HEART HEALTH · BLOOD PRESSURE

THE SILENT NUMBER

A DAILY WALK · THE TREATMENT NOBODY ARGUES WITH

High blood pressure gives you no symptoms and no warning. It is still the most treatable threat your heart will ever face. **Start with the number.**

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Hypertension is the condition I treat most often and the one my patients feel least. Nearly half of all adults in the United States have high blood pressure, and most of them feel perfectly well. That is the whole problem in one sentence. Nothing hurts, so nothing prompts a visit, and the strain on your heart and vessels goes on quietly for years.

Treating it is one of the few things I can offer that buys you more years and better ones at the same time. This guide is the printable version of my article on hypertension. Keep it on the refrigerator, bring it to your next visit, and start with the one thing everything else follows from. Your number.

1 in 2

ADULTS AFFECTED

High blood pressure reaches nearly half of every adult in the country.

130/80

WHERE WE CALL IT

Readings that keep landing here or higher are hypertension, not almost.

2x

FOR EVERY 20 POINTS

Each 20 mmHg rise in the top number doubles the risk of dying from stroke or heart disease.

So what do these two numbers actually mean?

INSIDE THE READING

START WITH THE TOP NUMBER. Your reading is two pressures measured in millimeters of mercury, written mmHg. The top one, **systolic** pressure, is the force against your artery walls at the moment your heart beats and pushes blood through your arteries. It is the higher of the two figures and the one people quote.

The bottom number, **diastolic** pressure, is the force measured while your heart rests between beats. That resting figure tells me how much load your vessels carry in the quiet part of every heartbeat.

Normal is anything under 120 over 80. Once your readings keep reaching 130 over 80 or higher, that is hypertension and I treat it as such. The middle ground between them, a top number of 120 to 129 with a bottom number under 80, has its own name. Elevated. That is the stage where small changes still do most of the work.

Two numbers, one question. How hard is your heart working to push blood through the vessels it has?

DR. DAMIAN RASCH, D.O.

THREE THINGS THAT FOLLOW

If pressure builds slowly, then these are true too

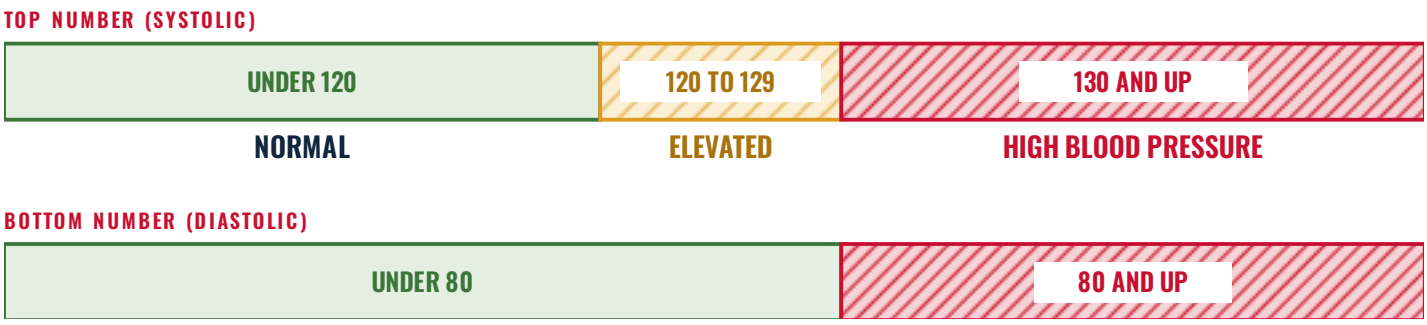
1. **FEELING FINE PROVES NOTHING**
   Symptoms arrive late, if at all. A number is the only early warning you get.

2. **ONE READING IS A SNAPSHOT**
   Pressure swings hour to hour. I want several readings on several days before I call anything.

3. **EARLIER IS CHEAPER**
   Catching it in the elevated range often prevents the medication conversation entirely.

FIGURE 1

WHERE YOUR READING LANDS



Either number reaching the red band is enough. You do not need both to be high to have high blood pressure.

Is a little bit high really a problem?

NOT A CLIFF. A CLIMB.

