

Recommended Lifestyle Changes for Hypertension Management 2017

Distributed by Clinicians Group Capital Region Right Care Initiative

Lifestyle Changes for Hypertension Control¹

Modification	Recommendation	Approximate SBP Reduction (Range)*
Reduce Weight	Maintain normal body weight (body mass index 18.5–24.9 kg/m ²)	5–20 mmHg/10 kg
Adopt DASH eating plan ²	Consume a diet rich in fruits, vegetables, and low-fat dairy products with a reduced content of saturated and total fat	8–14 mm Hg
Lower sodium intake	a. Consume no more than 2,400 mg of sodium/day; b. Further reduction of sodium intake to 1,500 mg/day is desirable, since it is associated with even greater reduction in BP; and c. Reduce sodium intake by at least 1,000 mg/day since that will lower BP, even if the desired daily sodium intake is not achieved	2–8 mm Hg
Physical activity	Engage in regular aerobic physical activity such as brisk walking (at least 30 min per day, most days of the week)	4–9 mm Hg
Moderation of alcohol consumption	Limit consumption to no more than 2 drinks [±] (e.g., 24 oz beer, 10 oz wine, or 3 oz 80-proof whiskey) ^{±±} per day in most men, and to no more than 1 drink per day [±] (e.g., 12 oz beer, 4-5 oz wine, or 1.5 oz 80-proof whiskey) ^{±±} in women and lighter weight persons	2–4 mm Hg
Tobacco cessation	Use Motivational Interviewing (MI) techniques versus usual care for smoking cessation to demonstrate a significant increase in quitting. MI delivered by primary care physicians nearly 4 times more effective than usual care but delivery by counselors closer to 1.25 (still a significantly higher quit rate than usual care). ^{4,5}	0–5 mm Hg ³

Components of the Dietary Approaches to Stop Hypertension Diet⁶

Dietary Component	Amount
Total fat	27% of calories
Saturated fat	6% of calories
Cholesterol	150 mg
Carbohydrates	55% of calories
Fiber	30 g
Protein	18% of calories
Sodium	1,500 mg
Potassium	4,700 mg
Calcium	1,250 mg
Magnesium	500 mg

¹ American Heart Association/American College of Cardiology. Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. 2017. <http://hyper.ahajournals.org/content/early/2017/11/10/HYP.0000000000000065>

*The effects of implementing these modifications are dose and time dependent, and could be greater for some individuals.

² National Heart, Lung, and Blood Institute (NHLBI). What is the DASH Eating Plan? 6 June 2014. <http://www.nhlbi.nih.gov/health/health-topics/topics/dash/>
Note: DASH, Dietary Approaches to Stop Hypertension. DASH-sodium has a greater effect than DASH alone.

³ <http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure/faq-20058254>

⁴ http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/HealthyEating/Alcohol-and-Heart-Health_UCM_305173_Article.jsp

⁵ Minami J, Ishimitsu T, Matsuoka H. Effects of Smoking Cessation on Blood Pressure and Heart Rate Variability in Habitual Smokers. *Hypertension*. 1999;33:586-590. doi: 10.1161/01.HYP.33.1.586

⁶ Lindson-Hawley N, Thompson TP, Begh R. Motivational interviewing for smoking cessation. *Cochrane Database of Systematic Reviews* 2015, Issue 3. Art. No.: CD006936. DOI: 10.1002/14651858.CD006936.pub3.

⁷ Kallioinen N, Hill A, Horswill M. Sources of inaccuracy in the measurement of adult patients' resting blood pressure in clinical settings: a systematic review. *J Hypertens*. 2017 Mar; 35(3): 421-441. doi: 10.1097/HJH.0000000000001197

⁸ Langan R, Jones K. Common Questions About the Initial Management of Hypertension. *American Family Physician*. 2015; 91(3): 172-177

