

HYPERTENSION: GETTING TO GOAL IN NC

PROPOSED BY THE STROKE ADVISORY COUNCIL



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HYPERTENSION: THE “SILENT” KILLER

- Occurs when the force of blood through your blood vessels stays above normal for a long time
- If left untreated, it can lead to:
 - heart attack
 - heart disease
 - congestive heart failure
 - aortic dissection and atherosclerosis
 - stroke
 - kidney failure

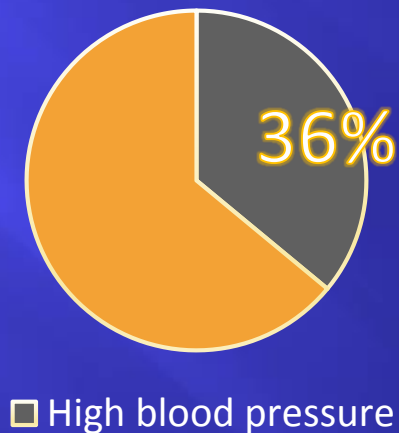
1 North Carolina Department of Health and Human Services, Division of Public Health. High Blood Pressure (Hypertension) in North Carolina. Accessed at http://www.communityclinicalconnections.com/downloads/CCCPH_FactSheet_HighBloodPressure_FINAL_Dec2015

2 North Carolina State Health Plan for Teachers and State Employees. State Health Plan Hypertension Update. Accessed at http://startwithyourheart.com/Meetings/downloads/JWTF_Meetings/0416/4.6.16.JWTF.State_Health_Plan.pdf

Hypertension in NC

- BP was contributing cause to 23,808 heart disease and stroke deaths.² That means high blood pressure causes or contributes to at least 30% of all deaths in N.C. each year.³

North Carolinians diagnosed with high blood pressure¹



~ 560,000

North Carolinians may have high blood pressure but are unaware of their condition.¹

¹ North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Behavioral Risk Factor Surveillance System (BRFSS). Accessed at www.schs.state.nc.us/data/brfss/2013/nc/all/BPHIGH4.html

² North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. 2013 Detailed Mortality Statistics for North Carolina.

³ North Carolina Department of Health and Human Services, Division of Public Health. High Blood Pressure (Hypertension) in North Carolina. Accessed at http://www.communityclinicalconnections.com/downloads/CCCPH_FactSheet_HighBloodPressure_FINAL_Dec2015.pdf

Economic Costs of Hypertension

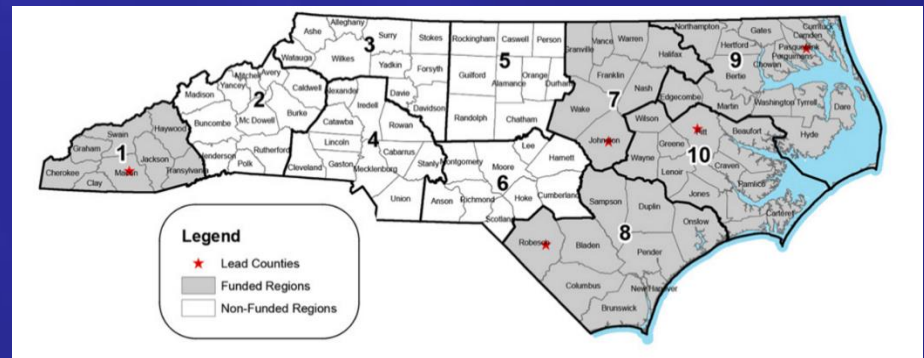
- ▣ NC Medicaid program spent \$189 million on 166,700 beneficiaries with high blood pressure in 2011 (about \$1,100 per beneficiary w/high BP). ¹
- ▣ State Health Plan costs related to hypertension were \$981,052,045 in 2014. ²

¹ North Carolina Department of Health and Human Services, Division of Public Health. High Blood Pressure (Hypertension) in North Carolina. Accessed at http://www.communityclinicalconnections.com/downloads/CCCPH_FactSheet_HighBloodPressure_FINAL_Dec2015

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Current Hypertension Programs in NC

- ▣ The Community and Clinical Connections for Prevention & Health Branch (CCCPH) in the Division of Public Health
- ▣ Obesity, Diabetes, Heart Disease and Stroke Prevention (ODHDSP) grant in Eastern and far Western regions of NC
 - health care system interventions
 - strategies to address uncontrolled blood pressure among Medicaid beneficiaries



Nonpharmacologic Treatment



▣ Losing Weight	5-20 mm/10lbs
▣ DASH diet	8-14 mm
▣ 30 minutes aerobic activity/d	4-9 mm
▣ <2.4 grams sodium/d	2-8 mm
▣ 2 or less drinks per day	2-4 mm