THERE IS NO TRAPDOOR. Patients hear the word hypertension and picture a line they either stand on or fall through. Blood pressure does not work that way. Risk rises steadily from fairly low numbers, and each step up costs you something measurable.

For every 10 mmHg your top number sits above 115, cardiovascular risk climbs by roughly **15 to 25 percent**. Stack two of those steps together and the effect is larger still. Guidelines from the American College of Cardiology and the American Heart Association put it plainly. Each 20 mmHg rise in the top number **doubles** the risk of dying from stroke, heart disease or other vascular disease, and that holds at every age.

Look at what large groups of people show over time and the climb starts well inside territory most of us would call fine. Set against readings of 90 to 99, the risk of a cardiovascular event runs about a quarter higher at 100 to 109, half again as high at 110 to 119, and more than double by the time the top number reaches 130. Every band on that ladder is a reading somebody has been told not to worry about.

WHY I TREAT NUMBERS YOU CAN'T FEEL

The arithmetic of a slow climb

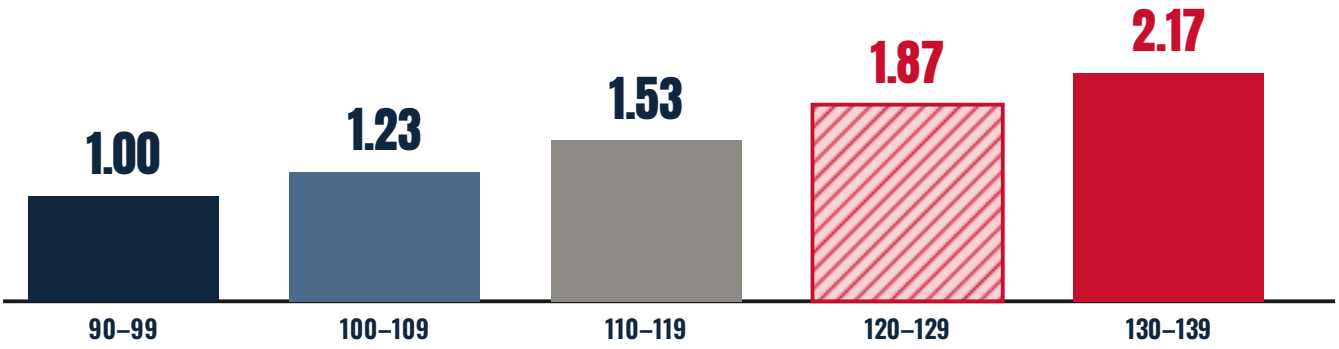
Small steps repeat. Ten points is not dramatic on paper. Carried for twenty years, it rewrites what your arteries look like.

Lower keeps paying. Across the whole range we have measured, down into the 90s, a lower top number goes with lower risk.

Age does not excuse it. The doubling per 20 points shows up in every age group we have studied, not just the young.

FIGURE 2

THE RISK STARTS CLIMBING EARLY



Top number, in mmHg. Bar height shows how much more likely a cardiovascular event becomes, set against the group reading 90 to 99.

Why did mine go up in the first place?

WHERE IT COMES FROM

90%

OF ALL CASES HAVE NO SINGLE CAUSE

PRIMARY HYPERTENSION. About nine cases in ten have no one thing to point at. Doctors call this primary hypertension, and it builds slowly across many years out of age, genetics, the way you eat and the way you live. Nobody hands you a moment when it started, which is part of why it goes unnoticed for so long.

SECONDARY HYPERTENSION. The other tenth traces back to something specific. Kidney disease, sleep apnea, thyroid trouble and certain medications can all push pressure up. This kind tends to arrive suddenly and to run higher than primary hypertension does, which is exactly why a sharp change in your readings sends me looking for a cause rather than reaching for a second pill.

THE PART YOU CANNOT CHANGE

1. **AGE**
   Pressure tends to rise across a lifetime. Men carry the higher risk before 64. Women's risk rises after 65.

2. **FAMILY**
   A parent or a sibling with high blood pressure raises your own odds of developing it.

3. **RACE AND ETHNICITY**
   African Americans develop high blood pressure more often, at younger ages, and with more severe complications.

