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# Hypertension

## ...the silent killer

IN 90 to 95 per cent of high blood pressure cases, the cause is unknown. In fact, you can have high blood pressure for years without knowing it. That's why it's the silent killer – it creeps up on you.

When the cause is unknown, you have what's called essential or primary hypertension. Factors that may lead to high blood pressure in the remaining 5 to 10 per cent of cases, which are known as secondary hypertension, include:

- Kidney abnormality.
- A structural abnormality of the aorta

(large blood vessel leaving the heart) existing since birth

- Narrowing of certain arteries

These problems can be corrected. For example, doctors can repair a narrowed artery that supplies blood to a kidney. Most of these problems can be ruled out by a careful history, a physical examination and a few tests. Special tests are sometimes needed, but you don't usually have to stay in the hospital.

### How does high blood pressure develop?

Your heart pumps blood

through the body's arteries. The large arteries that leave your heart taper into smaller arteries called **arterioles**. The arterioles then taper into smaller vessels called capillaries, which supply oxygen and nutrients to all the organs of your body. The blood then returns to your heart through the veins.

Certain nerve impulses cause your arteries to dilate (become larger) or contract (become smaller). If these vessels are wide open, blood

can flow through easily. If they're narrow, it's harder for the blood to flow through them, and the pressure inside them increases. Then high blood pressure may occur. When this happens, your heart becomes strained and blood vessels may become damaged. Changes in the vessels that supply blood to your kidneys and brain may cause these organs to be affected.

Your heart, brain and kidneys can handle increased pressure for a long time. That's

why you can live for years without any symptoms or ill effects. But that doesn't mean it's not hurting you. High blood pressure is a key risk factor for a stroke, heart attack and kidney failure.

### What does high blood pressure do to your body?

High blood pressure adds to the workload of your heart and arteries. Your heart must pump harder, and the arteries carry blood that's moving under greater pressure. If high blood pressure continues for a long time, your heart and arteries may not work as well as they should. Other body organs may also be affected. There is increased risk of stroke, congestive heart failure, kidney failure and heart attack. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or

stroke increases several times.

### What about low blood pressure?

Within certain limits, the lower your blood pressure reading is, the better. In most people, blood pressure isn't too low until it produces symptoms, such as lightheadedness or fainting. In certain disease states, it's possible for blood pressure to be too low. Examples include:

- Certain nerve or endocrine disorders
  - Prolonged bed rest
  - Decreases in blood volume due to severe bleeding (hemorrhage) or dehydration
- Blood pressure less than 120/80 mm Hg is generally considered ideal. Levels higher than this increase your risk for cardiovascular disease. If you have unusually low blood pressure, you need to have it evaluated.

## Women and heart disease

### KNOWLEDGE IS POWER, SO LEARN YOUR RISKS.

Women face six major risk factors for heart disease that you can prevent, control or treat: high blood pressure, high blood cholesterol, tobacco smoke, physical inactivity, obesity or overweight, and diabetes. Let's look more closely at the first two.

### High blood pressure ... the silent killer

It's called the silent killer because it usually has no symptoms. High blood pressure forces your heart to work harder than normal, which makes it and your arteries more likely to be injured. That raises your risk of heart attack and stroke. The only way to know if you have it is to have your doctor check it.

Chances of high blood pressure increase if you have a family history of high blood pressure, are 20 pounds or more over a healthy weight, or have reached the age of menopause. Your chances of developing high blood pressure increase during pregnancy, especially in the last trimester. If not

### Part 1

treated, high blood pressure during pregnancy can endanger you and your child.

### High blood cholesterol ... risky numbers

Cholesterol, a fat-like substance, can build up with other substances in the inner walls of arteries. Plaque forms and can narrow these blood vessels. Plaque that ruptures causes blood clots. If a clot blocks a blood vessel to the heart, it causes a heart attack. If it blocks a vessel to the brain, it causes a stroke. High blood cholesterol has no symptoms. If you need to lower your LDL (the "bad" cholesterol), create a diet low in saturated fat and cholesterol, and an exercise plan. If you're overweight, create a diet and exercise plan to help you lose the extra pounds. Diet and exercise are important, but they may not be enough by themselves. If these efforts don't get you to your goal, your doctor may prescribe

medication. Even if you need to take cholesterol-lowering drugs, a healthy diet and exercise are still important.

**Next month** we will conclude by looking at the risks of smoking, physical inactivity, obesity and diabetes.



**EXERCISE IS A vital part of the rehabilitation process and clients taking part in the CDP&R programme at the Heart and Stroke Foundation of Barbados' Gym With a Difference are in good hands with its experienced team.**

## CDP&R programme making a difference

### THE Gym With A Difference/Cardiovascular Disease Prevention and Rehabilitation programme (CDP&R) is a classic example of the quality of service offered by the Heart & Stroke Foundation of Barbados (HSFB).

The programme is designed for patients who have had a heart attack or stroke, cardiovascular surgery or who are at risk of heart disease or stroke. The goal of cardiac rehabilitation is to enable those individuals to return to an active, normal lifestyle through strictly monitored exercise and lifestyle modification. You must, however, have a physician referral to begin the cardiac rehab programme.

There are two phases of outpatient rehab and each is individually designed by the rehab staff and the patient's physician to

restore optimal physical and mental well-being. Phase II rehab, is a 12-week programme that is formally supervised and monitored. The patient's electrocardiogram (EKG), heart rate and blood pressure are measured by nurses before, during and after exercise.

Exercise sessions are about an hour in length and occur Mondays, Wednesdays and Fridays. Sessions include a five-to 10-minute warm-up, approximately 30 minutes on the exercise equipment (according to each individual's exercise prescription) and a cool down period. Treadmills, stationary bicycles, and steppers are used to improve cardiovascular fitness. Although the machines may appear somewhat intimidating, the CDP&R staff patiently educates each person on their proper use.

Phase III cardiac rehab is an extended, supervised but unmonitored maintenance period, which leads to exercising on ones own. Generally four to six months in duration, these sessions are also designed as one-hour sessions, three times weekly. But unlike Phase II, patients are more independent.

The "Gym With a Difference" also offers an "at risk" programme for people who have any cardiac risk factors. Those include: high blood pressure, high cholesterol, obesity, diabetes, tobacco usage, stress and a family history of heart disease. These classes also meet on Mondays, Wednesdays and Fridays for one hour. Sessions are designed to improve cardiovascular fitness and reduce the potential of heart disease or stroke.

The CDP&R programme is

expanding rapidly as our local population recognises the importance of rehabilitation and prevention of cardiovascular disease; therefore our need for voluntary, professional support staff has increased tremendously as we strive to maintain service excellence to our growing clientele.

We are currently in the process of establishing a resource pool, including a voluntary nutritionist, physiotherapist, medical doctors, occupational therapist, and nursing students who can help us with our mission of keeping our people healthy and reducing suffering and death from cardiovascular disease.

At present, the human resource personnel of the programme consist of an honorary medical director, a full time programme manager, three sessional nurses and, where

necessary, relief nurses provide cover for the unit. The worldwide nursing crisis has also had its effect on the programme as there is a rapid turnover of nursing staff as they continue to migrate overseas seeking greater opportunities. As a result, the need for nursing staff remains a constant.

We therefore encourage all nursing staff interested in cardiac rehabilitation and with a minimum of two years experience to forward their curriculum vitae to our Administration Department for processing.

We are all our brothers' keepers, so help us help our community. For further information contact **Kim Clarke-Grant** at telephone: **427-8031/ 437-3312**; Fax: **430-9898**; or by Email: **hfobcdpr@sunbeach.net**