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Letter to the Editor

## NEW BLOOD PRESSURE GUIDELINES FOR AFRICAN AMERICANS

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Hypertension (HTN) is a serious problem in the U.S. affecting about 50 million Americans. Hypertension is found across demographic lines diagnosed in more than 13% Caucasians, and more than 40% African Americans. In May of 2003 the Joint National Committee (Chobanian et al., 2003) on Prevention Detection Evaluation, and Treatment of High Blood Pressure presented its seventh report in order to provide information and treatment guidelines. Because HTN is such a prevalent problem especially in African Americans, it seems reasonable to present here the key messages and recommendations that this report has for the African American population. It's hoped that Allied Health Professionals will find the information helpful in caring for their patients.

## **KEY MESSAGES**

In persons older than 50 years, systolic blood pressure (BP) of more than 140 mm Hg is a much more important cardiovascular disease (CVD) risk factor than diastolic BP. The risk of CVD, beginning at 115/75 mm Hg, doubles with each increment of 20/10 mm Hg; individuals who are normotensive at 55 years of age have a 90% lifetime risk for developing hypertension.

Optimal BP for adults over 18 years and older is set at less than 120 mm Hg for systolic, and less than 80 mm Hg for diastolic. Those with a systolic BP of 120 to 139 mm Hg or a diastolic BP 80 to 89 mm Hg should be considered as pre-hypertensive, and need life style modifications to prevent CVD. Pharmacological intervention should start at 140/90 mm Hg, or 130/80 mm Hg for patients with diabetes or chronic kidney disease.

## **RECOMMENDATIONS**

### **A. Life Style Changes**

Lose weight and increase exercise

Decrease intake of saturated fat, alcohol, and sodium 2.4 g/day

Smokers attempt to cease smoking

### **B. Pharmacological Interventions**

Thiazide-type diuretics should be used in drug treatment for most patients with uncomplicated hypertension, either alone or combined with drugs from other classes. Certain high-risk conditions are compelling indications for the initial use of other antihypertensive drug classes. Most patients with hypertension will require 2 or more antihypertensive medications to achieve goal BP.

The perception that is more medically difficult to lower BP in African Americans is unjustified. All anti-hypertensive drugs are effective in African Americans although often a combination of drugs maybe required.

As monotherapy B-blockers and ACE inhibition may produce less BP lowering effects in African Americans, that Caucasians. Thiazide diuretics and Calcium Channel Blockers have a greater BP lowering effect in African Americans than other classes. African Americans have a greater risk than Caucasians to develop angioedema and/or cough

when taking ACE inhibitions.

**REFERENCE**

Chobanian, A. V., Bakris, G. L., Black, H. R., Cushman, W. C., Green, L. A., Izzo, J. L., Jr, et al. (2003). Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *Hypertension*, 42(6), 1206-1252.