WHAT NONE OF THAT MEANS

Inheritance sets the starting line, not the finish

Every one of these raises the odds. Not one of them decides the outcome. I have patients with a brutal family history and beautiful numbers, and patients with no family history at all sitting at 160.

What the fixed risks buy you is information. If your father had a stroke at 58, you get checked earlier and more often, and you take an elevated reading seriously the first time rather than the fifth.

The rest of this guide is about the half of the picture that answers to what you do.

KIDNEY DISEASE

Damaged filters hold on to fluid, and the extra volume pushes pressure up.

SLEEP APNEA

Breathing that keeps stopping at night is a common cause, and a treatable one.

THYROID TROUBLE

A thyroid running too fast or too slow can carry blood pressure with it.

MEDICATIONS

Some prescriptions raise pressure as a side effect. Bring every bottle.

Which of my habits is moving the number?

THE HALF YOU CONTROL

1. **EXTRA WEIGHT**
   More body to supply means your heart pumps harder, and that force lands on your arteries. Losing a small amount moves the number.

2. **SITTING STILL**
   A heart that never works loses conditioning. A stronger one moves the same blood with less force behind it.

3. **SALT**
   Sodium makes you hold fluid. More fluid in the same pipes means more pressure against the walls.

4. **TOBACCO**
   Nicotine tightens vessels and speeds the heart on the spot, and smoking hardens artery walls over years. Secondhand smoke counts.

5. **ALCOHOL PAST A POINT**
   Drinking heavily raises pressure over time and can weaken the heart muscle itself.

6. **STRESS YOU COPE WITH BADLY**
   Stress does most of its damage through what it talks you into. Eating more, smoking, pouring another one.

SWAP THIS FOR THAT

Six changes, none of them heroic. Pick one this week.

An afternoon snack out of a package	**Fruit, or a handful of unsalted nuts**
Dinner out most nights of the week	**Dinner at home, where you hold the salt**
Canned soup, jarred sauce, deli meat	**The same dish cooked from scratch**
White bread and refined sides	**Whole grains, vegetables, lean protein**
A second glass most evenings	**One glass, and not every evening**
A stressful hour spent snacking	**Ten slow breaths, then a walk**

THE DASH PLAN, IN ONE PARAGRAPH

Built for blood pressure, and it tastes like food

DASH stands for Dietary Approaches to Stop Hypertension, which is a mouthful for a simple idea. Load the plate with fruits, vegetables, whole grains and lean proteins. Hold back on sodium, saturated fat and added sugar.

No foods are forbidden and nothing needs weighing. Most of my patients get most of the benefit by cooking at home more often, because that is where the salt shaker sits in their hand rather than in a factory.

Pair it with steady movement and the two together do more than either one alone.

Wouldn't I feel it if my pressure were high?

THE SILENT PART

NO, AND THAT IS THE POINT. Hypertension earned the name silent killer fairly. Most people notice nothing at all until the condition reaches a severe or life-threatening stage. There is no ache that tells you your pressure ran 150 all week, no warning light on the dash, nothing your body does to hand you the information.

Some patients do report headaches, shortness of breath or nosebleeds. Those symptoms are not specific to blood pressure, and they usually arrive only once readings have climbed to dangerous heights. Waiting for one of them is waiting for the emergency rather than the diagnosis.

Which leaves the cuff. Checking a number you cannot feel is the entire early-warning system, and it takes about ninety seconds.

> ***Almost nobody comes to me because their blood pressure hurt. They come because somebody measured it.***
>
> DR. DAMIAN RASCH, D.O.

HOW OFTEN SHOULD IT BE CHECKED?

Every adult should have a reading at least once every two years. That is the floor, not the target.

Anyone sitting in the elevated range, or carrying other risk factors, needs checking more often than that. Ask at every visit you already have.

THREE SYMPTOMS PEOPLE TRUST, AND SHOULDN'T

None of these is a blood pressure test

1. **HEADACHE**
   Common in people with normal pressure and absent in plenty of people at 170.
2. **NOSEBLEED**
   Nosebleeds have plenty of everyday causes. Blood pressure is rarely the one.
3. **FEELING FINE**
   The most misleading symptom of all, and the reason so many cases go undetected for years.

0

SYMPTOMS, USUALLY

Most people feel nothing until the condition turns severe.

