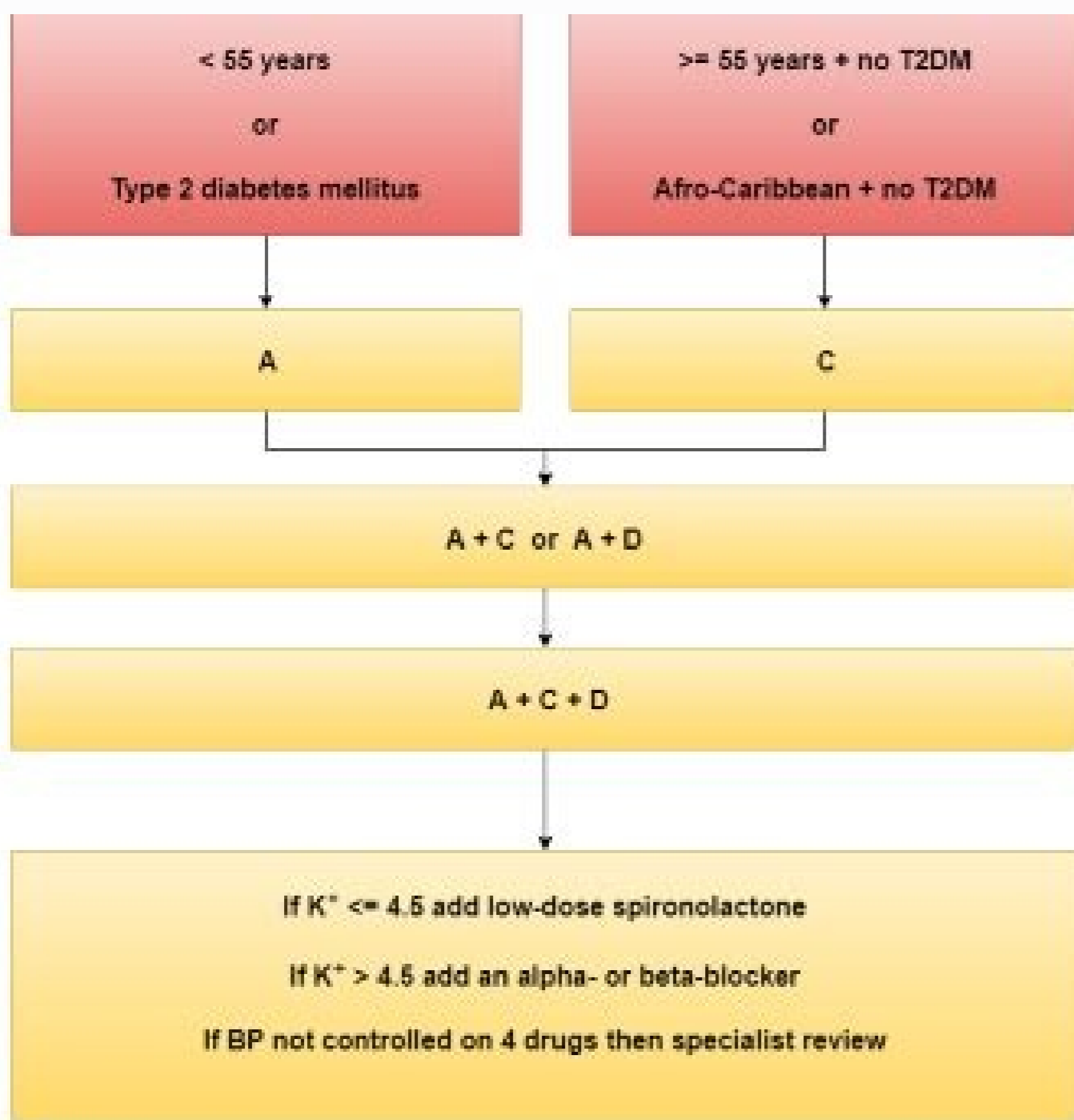


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Characteristic	KEEP	NHANES
Sex		
Men	33.3	47.1
Women	66.7	52.9
Race		
White	47.5	73.8
African American	35.8	13.2
Other	16.7	12.9
Ethnicity		
Hispanic	10.3	9.5
Non-Hispanic	89.7	90.5
Education		
<High school	17.3	25.1
≥High school	82.7	74.9
Current smoker		
Yes	11.0	19.3
No	89.0	80.7
Obesity status (BMI ≥ 30 kg/m <sup>2</sup> )		
Yes	50.8	42.9
No	49.2	57.1
Self-reported diabetes		
Yes	34.3	14.7
No	65.7	85.3
Self-reported cardiovascular disease		
Yes	23.9	17.9
No	76.1	82.1
Self-reported high cholesterol		
Yes	54.3	49.9
No	45.7	50.1



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**Key**  
**A** = ACE-inhibitor or Angiotensin 2 receptor blocker  
**C** = Calcium channel blocker  
**D** = thiazide-like Diuretic

Characteristics	Hypertension			
	KEEP		NHANES	
	Yes (n = 50,130)	No (n = 23,311)	Yes (n = 6,518)	No (n = 8,454)
<b>Sex</b>				
Men	33.3	27.7	47.1	48.3
Women	66.7	72.3	52.9	51.7
<b>Race</b>				
White	47.5	44.7	73.8	72
African American	35.8	30.6	13.2	9.4
Other	16.7	24.8	12.9	18.6
<b>Ethnicity</b>				
Hispanic	10.3	16.6	9.5	14.5
Non-Hispanic	89.7	83.4	90.5	85.5
<b>Education</b>				
<High school	17.3	11.7	25.1	18.1
≥High school	82.7	88.3	74.9	81.9
<b>Current smoker</b>				
Yes	11.0	14.6	19.3	27.9
No	89.0	85.4	80.7	72.1
<b>Obesity status (BMI ≥ 30 kg/m<sup>2</sup>)</b>				
Yes	50.8	30.0	42.9	23.6
No	49.2	70.0	57.1	76.4
<b>Self-reported diabetes</b>				
Yes	34.3	10.4	14.7	1.5
No	65.7	89.6	85.3	98.5
<b>Self-reported cardiovascular disease</b>				
Yes	23.9	11.1	17.9	3.4
No	76.1	88.9	82.1	96.6
<b>Self-reported high cholesterol</b>				
Yes	54.3	30.9	49.9	28.9
No	45.7	69.1	50.1	71.1

Note: Categorical values are expressed in percent. Values for NHANES are from 1999-2004 data.  
