

An Open Letter To Healthcare Providers Nationwide

Uncontrolled High Blood Pressure: A National Problem with Promising Solutions

Dear Colleagues:

Despite significant achievements in the detection and treatment of hypertension (high blood pressure) over the past 30 years, the most current national data show that high blood pressure control rates are no longer improving.

Today, we would have liked to be able to announce that high blood pressure had been brought under control in 50 percent of those patients who have it—a national goal set forth by the U.S. Department of Health and Human Services' 1995 *Healthy People 2000* initiative.¹

Instead, reports show that high blood pressure is controlled in only about 27 percent of Americans with hypertension, with even worse control rates in those over age 74.² Equally disturbing, approximately one-third of those affected are unaware that they have high blood pressure.³ The risks are even higher and the consequences often more severe in particular populations: older Americans, African-Americans, and people with diabetes.⁴

We have not met our millennium goal. The consequences of that, as you know, are serious:

- High blood pressure is the primary or a contributing factor in more than 200,000 deaths per year.⁴
- High blood pressure precedes heart failure in 75 percent of all cases. Heart failure is now the most common cause for hospitalization in people age 65 and older.⁴
- In the U.S., approximately every 53 seconds, someone has a stroke. That's more than 600,000 Americans a year. Nearly one-third of them will die immediately.⁵ High blood pressure is the most important modifiable risk factor for stroke, and the risk increases directly as blood pressure increases.
- Cardiovascular diseases cost the nation more than \$326 billion each year.⁴

Clearly, more aggressive blood pressure management is critical. We know now that lowering systolic (top number) as well as diastolic (bottom number) blood pressure is important in reducing cardiovascular disease in our patients. Research suggests that systolic blood pressure may be an even better predictor of cardiovascular risk. This presents new challenges since systolic pressure is less easily managed and has not been the primary focus of treatment.

It is time to join together and strengthen our commitment to manage high blood pressure in our patients.

We, as healthcare providers, must not be content with elevated systolic or diastolic blood pressure in our patients.


We must work with our patients toward the JNC VI⁶ treatment goal of less than 140/90 mmHg, and to less than 130/85 mmHg in those at highest risk, especially patients with significant kidney disease or diabetes.

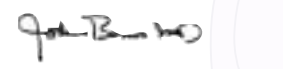
We must recommit ourselves to educate, motivate, and treat our patients until they reach the treatment goal that may extend their lives.


High blood pressure is endemic in this country. It is our responsibility as healthcare providers to address it with the urgency it demands.


We invite you to join us in making a commitment to the health of those you treat who are at risk for disability and death due to uncontrolled high blood pressure.


Sincerely,

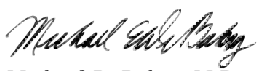

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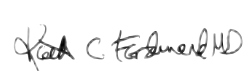

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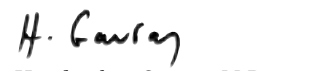

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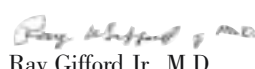

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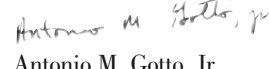

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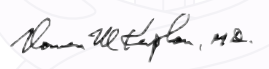

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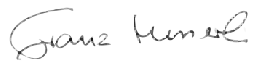

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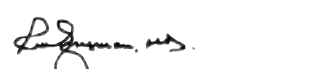

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