2 yrs

LONGEST GAP BETWEEN CHECKS

The minimum for every adult. More often once a reading runs high.

90 sec

WHAT A CHECK COSTS YOU

Sit still, roll up a sleeve, and you have the only warning available.

What is it doing while I feel perfectly fine?

WHAT IT DAMAGES

PRESSURE TRAVELS. Your circulation is one connected network, so pressure that runs too high in one place runs too high everywhere. Untreated hypertension wears on arteries all over the body, and the organs that suffer first are the ones built for a gentle blood supply.

YOUR HEART. Pumping against resistance for years wears the muscle down. That road leads to coronary artery disease, to heart failure, and to rhythms that lose their regularity. Arteries feeding the heart narrow or block, which shows up as chest pain or a heart attack.

YOUR BRAIN. High pressure can burst a vessel in the brain or set up the clot that plugs one. Brain cells die quickly once their supply stops, and what they controlled does not always come back.

YOUR KIDNEYS, EYES AND THE REST. The kidneys filter through vessels so small that pressure scars them quietly, and failing filters push blood pressure higher still. The retina takes the same damage and can cost you vision. Reduced flow interferes with sexual function in both men and women.

WHY THE KIDNEY LOOP IS THE ONE TO CATCH

Damage that makes more damage

Kidneys are mostly plumbing. Millions of tiny vessels strain waste and extra fluid out of your blood, and they were built for gentle pressure.

High pressure scars those vessels. Scarred kidneys clear less fluid. Fluid you keep raises your blood pressure. Higher pressure scars more vessels.

The loop turns slowly and quietly, and it is far easier to interrupt early than to unwind later.

None of this hurts while it happens. That is what makes it worth treating today.

DR. DAMIAN RASCH, D.O.

FIGURE 3

WHERE THE PRESSURE LANDS

HEART
Failure, rhythm, blocked arteries

BRAIN
Stroke from a clot or a burst vessel

KIDNEYS
Scarred filters, then fluid you keep

EYES
Retinal vessels and changes in vision

EVERYWHERE
Flow to every organ, sexual function too

How do you know my reading is the real one?

A NUMBER YOU CAN TRUST

ONE READING DECIDES NOTHING. Blood pressure moves all day long. It rises when you climb stairs, when you argue, when you sit in traffic, and it falls again while you sleep. A single high number on a single afternoon is a data point, not a diagnosis. I want several careful measurements on several different occasions before I put a label on anybody.

Some people run high in my office and normal everywhere else. That is **white coat hypertension**, and the trigger is the visit itself. Others do the opposite. Their office readings look fine while their pressure sits high at home, which we call **masked hypertension**. That second group worries me more, because the reassuring number is the one they get told.

Home readings sort most of this out, and a 24-hour monitor sorts out the rest. Worn for a day and a night, it records what your pressure does while you work, rest and sleep, which is the most complete picture we can get.