Weight Loss Is Critical

- ▣ Small changes in weight make a big difference
- ▣ Make goals attainable
- ▣ Lose a pound a month
- ▣ Weigh daily



The Largest Gap in Treatment is Life Style Instruction that Works



*Nothing Beats Talking to Patients
to Provide SPECIFIC Treatment Recommendations*


Dietary Approaches to Stop Hypertension

The DASH Eating Plan



DASH Diet
Fruits & Vegetables
Low Fat Dairy
Reduce Cholesterol
Rich in Potassium & Calcium

More Information: <www.nhlbi.nih.gov>



FACTS ABOUT

The **DASH** Eating Plan


Research has found that diet affects the development of high blood pressure, or hypertension (the medical term). Recently, two studies showed that following a particular eating plan—called the DASH eating plan—and reducing the amount of sodium consumed lowers blood pressure.

While each step alone lowers blood pressure, the combination of the eating plan and a reduced sodium intake gives the biggest benefit and may help prevent the development of high blood pressure.

This fact sheet, based on the DASH research findings, tells about high blood pressure, and how to follow the DASH eating plan and reduce the amount of sodium you consume. It offers tips on how to start and stay on the eating plan, as well as a week of menus and some recipes. The menus and recipes are given for two levels of daily sodium consumption—2,400 milligrams (the upper limit of current recommendations by the Federal Government's National High Blood Pressure Education Program, or NHBPEP, and the amount used to figure food labels' Nutrition Facts Daily Value) and 1,500 milligrams.

Those with high blood pressure may especially benefit from following the eating plan and reducing their sodium intake. But the combination is a heart-healthy recipe that all adults can follow.

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Goal Blood Pressures

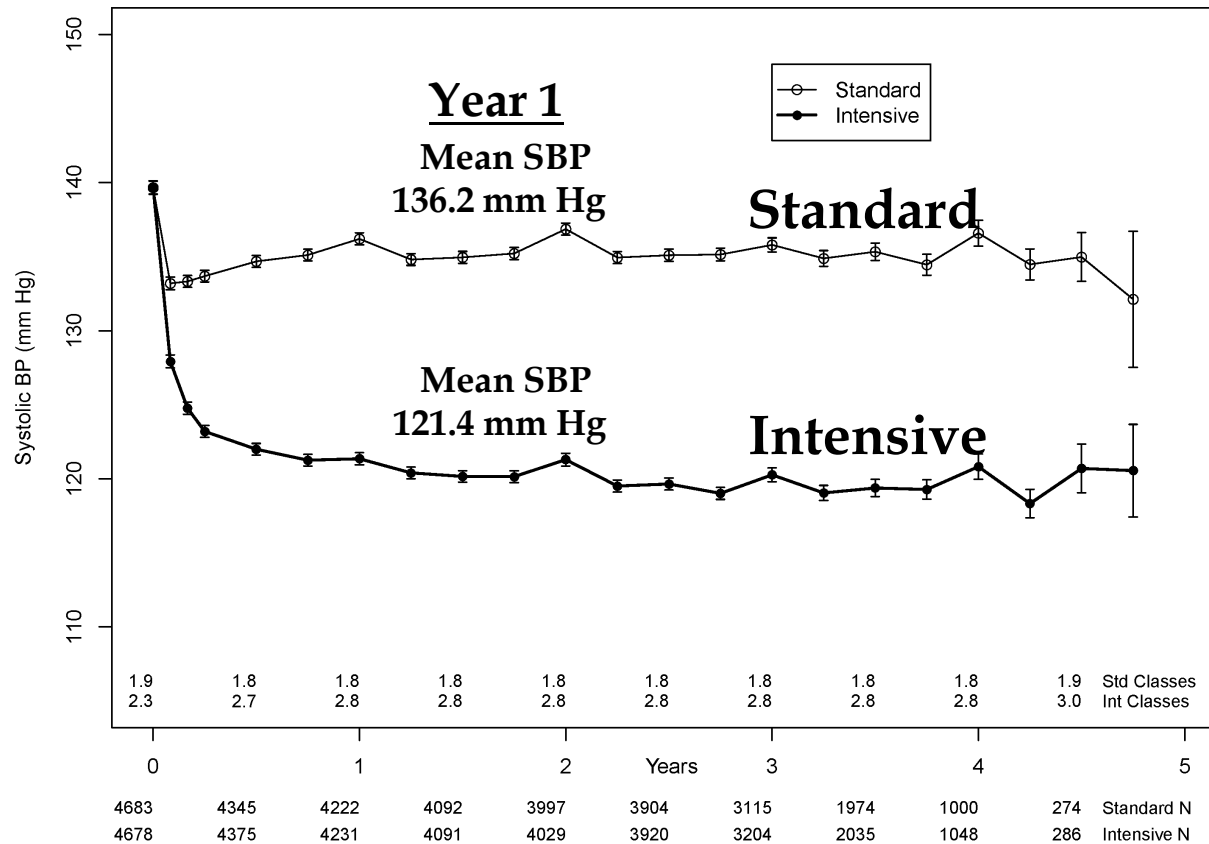
Generally	< 140/90 mmHg
Diabetes Mellitus	< 140/80-90 mmHg
Over 60 years old	< 150/90 mmHg ???