Abbreviations: BMI, body mass index; eGFR, estimated glomerular filtration rate; KEEP, Kidney Early Evaluation Program; NHANES, National Health and Nutrition Examination Surveys.

Source: Am J Kidney Dis © 2008 The National Kidney Foundation

Circulation: Heart Failure

IMAGES AND CASE REPORTS IN HEART FAILURE

Internal Versus External Compression of a Left Ventricular Assist Device Outflow Graft  
Diagnosis With Intravascular Ultrasound and Treatment With Stenting

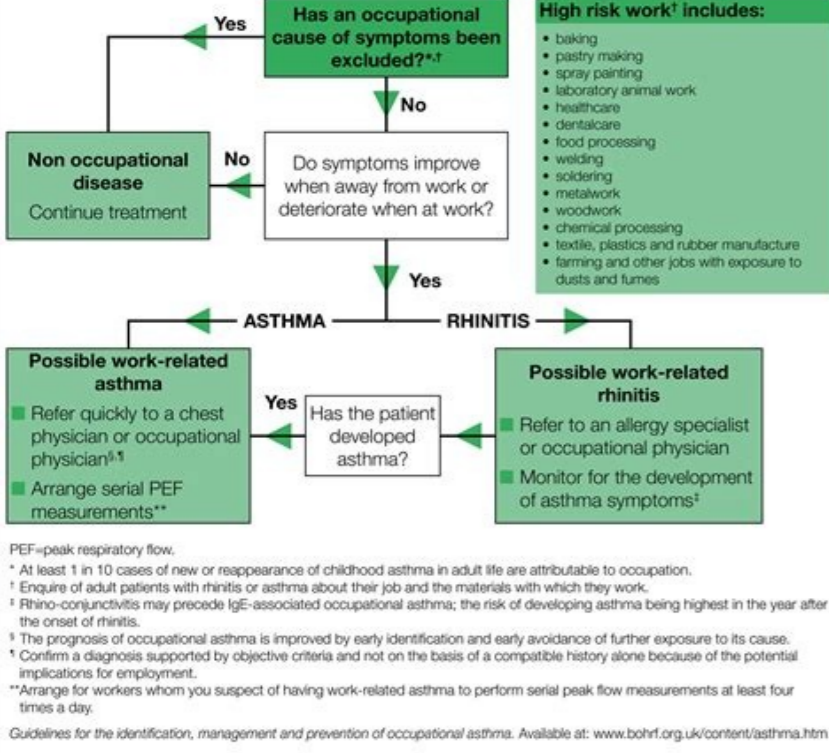
Obstruction within the circuit of a left ventricular assist device (LVAD) is a challenging situation for clinicians to definitively diagnose and manage. Available diagnostic tools are limited in their ability to visualize large portions within the device and cannulas, often leading to uncertainty as to whether redo surgery is required or if there are feasible medical or percutaneous alternatives. Here, we report a case of LVAD outflow graft obstruction, which by computed tomographic angiography (CTA) appeared to be intraluminal thrombus, but by intravascular ultrasound (IVUS) was shown to be compression external to the graft.

Cory R. Trankle, MD  
Mohammed A. Quader, MD  
John D. Grizzard, MD  
Daniel G. Tang, MD  
Keyur B. Shah, MD  
Kendall Paris, RT  
Christina K. Shepard, RT  
Zachary M. Gertz, MD

**CASE REPORT**  
A 62-year-old female with a continuous flow LVAD (HeartMate II Abbott, IL) 5 years prior presented to the emergency department with frequent low-flow alarms and syncope. The patient's post-LVAD course had been complicated by outflow graft infection 1 year after initial implantation, necessitating an outflow graft replacement. She had also experienced multiple bleeding events, for which her warfarin therapeutic goal was lowered.  