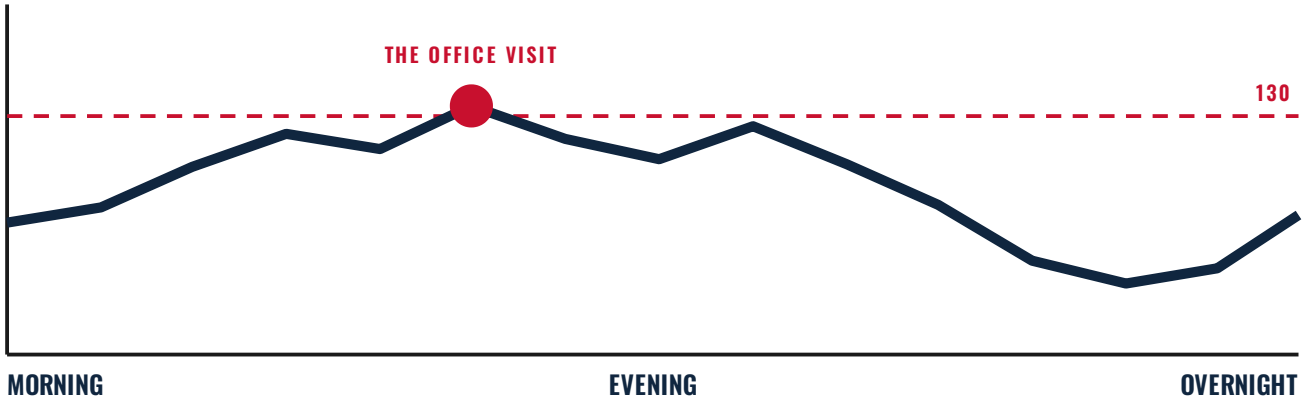
THREE WAYS TO MEASURE IT

Each one answers a different question

1. **IN THE OFFICE**
   Careful technique, repeated on separate visits. The starting point for everyone.
2. **AT HOME**
   Your ordinary life, measured. This is where white coat and masked readings separate.
3. **AROUND THE CLOCK**
   A 24-hour monitor catches the pattern through your day and through your night.

FIGURE 4

ONE READING, OR A WHOLE DAY



An illustrative model of a single day rather than data from one patient. The office catches one moment. A monitor catches the shape.

All right. What actually brings it down?

YOUR TOOLKIT

LIFESTYLE FIRST, ALWAYS. Changing how you eat, move and sleep is the foundation of treatment, and for people caught early it is sometimes the whole treatment. Losing five to ten pounds lowers readings. The DASH plan lowers readings. Steady movement lowers readings. Together they can keep hypertension from developing at all, and in people who have it they sometimes take away the need for medication.

AIM FOR 150 MINUTES A WEEK. That is two and a half hours of moderate effort spread across the week, and the form it takes is up to you. Brisk walking, swimming, cycling, dancing. A stronger heart moves blood with less force behind it, and the exercise pulls weight and stress down alongside the number.

THEN MEDICATION, WHEN IT IS NEEDED. If lifestyle changes do not reach your goal, medicine does the rest. Several different classes lower pressure through different mechanisms, which is why the right one for you depends on your other conditions as much as on your reading. I check blood work along the way to watch kidney function and electrolytes, particularly after any change.

STRESS, HANDLED DELIBERATELY. Slow breathing, meditation, yoga and time set aside for rest bring some people's numbers down. They help far more people avoid the eating, smoking and drinking that stress otherwise drives.

NOBODY GETS THE SAME PLAN

Why I refuse to treat a number in isolation

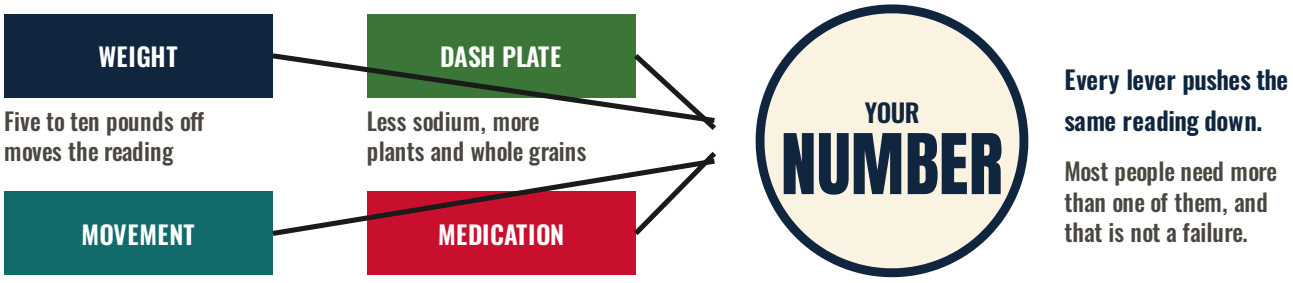
Two patients at 150 over 90 can need completely different treatment. One is 62 with sleep apnea and a desk job. The other is 74 with kidney disease and a cabinet full of prescriptions.

Your other conditions, the medicines you already take, what you are willing to keep doing, and what your risk actually is all move the plan.

A plan you will follow beats a better plan you will abandon in March.

FIGURE 5

FOUR WAYS IN, ONE NUMBER



Every lever pushes the same reading down.

Most people need more than one of them, and that is not a failure.

Does the same reading mean the same thing for everyone?

