

Patient information from BMJ

Last published: Dec 06, 2021

High blood pressure: what treatments work?

If you have high blood pressure you probably won't feel sick. But having high blood pressure increases your chance of serious health problems, including heart attacks and strokes. There are good treatments, and things you can do yourself, to reduce your blood pressure.

You can use our information to talk to your doctor and decide which treatments are right for you.

What treatments work?

When doctors take your blood pressure, they measure how hard your blood pushes against your blood vessels as it moves around your body. You need some pressure to keep the blood moving. But if the pressure is too high, over time it can damage your blood vessels.

This can cause problems such as heart attacks, strokes, eye problems, and kidney damage.

Your blood pressure rises and falls slightly throughout the day and night. But when it stays above a certain level, it's called high blood pressure. High blood pressure is also called **hypertension**.

You may be able to reduce your blood pressure by making changes to your lifestyle. But most people need to take medications too.

Lifestyle changes

There are lots of things you can do to reduce your blood pressure.

If you are overweight, **losing some weight**, even four or five pounds, may help to bring your blood pressure down. If you are being treated for high blood pressure, losing weight may make the treatment work better and reduce how much of the medication you need.

Eating a type of diet called the **DASH**diet, which stands for Dietary Approaches to Stop Hypertension.

High blood pressure: what treatments work?

On this diet you eat:

- plenty of fresh fruits and vegetables
- more wholegrain products (such as brown rice and wholemeal bread) instead of white rice and white bread
- more fish, poultry, and nuts, instead of red meat
- less salt. Most of us eat more salt than we need. A low-salt diet means eating less than 2 grams of salt a day. Many processed foods such as bread and breakfast cereal contain a lot of salt. Check the labels to find out
- less saturated fat (butter, meat, cheese, and cream)
- fewer sugary foods, such as cakes and candy, and fewer sugary drinks.

Your doctor might also recommend that you eat more foods that are rich in a mineral called potassium. Potassium-rich foods include:

- some fresh fruits, such as bananas, oranges, melons, and grapefruit
- some dried fruits, such raisins, prunes, and dates
- some vegetables, such as cooked broccoli, cooked spinach, potatoes, sweet potatoes, mushrooms, peas, and cucumbers.

Your doctor might also recommend a potassium supplement. But your doctor will not recommend more potassium if you have chronic kidney disease or if you take certain medications.

Doing regular exercise (such as walking, jogging, or biking) is also important. Doctors recommend that most people with high blood pressure get at least 30 minutes of exercise three to five times a week.

You need to exercise regularly to keep your blood pressure down. If you stop exercising, it may rise again. Check with your doctor about what type of exercise routine might be best for you.

If you drink a lot of alcohol, **cutting down** can reduce your blood pressure.

If you have high blood pressure, **smoking** can further increase your chance of serious heart and blood pressure problems. So quitting smoking is important. You can ask your doctor for help.

Medications

There are many different types of medication that can lower your blood pressure. Taking one or more of these medications can:

- help lower your blood pressure
- reduce your chance of problems related to high blood pressure (such as a heart attack or a stroke), and

High blood pressure: what treatments work?

help you to live longer.

You may need to take more than one medication to bring your blood pressure down to a healthy level.

Which medication (or medications) you try first will depend on several things, including how high your blood pressure is and whether you have other medical conditions.

The main blood-pressure medications all work in slightly different ways, which is one reason why it often helps to take more than one. These are the main types that your doctor might recommend:

- ACE inhibitors
- Diuretics
- Angiotensin II receptor blockers (ARBs)
- Calcium channel blockers
- Beta-blockers.

You'll need regular appointments with your doctor to check on your blood pressure and your treatments.

Some people get side effects from these medications. Talk to your doctor if you are getting any problems. You may be able to take a different type of medication, or a lower dose of one or more medications.

Some medications come as a combination pill of several drugs, which some people find easier to take.

Don't stop taking your medications without talking to your doctor. Most people are able to find treatments that work for them with few, if any, side effects.

Below we've listed some of the more common side effects from blood pressure medications.

- ACE inhibitors: a dry cough, dizziness (especially the first time you take them), or kidney problems.
- Diuretics: dizziness, nausea, sexual problems (such as not being able to get an erection), muscle cramps, thirst, or needing to pass urine more often.
- ARBs: dizziness.
- Calcium channel blockers: headaches, dizziness, swollen ankles, flushing, or an abnormal heartbeat.
- Beta-blockers: tiredness, nausea, sexual problems, cold hands, or cold feet. Doctors
 usually recommend that people with asthma don't take beta-blockers.

For more background information on high blood pressure see our leaflet *High blood pressure:* what is it?

High blood pressure: what treatments work?

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the <u>online survey</u> or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