In the preceding year, her LVAD flows had steadily declined from 4.5 to 5.0 L/min to 2.7 to 2.8 L/min with an increasing frequency of low-flow alarms not responsive to the intravenous fluid administration or changes in LVAD speed.  
After admission to the hospital, CTA of the chest revealed severe narrowing of the proximal portion of the LVAD outflow graft within the portion covered by the bend relief (Figure [A] and [B]). It was not clear whether this was a result of mural thrombus within the graft or, alternatively, external compression of the graft from material within the bend relief. Because of the considerable risks of a third sternotomy, it was decided to evaluate with IVUS and proceed with a percutaneous approach to stent the stenotic outflow graft if possible.  
A left subclavian cut down was performed. Initially, a 6F sheath was placed and a GlideWire (Terumo, Somerset, NJ) was directed down the outflow graft through a Kurpe catheter (AngioDynamics, Latham, NY). The wire was exchanged for a Magic Torque wire (Boston Scientific, Marlborough, MA), and the sheath was exchanged for a 10F 45 cm. An IVUS catheter was used to interrogate the outflow cannula, revealing that the outflow graft was being externally compressed, resulting in a minimal internal area of 1.1 cm<sup>2</sup> at the proximal portion within the bend relief structure (normal segment minimal area of 2.1 cm<sup>2</sup>; Figure [C]). Because there was no thrombus within the cannula, carotid embolic protection was not necessary. A 5010 Palmaz stent (Cordis Corp, Miami Lakes, FL) was mounted on a 30-hat, 17 mm x 5 cm balloon (Braun Interventional Systems Inc, Bethlehem, PA) and positioned with the distal end just overlapping the metal housing, and the stent was deployed (Figure [D]).