Guidelines will soon change to reflect new research

- ▣ SPRINT trial had to be stopped early due to striking results in more aggressively treated systolic BP cohort
- ▣ Almost a certainty that systolic blood pressure goals from JNC 8 will be modified soon

Systolic BP During Follow-Up

Figure 1: Mean Systolic BP (95% CI)



N Engl J Med 2015;373:2103-16.

Average SBP
(During Follow-up)

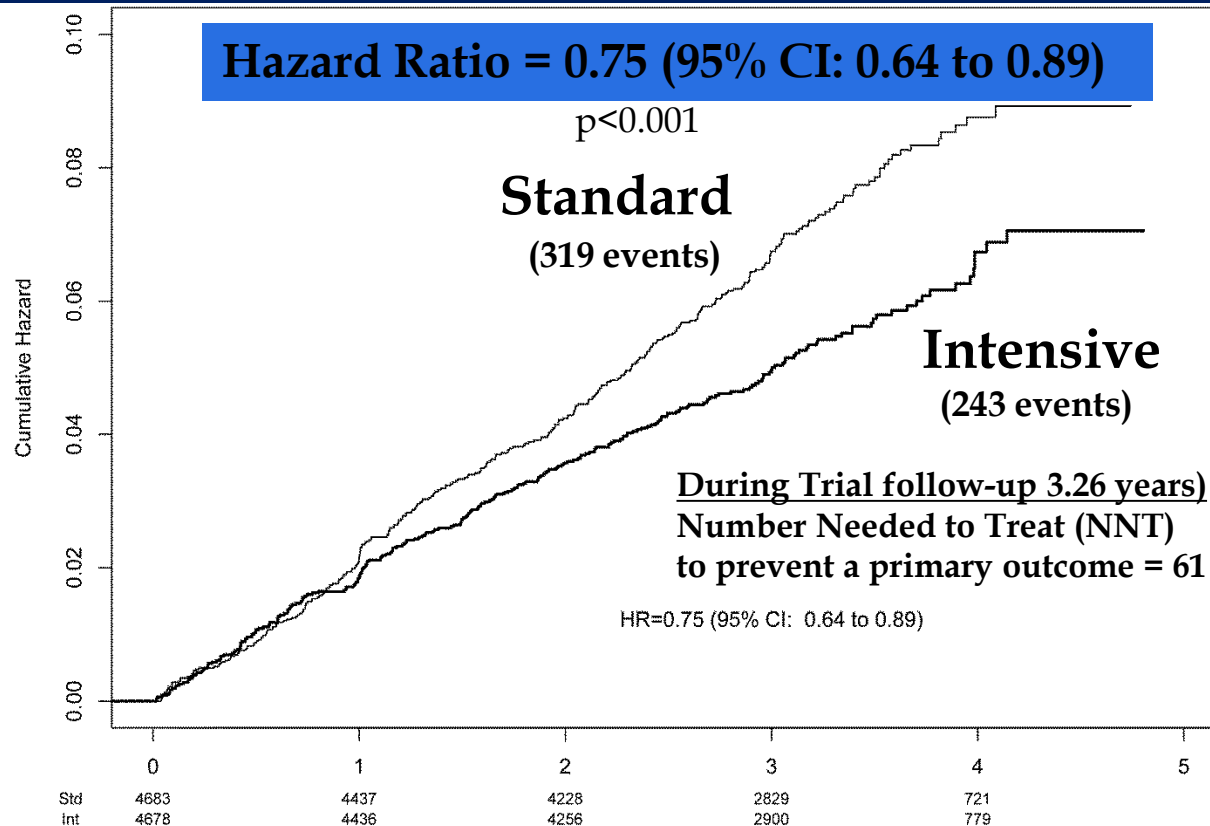
Standard: 134.6 mm Hg

Intensive: 121.5 mm Hg

Average number of antihypertensive medications

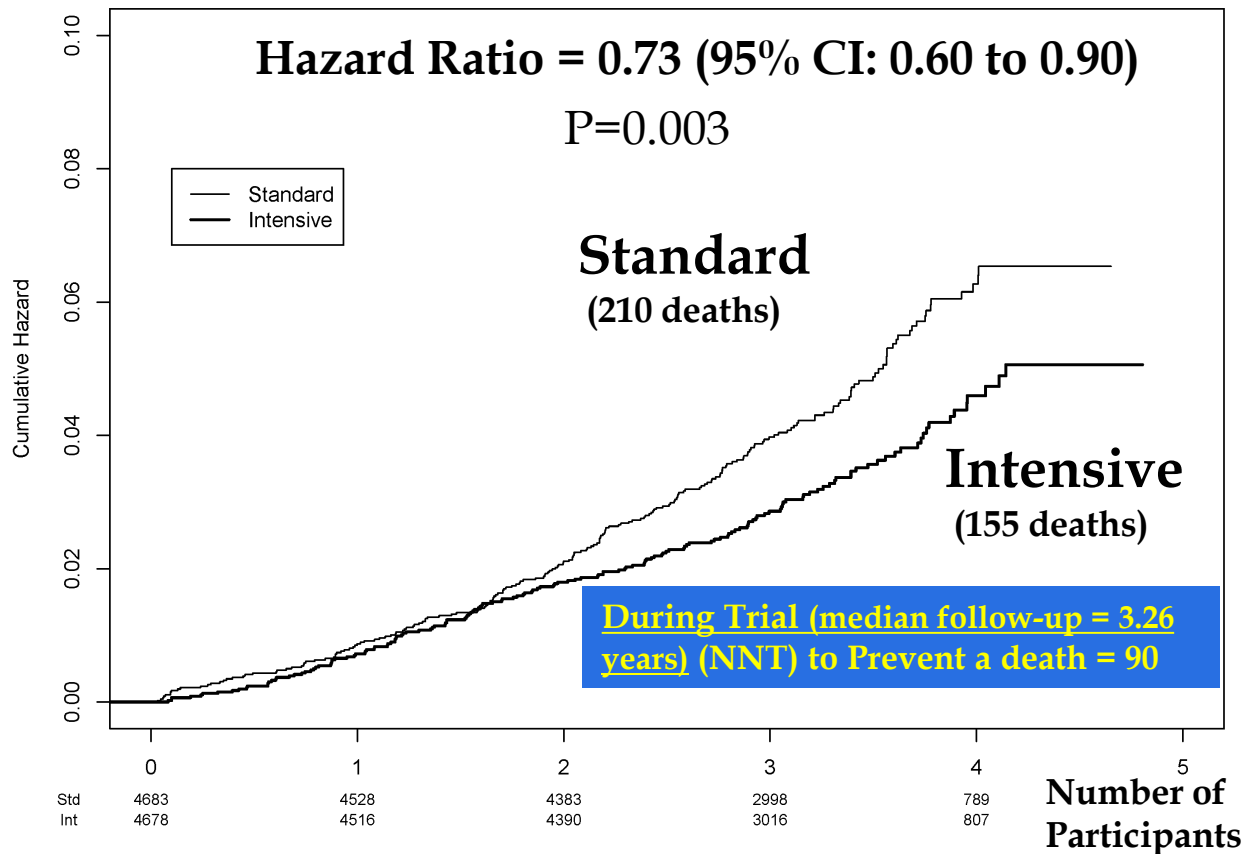
Number of participants

SPRINT Primary Outcome Cumulative Hazard



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All-Cause Mortality Cumulative Hazard



A STRONG HYPERTENSION PROGRAM INCLUDES:

- Increasing high blood pressure control in clinical and community settings
 - Training for health care team
 - Funds for quality measures/data collection
 - Access to blood pressure monitoring equipment

A STRONG HYPERTENSION PROGRAM INCLUDES:

Increasing awareness of the connection between high blood pressure and the risk of heart attack and stroke

- Community education-encouraging patients not to “settle” for BP not at goal
- Public service announcements- media campaign similar to previously successful tobacco efforts in NC

A STRONG HYPERTENSION PROGRAM INCLUDES:

- Increasing access and improving quality of care
 - Increasing number of funded hypertension coaches
 - Community-clinical linkages to manage care
 - Community-level blood pressure screening opportunities and management programs

- The Stroke Advisory Council Prevention Committee will continue to work on collecting evidence of Best Practices for getting blood pressure to goal in NC
- We will come back to this group with an organized strategic plan and project budget for implementing community intervention
- We would propose that as a start to raise awareness and to focus efforts that each 3rd Wednesday of May be declared “Hypertension Awareness Day” in NC on an annual basis annually going forward

QUESTIONS ?

Contact

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