MEN, WOMEN, AND TIMING

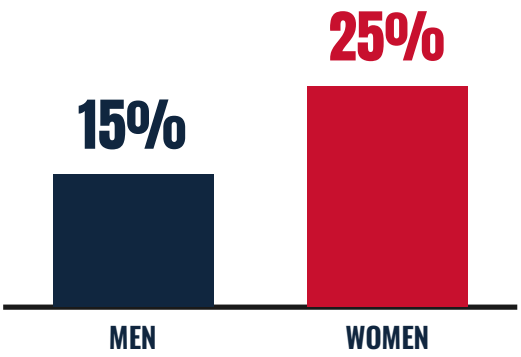
THE SAME TEN POINTS COST MORE IN WOMEN. Pooled research on cardiovascular risk shows a difference between the sexes that surprises most people, including plenty of physicians. Every 10 mmHg rise in the top number carries about a 15 percent higher risk of cardiovascular disease in men. The same 10 mmHg carries about **25 percent** in women.

That does not mean a man's reading is safe. It means a woman's elevated number deserves the same seriousness her husband's gets, and it often has not received it. I bring this up in clinic because so many women tell me their blood pressure was described as borderline for years.

TIMING IS THE OTHER LEVER. Catching a reading in the elevated range, a top number of 120 to 129 with a bottom number under 80, is the moment lifestyle changes do the most good. Acting there often prevents the whole progression, and with it the medication conversation years later.

FIGURE 6

TEN POINTS, TWO PRICES



Extra cardiovascular risk carried by each 10 mmHg rise in the top number.

Borderline is not a diagnosis. It is a decade of warning nobody used.

DR. DAMIAN RASCH, D.O.

WHAT A CARDIOLOGIST ADDS

Most blood pressure is managed well in primary care. What I add is a closer look at what the pressure has already done.

An echocardiogram shows whether the muscle has thickened or weakened. Stress testing shows how it behaves under load.

That picture changes decisions. It tells me which medicine protects your heart rather than merely lowering a number, and how hard to push.

ASK FOR A REFERRAL IF

Three situations where a heart specialist earns the trip

Your readings stay high on two or more medications taken as prescribed.

The number jumped suddenly rather than drifting up over years.

You already have heart disease, heart failure, an irregular rhythm, or side effects that keep derailing treatment.

DO THIS MONTH

FIVE SMALL MOVES

Not one of these takes an afternoon, and every one of them moves the number that decides how the rest of this goes.

1 ASK FOR THE ACTUAL NUMBER

Not "my pressure was fine." Both figures, written down, with the date beside them.

2 GET A CUFF AND USE IT

Readings at home, same time of day, written in the log at the back of this guide.

3 FIX ONE MEAL

Less salt in the meal you eat most often. One meal is a habit. Five is a diet nobody keeps.

4 WALK TWENTY MINUTES

Most days. That lands you near 150 minutes a week without ever joining anything.

5 BOOK THE RECHECK

Before you leave the office. A change nobody measures is a change nobody can act on.

AND ONE THING NOT TO DO

Do not stop a blood pressure medication quietly and wait to see whether anyone notices. Pressure climbs back without telling you, and the first sign can be the one nobody wants.

Tell me the real problem instead. The pill makes you lightheaded, the cough will not quit, the cost is absurd, you keep forgetting the evening dose. Nearly every one of those has a fix, and most of them take one phone call.

BRING TO YOUR VISIT

Four things that make the appointment worth more

Your home readings, with dates, untidy as the list looks.

Every bottle you take, including supplements and anything another doctor started.

What has been hard. Side effects, missed doses, the parts of the plan you have quietly abandoned.

Your family history. A parent or sibling with high blood pressure changes how early and how often I check.

The things patients ask me most

YOUR QUESTIONS

My reading was high once. Do I have hypertension?

Not on that alone. Pressure swings through the day, so one number on one afternoon proves very little. I want several careful readings taken on different occasions. What I do not want is for a high reading to be waved off and never repeated.

Can I stop the pills once my numbers look good?

Your numbers look good because the treatment is working. That is the argument for continuing, not for stopping. Lifestyle changes do sometimes take away the need for medication, and when that happens we lower the dose together, with readings to prove it. Never quietly, and never alone.

Which number should I watch, the top or the bottom?

Both. Either one reaching the threshold is enough to call it high blood pressure. A top number of 130 with a bottom number of 74 still counts, and so does 126 over 84. Read them as a pair.