Key Words: cannula • heart failure  
• stent • syncope • warfarin  
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Take control with a Powerful ARB + diuretic EDARBYCLOR® (azilsartan medoxomil/chlorthalidone) is 2 medicines in 1 to help you get to goal. If you're on 2 or more medications and still short of your blood pressure goal, EDARBYCLOR may be a good fit for you.<sup>1</sup> EDARBYCLOR combines the same active ingredient in EDARBI®, azilsartan medoxomil, with the diuretic ("water pill") chlorthalidone. (In fact, it's the only fixed dose combination drug available with chlorthalidone.)<sup>2</sup> The ARB in EDARBYCLOR works by relaxing blood vessels, and the diuretic works in the kidneys to help flush excess water and salt (sodium) from the body. Together, these 2 medicines help to lower blood pressure.<sup>2</sup> Actor Portrayal Every day, people like you are taking control of their high blood pressure with EDARBI and EDARBYCLOR. See Their Stories EDARBYCLOR outperforms Similar Medication in Studies.<sup>1\*</sup> When scientists compared EDARBYCLOR 40/25 mg with Benicar HCT® (olmesartan medoxomil-hydrochlorothiazide) 40/25 mg for 12 weeks, they found that EDARBYCLOR lowered blood pressure better.<sup>1</sup> (-42.5 mm Hg vs -37.1 mm Hg). ( This is important because millimeters matter. Even a reduction of 2 to 5 mm Hg in your systolic blood pressure may lower your cardiovascular risk.<sup>3,4,†</sup> Proper medical treatment and control has been shown to lower the risk of dying from heart-related problems such as heart attack and stroke.<sup>3,4†</sup> \*Based on clinical trial data vs Benicar HCT® (olmesartan medoxomil-hydrochlorothiazide).<sup>1†</sup> CV risk reduction with EDARBI and EDARBYCLOR has not been established. See Study Design This randomized, double-blind, forced-titration clinical trial compared the efficacy and safety of EDARBYCLOR with those of another ARB/diuretic combination, olmesartan medoxomil-hydrochlorothiazide (Benicar HCT). The study's 1,071 patients were selected based on systolic blood pressure (SBP) between 160 and 190 mm Hg measured at a clinic in a seated position. The study's primary measurement was the change in each patient's starting blood pressure compared with his/her SBP measured in the clinic at week 12.1 Read more about this study design and results at www.edarbi.com/hcp. EDARBYCLOR Is Effective for African American Patients<sup>4,5</sup> From a subgroup analysis of the same clinical trial, another benefit of EDARBYCLOR was discovered: It is especially effective at lowering blood pressure among African American patients with high blood pressure.<sup>4,5</sup> This is important because common treatments such as renin angiotensin system (RAS) inhibitors are generally less effective in low-renin populations, including African Americans.<sup>6</sup> EDARBYCLOR provides a choice for these populations.<sup>5</sup> \*Based on clinical trial data vs Benicar HCT, comparing 40/25 dose of EDARBYCLOR to 40/25 mg dose of Benicar HCT among African American participants.<sup>5</sup> See Study Design This randomized, double-blind, forced-titration clinical trial compared the efficacy and safety of EDARBYCLOR with those of another ARB/diuretic combination, olmesartan medoxomil-hydrochlorothiazide (Benicar HCT). The study's 1,071 patients were selected based on systolic blood pressure (SBP) between 160 and 190 mm Hg measured at a clinic in a seated position. The study's primary measurement was the change in each patient's starting blood pressure compared with his/her SBP measured in the clinic at week 12.1 Based on this post hoc subgroup analysis, EDARBYCLOR 40/25 mg delivered statistically superior clinic SBP reduction in self-identified African American patients with hypertension versus Benicar HCT 40/25 mg at week 12.5 This is a subgroup analysis. The study was not powered to detect a difference in these subgroups; therefore, the ability to interpret the P value as significant is reduced.<sup>5</sup> Read more about this study design and results at www.edarbi.com/hcp. EDARBYCLOR Safety and Tolerability EDARBYCLOR Safety and Tolerability Clinical studies of more than 3,900 people taking EDARBYCLOR found that side effects of the medication were generally mild and transient in nature: Dizziness in up to 8.9%.<sup>2</sup> Your doctor may monitor the potassium and creatinine levels in your blood while you're taking EDARBYCLOR. EDARBYCLOR may cause serious side effects, including low blood pressure (hypotension), which may cause dizziness or feeling faint. Vomiting and diarrhea, a low-salt diet, sweating a lot, or not drinking enough fluids can also lead to low blood pressure.