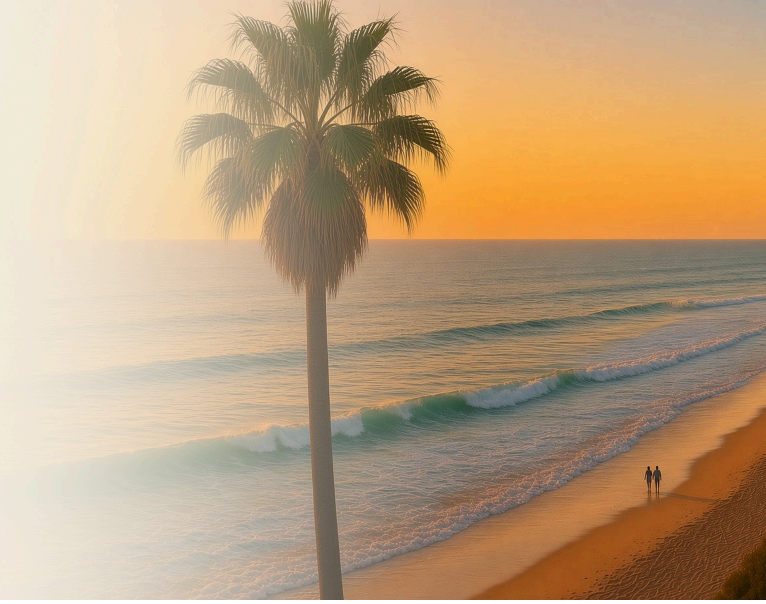
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DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



Weight, Exercise and Blood Pressure

Losing weight, moving more and eating the DASH way each lower blood pressure, and together they do even more.

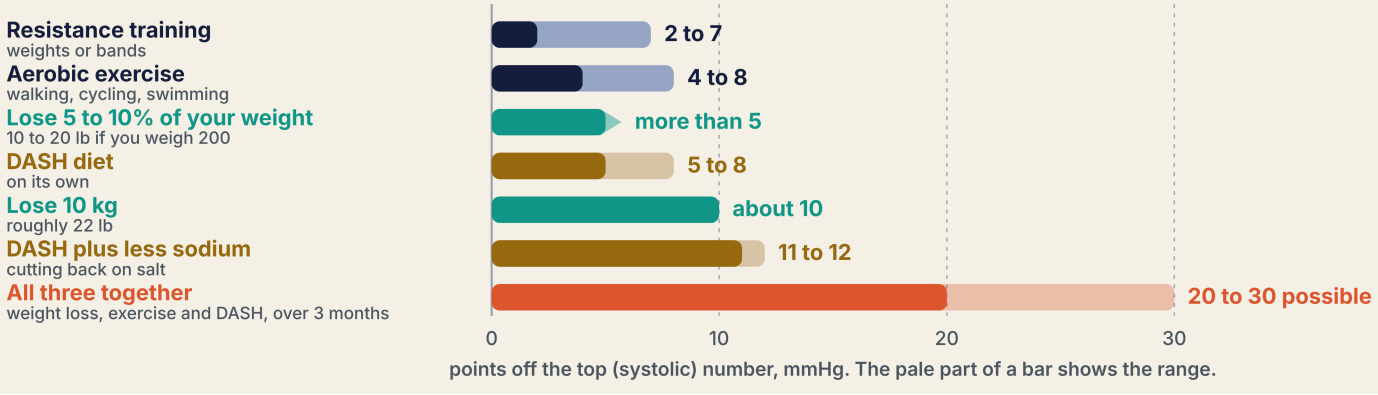
About 1
point off the top number for every kilogram of weight you lose

150 min
of moderate aerobic exercise a week, about 30 minutes five days a week

20 to 30
points might come off the top number over three months of weight loss, exercise and DASH combined

WHAT EACH CHANGE CAN DO

How much each change lowers the top number



The drop tracks how much weight you lose. Changes often show in 2 to 4 weeks and grow over 4 to 12 weeks.

MOVING MORE

Exercise helps even before the scale moves

Aerobic
Walking, jogging, cycling or swimming lowers the top number 4 to 8 points. Each extra 30 minutes a week takes off 2 more, up to a point.

Resistance
Weights or bands lower the top number about 2 to 7 points and help keep muscle and metabolism strong.

Isometric
Holding a still position, as in wall sits, planks or handgrips, lowers the top number about 5 to 10 points. Good when joint problems make aerobic exercise hard.

Moderate intensity is a pace where you can talk but not sing. After a workout, blood pressure stays lower for several hours.

Give it three months

Dr. Rasch usually gives these changes three months before considering medication, unless blood pressure is very high or other urgent heart problems need attention. The work is hard, and he has watched it succeed in hundreds of patients.

YOUR PLAN AND WHAT TO EXPECT ARE ON THE BACK

YOUR PLAN

Where to start and what to expect

WEIGHT

A first target	Aim to lose 5 to 10% of your body weight, a goal that feels within reach, before chasing an "ideal" weight. At 200 pounds that means 10 to 20 pounds. Once you hit it, set the next target.
What it does	At that level of loss, blood pressure typically drops more than 5 points on the top number and 4 on the bottom.

EXERCISE

How much	Start with 150 minutes a week of moderate aerobic activity, split into at least three sessions.
What kind	Walking, swimming, cycling, dancing, whatever keeps you consistent. Consistency beats intensity, at least at first.
The ideal program	It seems to be 40 to 60 minutes, three or more times a week, at medium to high intensity. Some exercise is far better than none, and even lighter walking that breaks up sitting time has been shown to help.

THE DASH DIET

Add more	Vegetables and fruits, whole grains, fish and other lean proteins, low-fat dairy, beans and lentils, nuts and seeds.
Keep to a minimum	Red meat, processed foods, added sugars and excess sodium.
Sodium	Most Americans eat 3,500 mg a day, and the recommendation is 2,300 mg. Cook at home, season with herbs and spices, and watch for hidden sodium in canned soups, breads and restaurant food.

TIMING AND CHECK-INS

2 to 4 weeks	This is the minimum time to see changes. Most blood pressure medicines take 4 to 6 weeks for full effect, so the timeline is similar.
4 to 6 weeks	Dr. Rasch usually rechecks your blood pressure. Check it regularly at home too, since home readings predict heart outcomes better than office readings.
8 to 12 weeks	The result you're really looking for.
No improvement	Time to look for what's in the way, such as medication side effects, sleep apnea or other health conditions.

STOP AND CALL

Call 911	Chest pain or pressure that doesn't ease within a few minutes of rest, fainting or nearly fainting, or palpitations with dizziness or breathlessness. Or a reading above 180/120 with chest pain, breathlessness, weakness or numbness, vision changes, confusion or a severe headache.
Call the office	Unusual breathlessness or tiredness that settles with rest, brief palpitations, or above 180/120 with no symptoms after resting 5 minutes and rechecking.

WHEN LIFESTYLE ISN'T ENOUGH

Adding a blood pressure medicine to weight loss, exercise and DASH often reaches what none could alone. When weight is hard to lose, especially with diabetes, a GLP-1 drug like semaglutide or an SGLT2 inhibitor can help weight and blood pressure.

READ THE FULL ARTICLE

damianrasch.com/
weight-loss-exercise-bp

For education only, and not a substitute for advice from your own physician. Sources include the 2025 AHA/ACC blood pressure guideline, Carey et al. (JAMA 2022), Naci et al. (BJSM 2019) and the DASH, DASH-Sodium, SPRINT, Look AHEAD, STEP 1 and SELECT trials (NEJM).

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

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