That is as impressive as some blood pressure medications. Start thinking of exercise for what it is: a medication for your body! Aim for 30 to 60 minutes per day, most days of the week. This may seem overwhelming, so start small and remember that any physical activity is better than none.

Regular exercise can also help prevent pre-hypertension from developing into full-blown hypertension.

Moderate Your Drinking

If you drink alcohol, make sure to do so in moderation. In small amounts, alcohol can lower blood pressure slightly, somewhere between 2 and 4 mm Hg. Moderate alcohol consumption is considered to be no more than one drink per day for women and no more than two drinks per day for men.

One drink is defined as:
• 12 ounces of beer
• 5 ounces of wine
• 1.5 ounces of 80 proof liquor
• 10 ounces of wine cooler

At intake levels above one drink per day for females or two for males, alcohol can actually increase blood pressure. If you don’t already drink, there is no real, beneficial, blood-pressure-related reason to take it up. If you do drink, make sure it meets the “moderation” guidelines.

Cool It with the Caffeine and Cigarettes

Tobacco has the ability to raise blood pressure by about 10 mm Hg or more within one hour of smoking. Smoking at any point in the day, though, can keep your blood pressure higher than desired. Avoiding exposure to secondhand smoke also helps minimize hypertension risk.

The data on caffeine and blood pressure is not as well defined as that of cigarettes. Caffeine has the potential to cause a temporary elevation in blood pressure, but it is not known how long-lasting that effect is in the general population. To determine your blood pressure’s sensitivity to caffeine, take your resting blood pressure. Then drink a cup of coffee and check it again within a half-hour. If your pressure jumps by 5 to 10 points, you might consider ditching the coffee.

Stay Stress-Free

Avoiding stress is easier said than done. But stressful events or lifestyle factors can elevate blood pressure to unhealthy levels. Try to use non-food approaches to stress management. Go for a walk when work gets too hectic. Take a five-minute deep-breathing break when the kids drive you crazy. Engage in yoga and meditation to help manage stressful situations and prevent blood pressure spikes.

Meds Might Matter

Even with the most well-intended diet and lifestyle changes, some individuals’ blood pressure readings remain frustratingly high. In these cases, genetics might just prove too stubborn to outmaneuver. Talk with your doctor about what medication might be right for you. And if you do decide to go the medication route, don’t forget the above tips—they can only help your blood pressure profile!

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