<sup>7</sup> If you are taking EDARBYCLOR and experience side effects that concern you, call your doctor for medical advice. You are encouraged to report side effects of prescription drugs to Azurity/Arbor Pharmaceuticals, LLC Medical Information at 1-866-516-4950 or to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088. EDARBYCLOR Recommended Dosing EDARBYCLOR Recommended Dosing EDARBYCLOR is a once-daily oral medication that can help you achieve your blood pressure goals.<sup>2</sup> May be administered with or without food. May be administered with other antihypertensive agents. Dose may be increased to 40/25 mg after 2 to 4 weeks as needed to achieve BP goals. Correct volume depletion in patients prior to use. Doses above maximum are probably not useful. Get the prescription treatment you need at a cost you can afford with our comprehensive suite of savings programs. Reach your goals by finding the savings program that works for you. SEE SAVINGS OPPORTUNITIES EDARBI is an effective choice for blood pressure control. EDARBI may be used as a single therapy or in combination with other blood pressure medications.<sup>9</sup> Learn about EDARBI 1. Cushman WC, Bakris GL, White WB, et al. 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Your blood pressure measurement takes into account how much blood is passing through your blood vessels and the amount of resistance the blood meets while the heart is pumping. High blood pressure, or hypertension, occurs when the force of blood pushing through your vessels is consistently too high. In this article, we'll cover the basics of hypertension, including its symptoms, causes, how it's treated, and more. Narrow blood vessels, also known as arteries, create more resistance to blood flow. The narrower your arteries are, the more resistance there is, and the higher your blood pressure will be. Over the long term, the increased pressure can cause health issues, including heart disease. Hypertension is quite common. In fact, since the guidelines changed in 2017, nearly half of American adults could now be diagnosed with this condition. Hypertension typically develops over the course of several years. Usually, you don't notice any symptoms. But even without symptoms, high blood pressure can cause damage to your blood vessels and organs, especially the brain, heart, eyes, and kidneys. Early detection is important. Regular blood pressure readings can help you and your doctor notice any changes. If your blood pressure is elevated, your doctor may have you check your blood pressure over a few weeks to see if the number stays elevated or falls back to normal levels. Treatment for hypertension includes both prescription medication and healthy lifestyle changes. If the condition isn't treated, it could lead to health issues, including heart attack and stroke. How to understand high blood pressure readings Two numbers create a blood pressure reading. Systolic pressure (top number) indicates the pressure in your arteries when your heart beats and pumps out blood. Diastolic pressure (bottom number) is the reading of the pressure in your arteries between beats of your heart. Share on Pinterest Print Design by Maya Chastain Five categories define blood pressure readings for adults: Healthy: A healthy blood pressure reading is less than 120/80 millimeters of mercury (mm Hg). Elevated: The systolic number is between 120 and 129 mm Hg, and the diastolic number is less than 80 mm Hg. Doctors usually don't treat elevated blood pressure with medication. Instead, your doctor may encourage lifestyle changes to help lower your numbers. Stage 1 hypertension: The systolic number is between 130 and 139 mm Hg, or the diastolic number is between 80 and 89 mm Hg. Stage 2 hypertension: The systolic number is 140 mm Hg or higher, or the diastolic number is 90 mm Hg or higher. Hypertensive crisis: The systolic number is over 180 mm Hg, or the diastolic number is over 120 mm Hg. Blood pressure in this range requires urgent medical attention. If any symptoms like chest pain, headache, shortness of breath, or visual changes occur when blood pressure is this high, medical care in the emergency room is needed. A blood pressure reading is taken with a pressure cuff. For an accurate reading, it's important you have a cuff that fits. An ill-fitting cuff may deliver inaccurate readings. Blood pressure readings are different for children and teenagers. Ask your child's doctor for the healthy ranges for your child if you're asked to monitor their blood pressure. Hypertension is generally a silent condition. Many people won't experience any symptoms. It may take years or even decades for the condition to reach levels severe enough that symptoms become obvious. Even then, these symptoms may be attributed to other issues. Symptoms of severe hypertension can include: flushing, blood spots in the eyes (subconjunctival hemorrhage), dizziness. According