



## HEART MONTH TIPS



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### **Why and how should we control blood pressure?**

High blood pressure (hypertension) is a major risk factor for cardiovascular diseases, including heart attack, stroke, and heart failure. Hypertension can often have a combination of causes, such as obesity, high sodium intake, lack of physical activity, high stress, and untreated sleep apnea. Lifestyle modifications, including maintaining a healthy diet, regular exercise, managing stress, limiting alcohol and sodium intake, and maintaining a healthy weight, can play a significant role in preventing and controlling hypertension. For some individuals, medications may be needed to help manage blood pressure more effectively.

### **How long should alternatives be tried before starting medications?**

In general, lifestyle modifications are typically recommended as the first-line approach for managing elevated blood pressure. The American College of Cardiology (ACC) and the American Heart Association (AHA) recommend attempting lifestyle modifications for at least 3-6 months before considering medication, especially in mild (Stage 1) high blood pressure (130-139/80-89mmHg).

### **If taking cholesterol medication how low should blood pressure be?**

The ACC/AHA blood pressure guidelines define normal blood pressure as <120/80mmHg. In patients with heart disease risk factors such as high cholesterol, the recommended blood pressure target is <130/80mmHg. Individualized treatment goals certainly apply based on age and comorbidities.

### **When is a coronary calcium test useful?**

The use of coronary calcium scoring is often considered in individuals at intermediate risk for cardiovascular disease defined as 10-20% 10-year risk of a cardiovascular event based on risk factors, and typically starting at age 40y.o. But the decision to start screening is often individualized, considering the unique characteristics and risk factors of each person.