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Blood Pressure and Death Risk

The lower your pressure stays over the years, the lower your risk, as long as we don't push so hard that it causes harm.

2x
roughly the rise in heart and vessel death risk per 20 mmHg higher

27%
fewer deaths overall in SPRINT with a goal under 120 versus under 140

8 to 11
mmHg the DASH way of eating can take off the top number

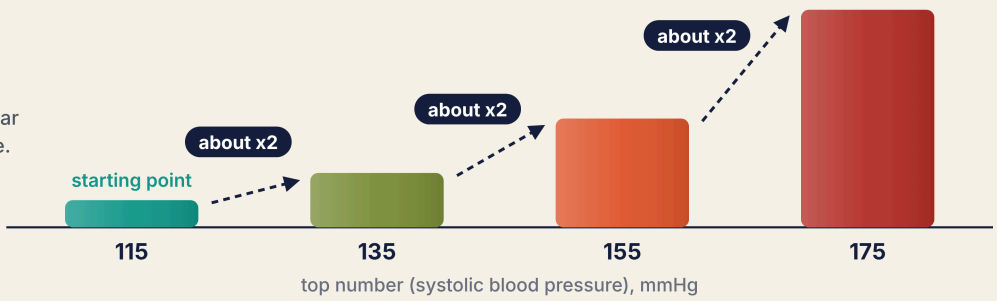
WHAT A MILLION PEOPLE SHOWED

Every 20 points roughly doubles the risk

Risk of dying from heart and blood vessel disease

Each step is 20 mmHg higher on the top number, and each bar is roughly twice the one before.

No level-off at 140/90 or at 130/80.



The Prospective Studies Collaboration pooled 61 studies of more than a million people aged 40 to 89 with no prior heart disease. Each 20 mmHg rise in the top number, or 10 in the bottom number, went with a doubling of deaths from heart and blood vessel disease, and the risk kept climbing all the way up. Worldwide, high blood pressure is implicated in roughly 10 million deaths a year.

THE TRIAL THAT CHANGED PRACTICE

SPRINT tested a goal under 120

What it found
Over 9,000 people aged 50 and older with high blood pressure, but no prior stroke or diabetes, aimed for a top number under 120 or under 140. The under-120 group had 25% fewer major heart and stroke events and 27% fewer deaths overall. Treating 61 people for three years prevented one major event.

What it cost
The under-120 group had more fainting, more blood-salt (electrolyte) problems and more sudden drops in kidney function. So patients have to be chosen carefully. For people screened well who tolerate it, the gain in survival is real.

The years add up

Someone who has run 145/90 for twenty years has much more vessel damage than someone newly diagnosed at 145. That is why treatment now starts earlier, and why long-acting medicines are used to keep the pressure steady through the day.

YOUR BLOOD PRESSURE PLAN

Measure at home, match the goal to you

MEASURE AT HOME

home readings drive decisions

The right cuff and timing	A validated automatic upper-arm monitor. Measure in the morning before your medicines and in the evening, after sitting quietly a few minutes. One reading each time, for two weeks.
Why home beats the office	Some people read high only in the office (white coat hypertension), others only at home (masked hypertension). An office 145 with home readings consistently under 130 probably needs no more medicine. An office 128 with home readings of 138 probably does.

YOUR GOAL

matched to the person

When to treat	Right away at 140/90 or higher, or at 130/80 or higher with heart disease, diabetes, kidney disease or a higher 10-year risk. Otherwise 3 to 6 months of lifestyle first.
Most people	Below 130/80, the 2025 AHA/ACC guideline goal.
Higher risk	Prior heart or vessel disease, diabetes or protein in the urine, or anyone who handles it without symptoms, may aim below 120.
If lower feels bad	Fatigue, dizziness or fainting at 120 may mean 125 to 130 suits you better. An older adult who gets dizzy on standing may stay above 130.

WHEN IT GOES TOO LOW

dizziness and fainting

Warning signs	A drop of 20 mmHg or more in the top number on standing calls for caution with a lower goal. A bottom number below 60 may be a problem with substantial heart-artery blockages.
Prevention	Rise slowly, stand a moment before walking, drink enough fluid and avoid fast dose increases. If you faint, treatment is eased back.

LIFESTYLE AND MEDICINE

most people need both

Food, salt, movement	DASH eating can lower the top number 8 to 11 mmHg. Keep sodium under 2,300 mg a day. Brisk activity 150 minutes a week lowers it 5 to 8. If overweight, each kilogram lost lowers it about 1.
Sleep apnea	Snoring, stopped breathing at night or daytime sleepiness should be checked, since untreated apnea keeps pressure high.
Medicines	ACE inhibitors, ARBs, calcium channel blockers and thiazide-like water pills have the best evidence, and most people need two or three.

VERY HIGH READINGS

Call 911	Above 180/120 with chest pain, shortness of breath, weakness or numbness, vision changes, confusion or a severe headache.
Call the office	Above 180/120 with no symptoms. Rest 5 minutes and recheck, then call the same day.

BEFORE YOU STOP A PILL

Don't stop blood pressure medicine on your own. Mild tiredness or a dry cough may improve with time or a switch. Ongoing dizziness or fainting suggests too much treatment, so tell your doctor. Ibuprofen-type pain relievers, pseudoephedrine decongestants and large amounts of licorice can raise pressure.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include the Prospective Studies Collaboration (Lancet 2002), the SPRINT trial (NEJM 2015), the 2025 AHA/ACC high blood pressure guideline and the DASH and DASH-Sodium trials (NEJM 1997 and 2001).

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