to the American Heart Association, contrary to popular thought, severe hypertension doesn't typically cause nosebleeds or headaches — except when someone is in hypertensive crisis. The best way to know if you have hypertension is to get regular blood pressure readings. Most doctors' offices take a blood pressure reading at every appointment. If you only have a yearly physical, talk with your doctor about your risks for hypertension and other readings you may need to help you watch your blood pressure. For example, if you have a family history of heart disease or have risk factors for developing the condition, your doctor may recommend that you have your blood pressure checked twice a year. This helps you and your doctor stay on top of any possible issues before they become problematic. There are two types of hypertension. Each type has a different cause. Essential (primary) hypertension Essential hypertension is also called primary hypertension. This kind of hypertension develops over time. Most people have this type of high blood pressure. A combination of factors typically play a role in the development of essential hypertension. Genes: Some people are genetically predisposed to hypertension. This may be from gene mutations or genetic abnormalities inherited from your parents. Age: Individuals over 65 years old are more at risk for hypertension. Race: Black non-Hispanic individuals have a higher incidence of hypertension. Living with obesity: Living with obesity can lead to a few cardiac issues, including hypertension. High alcohol consumption: Women who habitually have more than one drink per day, and men who have more than two drinks per day, may be at an increased risk for hypertension. Living a very sedentary lifestyle: lowered levels of fitness have been connected to hypertension. Living with diabetes and/or metabolic syndrome: Individuals diagnosed with either diabetes or metabolic syndrome are at a higher risk of developing hypertension. High sodium intake: There's a small association between daily high sodium intake (more than 1.5g a day) and hypertension. Secondary hypertension Secondary hypertension often occurs quickly and can become more severe than primary hypertension. Several conditions that may cause secondary hypertension include: Diagnosing hypertension is as simple as taking a blood pressure reading. Most doctors' offices check blood pressure as part of a routine visit. If you don't receive a blood pressure reading at your next appointment, request one. If your blood pressure is elevated, your doctor may request you have more readings over the course of a few days or weeks. A hypertension diagnosis is rarely given after just one reading. Your doctor needs to see evidence of a sustained problem. That's because your environment can contribute to increased blood pressure, like the stress you may feel by being at the doctor's office. Also, blood pressure levels change throughout the day. If your blood pressure remains high, your doctor will likely conduct more tests to rule out underlying conditions. These tests can include: cholesterol screening and other blood teststest of your heart's electrical activity with an electrocardiogram (EKG, sometimes referred to as an ECG)ultrasound of your heart or kidneyshome blood pressure monitor to monitor your blood pressure over a 24-hour period at homeThese tests can help your doctor identify any secondary issues causing your elevated blood pressure. They can also look at the effects high blood pressure may have had on your organs. During this time, your doctor may begin treating your hypertension. Early treatment may reduce your risk of lasting damage. A number of factors help your doctor determine the best treatment option for you. These factors include which type of hypertension you have and what causes have been identified. Primary hypertension treatment options If your doctor diagnoses you with primary hypertension, lifestyle changes may help reduce your high blood pressure. If lifestyle changes alone aren't enough, or if they stop being effective, your doctor may prescribe medication. Secondary hypertension treatment options If your doctor discovers an underlying issue causing your hypertension, treatment will focus on that other condition. For example, if a medication you've started taking is causing increased blood pressure, your doctor will try other medications that don't have this side effect. Sometimes, hypertension is persistent despite treatment for the underlying cause. In this case, your doctor may work with you to develop lifestyle changes and prescribe medications to help reduce your blood pressure. Treatment plans for hypertension often evolve. What worked at first may become less useful over time. Your doctor will continue to work with you to