

Dear Clinicians,

The new 2017 hypertension guidelines are not being appreciated for their focus on the holistic management of our patients with elevated blood pressure. In my opinion, it is an unfortunate backlash to the rather arbitrary use of 130/80 as a threshold to diagnose hypertension. The backlash is the result of the cynical presumption that a lower threshold was advocated for by pharmaceutical companies to sell more antihypertensive medications. But the new guidelines ask us to reserve pharmacologic therapy for the higher cardiovascular risk patients. It has to be appreciated that there is a difference between elevated blood pressures and hypertension. This has importance with coding our clinic visits. Hypertension is a disease - elevated blood pressure is not. The folks that make the ICD-10 codes understand that! Disease of Hypertension = ICD-10 I10. Elevated Blood Pressure without the disease of hypertension = ICD-10 R03.0. Elevated blood pressure may never lead to disease! It could just be white-coat hypertension! The only way that we can know this is by checking home blood pressure. This is why the guidelines focus on BP measurement (ad nauseum)!

When does elevated BP lead to disease? This occurs when elevation in BP is sustained and usually when there are additional insults to the system; such as hyperlipidemia, diabetes/pre-diabetes, abdominal obesity, smoking and inflammation. Once again, the guidelines have listed lifestyle recommendations that address all of the above WITHOUT medications. They go into great detail about exercise, diet, sleep and weight management. The reason that they use the 130/80 threshold is that if we as clinicians are aggressive with these non-pharmacologic recommendations early on, then we may never have to use medications. Also note that these lifestyle recommendations are holistic..... at the same time, they improve blood pressure, glucose, cholesterol and inflammation.

Finally, remember this about guidelines: The job of guidelines is simply to illuminate us about the latest in hypertension, and to guide our assessment and management of diseases. They are not written in stone, just some nudging down the path. How realistic is it that we will have time to advocate for this holistic concept in our practices? It is difficult!!!! It is much easier to prescribe atorvastatin and amlodipine! Yes, there is a generic single-pill-combo for that!!! What we need is healthcare system reform allowing us to address the unhealthy lifestyle that is prevalent in our communities. With BP Visit we have tried to provide a model for this reform, by providing practices and teams with strategies to help patients with their self-management skills, lifestyle modification and patient-centered goal setting for their blood pressure. Let us treat our patients with elevated blood pressures in the context of their other cardiovascular risk factors. It is difficult to undertake these behavioral recommendations in our constrained healthcare system.

If you have specific questions related to hypertension management, Dr. Williams can be reached directly by email at Stephen.Williams@nyumc.org, or by phone at 646-320-8075.

Have a great weekend!

THE BP VISIT PROJECT TEAM

