

ASSESSMENT

If you are newly diagnosed or experiencing high blood pressure, your Primary Health Care Practitioner may assess the following (these may not pertain to every patient):

Physical Exam

- Weight, eye exam, thyroid
- Carotid and other artery blockages
- Heart and lungs
- Kidney size, abdominal aneurysm
- Leg swelling, neurologic (nervous system)

Identifiable Causes

- Sleep apnea
- Drug-induced
- Chronic kidney disease
- Adrenal gland disorder
- Thyroid or parathyroid disease

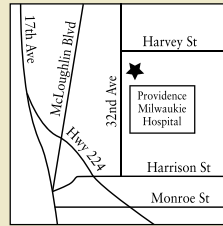
Presence of Body Organ Damage

- Heart enlargement, angina, heart failure
- Brain: stroke or TIAs (mini-strokes)
- Chronic kidney disease
- Circulation disorders
- Retina disorders

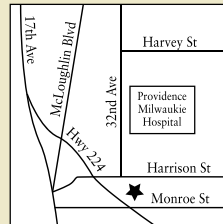
Laboratory and Other Tests

- Blood glucose (look for diabetes)
- Lipid panel (cholesterol)
- Serum potassium, creatinine, calcium
- Hematocrit (for anemia)
- Urinalysis
- Electrocardiogram

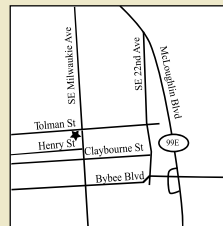
NORTHWEST PRIMARY CARE LOCATIONS



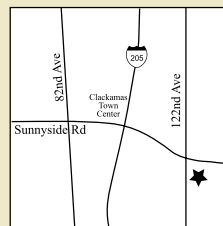
**CLACKAMAS
INTERNAL MEDICINE**
10024 SE 32nd Ave.
Milwaukie, OR 97222
(Patients 15 years and older)



**MILWAUKIE
FAMILY PRACTICE**
3033 SE Monroe St.
Milwaukie, OR 97222



**SELLWOOD/
MORELAND CLINIC**
6327 SE Milwaukie Ave.
Portland, OR 97202



**TALBERT CENTER
FAMILY PRACTICE**
12360 SE Sunnyside Rd.
Clackamas, OR 97015

For appointments and assistance, call
503.659.4988.
nwpc.com



HYPERTENSION

FACTS

Over 65 million Americans have high blood pressure/hypertension.

Hypertension increases the risk for:

- Heart disease (heart attacks, congestive heart failure, heart enlargement)
- Strokes
- Aneurysms (brain and abdomen)
- Kidney disease
- Peripheral arterial disease (hardening of the arteries)
- Retinopathy (bleeding in the eye, leaking of blood vessels)
- Erectile dysfunction

WHY YOU MAY ALREADY HAVE HIGH BLOOD PRESSURE/HYPERTENSION

- Aging
- Heredity
- Obesity
- Alcohol excess
- Salt sensitivity
- Stress

HIGH BLOOD PRESSURE/HYPERTENSION		
	Systolic (1st Number)	Diastolic (2nd Number)
Hypertension Stage 1	140-159	90-99
Hypertension Stage 2	160 or greater	100 or greater

TREATMENT

Blood Pressure Goals

- If your blood pressure is 140/90 or higher, aim for a goal in the 130s/80s or less.
- If your blood pressure is 130/80 or higher, and you have diabetes or chronic kidney disease, aim for a goal in the 120s/70s or less.

LIFESTYLE MODIFICATION

Diet Should Be Rich In:

- ✓ Fruits
- ✓ Vegetables
- ✓ Low-fat dairy products
- ✓ Low saturated and total fats

Dietary Salt Reduction

- ✓ 2000-3000 milligrams of sodium per day (carefully read labels)

Aerobic Physical Activity

- ✓ Exercise 30 minutes per day, 3-5 days of the week

Moderation of Alcohol Consumption

- ✓ Men: 2 or fewer drinks per day
- ✓ Women: 1 or fewer drinks per day

If lifestyle modification does not bring your blood pressure down to the desired goal, medications may be added.

MEDICATION

- Many types of blood pressure medication exist. Most patients can be treated successfully.
- Most patients require two or more medications to meet their blood pressure goal.
- High blood pressure will likely worsen with time. Expect to have medication adjustments.
- Remember to take your medications as they are prescribed.
- Side-effects may occur. Please be aware of what side-effects may occur with your medications.
- Keep a list of your medications with you at all times.

FOLLOW-UP AND MONITORING

- Consider buying a blood pressure monitor (arm cuff) for home use — it is worth the investment.
- See your Primary Health Care Practitioner regularly to monitor the effects of your medication.
- Monthly office visits until blood pressure reaches goal (more frequently if blood pressure is >160/100).
- Once stable, office visits needed at least every 3-6 months.
- Lab Tests: Potassium and Creatinine (Kidney test) once or twice a year.