Would cutting salt be enough on its own?

For some people in the elevated range, yes. For most, salt is one lever among several. Weight, movement and the rest of what you eat pull in the same direction, and using them together is what gets numbers down far enough to stay down.

My pressure is only high in your office. Does that count?

That pattern has a name, white coat hypertension, and it is real. It is also a reason to measure you somewhere calmer rather than a reason to stop measuring. Home readings or a 24-hour monitor settle it. The opposite pattern exists too, and worries me more.

Why do you keep ordering blood tests?

Blood pressure medicines can shift your kidney numbers and the salts in your blood, so I check both, especially after starting anything new or changing a dose. It is a short list of results that keeps the treatment safe.

Can stress alone push it up?

Long-running stress can contribute, and it does most of its damage through what it talks you into. Eating more, smoking, drinking more than you meant to. Handle the stress and you usually handle three risk factors at once.

Both my parents had it. Is mine inevitable?

No. Family history raises your odds and sets nothing in stone. What it should change is your timeline. Get checked earlier, get checked more often, and take the first elevated reading seriously rather than the fifth.

A SHORT GLOSSARY, IN PLAIN WORDS

Systolic. The top number. Pressure at the moment your heart beats.

Diastolic. The bottom number. Pressure while your heart rests between beats.

mmHg. Millimeters of mercury, the unit both numbers are measured in.

Elevated. A top number of 120 to 129 with a bottom number under 80. The warning stage.

White coat. High in the office, normal in ordinary life.

Masked. Normal in the office, high in ordinary life. The riskier of the two.

THE BOTTOM LINE

KNOW THE NUMBER. MOVE IT EARLY.

High blood pressure reaches nearly half of American adults, and it works without symptoms for years. Risk climbs steadily the whole way up the scale, and every 20 mmHg on the top number doubles the risk of dying from stroke or heart disease.

Almost all of that answers to treatment. Weight, salt, movement, tobacco, alcohol and medication all push the same number. Treating it is one of the few things in medicine that buys more years and better ones at once, and it starts with knowing your reading.

WHY EARLIER BEATS HARDER LATER

Somebody found at 125 over 78 has options a person found at 165 over 95 no longer has. Same person, ten years apart. The first conversation is about walking and salt. The second is about medication and about what the pressure has already done to the heart and the kidneys.

Catching it in the elevated range often prevents the whole progression. That is why I want every adult checked at least every two years, and more often once a reading runs high or other risks are in play.

Managing it is a long partnership rather than a prescription. Readings at home, regular follow-up, blood work to keep the treatment safe, and adjustments as life changes.

Small, gradual changes hold. Dramatic overhauls rarely survive the winter. Pick one thing and start there.

TAKE THIS PAGE TO YOUR DOCTOR

Two questions that change the conversation

1. **WHAT ARE MY TWO NUMBERS?**
   Written down, with the date, and what they were the last time.

2. **WHAT ARE WE AIMING FOR?**
   And which change do we make first to get there.

The full article is at **damianrasch.com/hypertension-guide**.

Bring this page with you. It changes what I can do.

YOUR LOG

Take your pressure at roughly the same times each day, sitting quietly first. Write down whatever the cuff says, including the readings you do not like. A messy, complete log is worth more to me than a tidy, selective one.

Two weeks of home readings tell me more than any single visit can. Bring this sheet to your next appointment, along with your bottles, and the next decision comes from evidence rather than from one number taken in a room that makes people nervous.

DATE	MORNING		EVENING		NOTES
	TOP	BOTTOM	TOP	BOTTOM	HOW THE DAY WENT

ABOUT THE AUTHOR

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READ IT ONLINE

damianrasch.com/hypertension-guide

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Set in Anton, Oswald and Source Serif 4.
Photographs from the author's library and Pexels.

Every number in this guide comes from the article of the same name at damianrasch.com, which draws on the American College of Cardiology and American Heart Association blood pressure guidelines, the DASH eating plan, and pooled cohort data on cardiovascular risk. Figure 4 is an illustrative model of a single day rather than data from one patient. The above information was composed by Dr. Damian Rasch, drawing on individual insight and bolstered by digital research and writing assistance. The information is for educational purposes only and does not constitute medical advice. It is not a substitute for consultation with your own physician.