refine your treatment. Medications Many people go through a trial-and-error phase with blood pressure medications. Your doctor may need to try different medications until they find one or a combination that works for you. Some of the medications used to treat hypertension include: Beta-blockers: Beta-blockers make your heart beat slower and with less force. This reduces the amount of blood pumped through your arteries with each beat, which lowers blood pressure. It also blocks certain hormones in your body that can raise your blood pressure. Diuretics: High sodium levels and excess fluid in your body can increase blood pressure. Diuretics, also called water pills, help your kidneys remove excess sodium from your body. As the sodium leaves, extra fluid in your bloodstream moves into your urine, which helps lower your blood pressure. ACE inhibitors: Angiotensin is a chemical that causes blood vessels and artery walls to tighten and narrow. ACE (angiotensin converting enzyme) inhibitors prevent the body from producing as much of this chemical. This helps blood vessels relax and reduces blood pressure. Angiotensin II receptor blockers (ARBs): While ACE inhibitors aim to stop the creation of angiotensin, ARBs block angiotensin from binding with receptors. Without the chemical, blood vessels won't tighten. That helps relax vessels and lower blood pressure. Calcium channel blockers: These medications block some of the calcium from entering the cardiac muscles of your heart. This leads to less forceful heartbeats and a lower blood pressure. These medications also work in the blood vessels, causing them to relax and further lowering blood pressure. Alpha-2 agonists: This type of medication changes the nerve impulses that cause blood vessels to tighten. This helps blood vessels to relax, which reduces blood pressure. Healthy lifestyle changes can help you control the factors that cause hypertension. Here are some of the most common ones. Developing a heart-healthy diet A heart-healthy diet is vital for helping to reduce high blood pressure. It's also important for managing hypertension that's under control and reducing the risk of complications. These complications include heart disease, stroke, and heart attack. A heart-healthy diet emphasizes: fruits and vegetables whole grains lean proteins like fish increasing physical activity In addition to helping you lose weight (if your doctor has recommended it), exercise can help lower blood pressure naturally, and strengthen your cardiovascular system. Aim to get 150 minutes of moderate physical activity each week. That's about 30 minutes, 5 times per week. Reaching an optimal weight If you're living with obesity, maintaining a moderate weight with a heart-healthy diet and increased physical activity can help lower your blood pressure. Managing stress Exercise is a great way to manage stress. Other activities can also be helpful. These include: meditation deep breathing massage muscle relaxation yoga or tai chi Getting adequate sleep may also help reduce stress levels. Quitting smoking and limiting alcohol If you're a smoker and have been diagnosed with high blood pressure, your doctor will most likely advise you to quit. The chemicals in tobacco smoke can damage the body's tissues and harden blood vessel walls. If you regularly consume too much alcohol or have an alcohol dependency, seek help to reduce the amount you drink or stop altogether. Drinking alcohol in excess can raise blood pressure. If you have risk factors for hypertension, you can take steps now to lower your risk for the condition and its complications. Add fruits and vegetables to your diet Slowly work your way up to eating more servings of heart-healthy plants. Aim to eat more than seven servings of fruits and vegetables each day. Then aim to add one more serving per day for 2 weeks. After those 2 weeks, aim to add one more serving. The goal is to have 10 servings of fruits and vegetables per day. Limit refined sugar Try to limit the amount of sugar-sweetened foods, like flavored yogurts, cereals, and sodas, you eat on a daily basis. Packaged foods hide unnecessary sugar, so be sure to read labels. Reduce sodium intake People living with hypertension and those with an increased risk for heart disease may be advised by their doctor to keep their daily sodium intake between 1,500 milligrams and 2,300 milligrams per day. The best way to reduce sodium is to cook fresh foods more often and limit the amount of fast food or prepackaged food you eat, which can sometimes be very high in sodium. Set weight loss goals If your doctor has recommended you lose weight, talk with them about an optimal weight loss goal for you. The Centers for Disease Control and Prevention (CDC) recommends a weight loss goal of one to two pounds a week. This can be achieved through a more nutritious diet and increased physical exercise. Employing the help of a trainer or fitness app, and possibly even a dietician, are all methods to help you learn how to make the best choices for your body and your lifestyle. Monitor your blood pressure regularly The best way to prevent complications and avoid problems is to recognize hypertension early. Keep a log of your blood pressure readings and take it to your regular doctor appointments. This can help your doctor see any possible problems before the condition advances. People with hypertension can deliver healthy babies despite having the condition. But it can be dangerous to both the birthing parent and baby if it's not monitored closely and managed during the pregnancy. People with high blood pressure who become pregnant are more likely to develop complications. For example, pregnant women with hypertension may experience decreased kidney function. Babies born to birthing parents with hypertension may have a low birth weight or be born prematurely. Some people may develop hypertension during their pregnancies. Several types of high blood pressure problems can develop. The condition often reverses itself once the baby is born. Developing hypertension during pregnancy may increase your risk for developing hypertension later in life. Preeclampsia In some cases, pregnant people with hypertension may develop preeclampsia during their pregnancy. This condition of increased blood pressure can cause kidney and other organ complications. This can result in high protein levels in the urine, problems with liver function, fluid in the lungs, or visual problems. As this condition worsens, the risks increase for the mother and baby. Preeclampsia can lead to eclampsia, which causes seizures. High blood pressure problems in pregnancy remain an important cause of maternal death in the United States. Complications for the baby include low birth weight, early birth, and stillbirth. There's no known way to prevent preeclampsia, and the only way to treat the condition is to deliver the baby. If you develop this condition during your pregnancy, your doctor will closely monitor you for complications. Because hypertension is often a silent condition, it can cause damage to your body for years before symptoms become obvious. If hypertension isn't treated, you may face serious, even fatal, complications. Complications of hypertension include the following: Damaged arteries Healthy arteries are flexible and strong. Blood flows freely and unobstructed through healthy arteries and vessels. Hypertension makes arteries tougher, tighter, and less elastic. This damage makes it easier for dietary fats to deposit in your arteries and restrict blood flow. This damage can lead to increased blood pressure, blockages, and, eventually, heart attack and stroke. Damaged heart Hypertension makes your heart work too hard. The increased pressure in your blood vessels forces your heart's muscles to pump more frequently and with more force than a healthy heart should have to. This may cause an enlarged heart. An enlarged heart increases your risk for the following: heart failure arrhythmia sudden cardiac death heart attack Damaged brain Your brain relies on a healthy supply of oxygen-rich blood to work properly. Untreated high blood pressure can reduce your brain's supply of blood. Temporary blockages of blood flow to the brain are called transient ischemic attacks (TIAs). Significant blockages of blood flow cause brain cells to die. This is known as a stroke. Uncontrolled hypertension may also affect your memory and ability to learn, recall, speak, and reason. Treating hypertension often doesn't erase or reverse the effects of uncontrolled hypertension. But it does lower the risks for future problems. High blood pressure, also known as hypertension, is a very common health issue in the United States. If you've recently been diagnosed with high blood pressure, your treatment plan will vary depending on factors. These include the severity of your high blood pressure, and what medication your doctor thinks will work best for you. The good news is that in many cases of hypertension, lifestyle changes can be powerful tools for managing, or even reversing, your diagnosis. These changes include incorporating more nutritious fruits and vegetables into your diet, getting more physical activity, limiting your sodium intake, and limiting your alcohol consumption. Because hypertension often presents with no symptoms, it's important to get your blood pressure checked during your yearly physicals. Severe hypertension can cause serious health issues, so the sooner you have it diagnosed, the sooner it can be managed — and possibly even reversed!

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