

BLOOD PRESSURE FACTS



Special Points of interest:

- “Eating fresh fruits and vegetables and cutting back on salt can drop high blood pressure by 5 points.”

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- 1. Blood pressure climbs as one ages – hypertension is not inevitable.**
 Most people see an increase in their systolic blood pressure (upper number) starting around age 40. Hypertension is defined as having a blood pressure that is 140/90 or higher. About 7% of Americans ages 18-39 have hypertension. That number increases to 32% in ages 40-59 and 65% for those age 60 plus. It is mostly the luck of genes but also the fact that arteries tend to stiffen with age.
- 2. Very high blood pressure can be asymptomatic.**
 The only way to know if your blood pressure is high is to get it checked regularly. Sometimes it is hard to get a reliable reading. Blood pressure can vary 30 to 40 points during the day typically falling at night and surging in the morning. Some people get “white coat syndrome” when the blood pressure will spike just because someone is checking it. The good standard for recording blood pressure is a 24 hour test that measures the BP three or four times an hour during the day and every 30 minutes at night. Many doctors suggest that one should buy an automated upper-arm blood pressure monitor to keep track of one’s own blood pressure.
- 3. The systolic pressure (top number) is the number to watch if you are over 50.**
 Systolic pressure measures the force at the moment the blood leaves the left ventricle and is being pumped throughout the body. Diastolic pressure (the bottom number) measures pressure as blood flows into the heart. When pressure increases, it can damage your kidneys, your eyes, and your brain. The diastolic pressure typically peaks at age 55 and then gradually falls.
- 4. Experts cannot agree on the ideal systolic blood pressure.**
 Until recently it was suggested that that the number should be under 140 for those over 50 and under 150 for those over 60. In September 2015 findings from a Systolic Blood Pressure Intervention Trial challenged prior advice. In a trial of over 9,000 people at high risk of heart disease or who already had kidney disease, almost 30% of whom were age 75 or older, were compared to a group of people with systolic blood pressure of 140 to another group that aggressively lowered theirs to 120. People in the 120 group were one-third less likely to suffer heart failure, a non-fatal heart attack or stroke during the 5 year trial.
- 5. The optimum blood pressure target is different for different people.**
 A higher blood pressure may be acceptable for patients at low cardiovascular risk. The same may be true for some high-risk patients who cannot tolerate aggressive therapy because of side effects. The best advice to check with your doctor to decide the treatment that is best for you. to take medication
- 6. Healthy lifestyle can sometimes work better than a pill.**
 Eating fresh fruits and vegetables and cutting back on salt can drop high blood pressure by 5 points. Dropping 11 pounds can lower the BP by 4 points. Studies have shown that increasing physical activity can reduce systolic BP by an average of 11 points in those with hypertension. Check with your doctor to see what changes you can make to avoid having to take medication.

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Blood Pressure Facts – Continued

7. Coffee can make blood pressure spike.

Studies have shown that 2 to 3 cups of coffee can increase blood pressure by an average of 8 points. The good news is that the spike lasts about 3 hours with no long term effects.

8. Breathe deep to bring your number.

Slowing your breathing down to six breaths in 30 seconds has been shown to bring systolic pressure by 3 points at least temporarily. There is an FDA portable computerized device called RESPeRATE which uses tones to guide you through sessions of deep breathing.

9. The older you get the more important it is to watch salt intake.

Federal guidelines recommend less than 1500 mg of sodium a day for people over 50. Most salt is hidden in processed foods. It is important to check labels and choose low sodium items.

10. Even simple hand grip exercises can help.

Researchers have confirmed that hand grip exercises can reduce your number by about 10%. Inexpensive hand grippers only cost \$10-\$15. For the hand gripper to be effective, squeeze it for 2 minutes at a time for a total of 12 -15 minutes, three times per week.

11. New medication are not always more effective than old ones.

Doctors typically treat high blood pressure with diuretics which work by removing excess sodium and water from the body. New medications called ACE (angiotensin converting enzyme) inhibitors prevent the body from producing a hormone that raises blood pressure. Angiotensin II receptor blockers, or ARBs block the action of the same hormone. Newer meds may not be more effective but they may have fewer side effects.

12. For some people one blood pressure medicine is not enough.

If your blood pressure is moderately elevated or higher, one pill may not be enough to bring it down. Increasing the dose may be ineffective. Sometimes you need to work with your doctor and try different combinations of medicine to bring your BP to a safe level.

13. Certain over the counter medications may be elevating your BP.

Cold medications containing pseudoephedrine, which clamps down on blood vessels causes BP to rise. NSAIDs (nonsteroidal anti-inflammatory drugs such as Aleve, Advil and Motrin can raise BP by 3 -6 points and can contribute to cardiovascular risk if taken on a regular basis.

14. Blood pressure can also dip too low.

Orthostatic hypotension is a condition that happens when people stand up and get dizzy because blood pressure is not strong enough to pump blood to the brain. Older people are at risk for falls that can result in debilitating fractures. If you experience dizziness with your current medication, it is important to discuss it with your doctor.

15. It is important to follow prescribed treatment.

By taking medication and making lifestyle changes to bring your blood pressure down to healthy numbers, it is important to stay the course. If you quit taking your medications, your blood pressure will go back up to unsafe levels. Because systolic pressure naturally rises with age, it is important to continue to monitor your blood pressure. Consult your doctor with any problems because sometimes medication needs to be changed or adjusted. Reference: JUNE 2016 aarp.org/bulletin

“Cold medications containing pseudoephedrine, which clamps down on blood vessels, causes BP to rise.”

THE CENTER FOR PHEBOTOMY EDUCATION



There are lots of phlebotomy videos on YouTube, but not all are correct and you can be getting some wrong information.

Go to www.phlebotomy.com and view their **YouTube page** for correct videos.

- Pumping the Fist: a really bad idea!
- Positioning pediatric patients
- Nightmare on Phlebotomy Street
- The Order of draw: why you MUST follow it!
- How to prevent NBN screening cards from being rejected.
- How to draw blood using a butterfly needle
- How to draw blood using a syringe
- How to draw blood using evacuated tube system
- How to perform a Modified Allen Test
- Proper Patient Identification: make no exception!
- Preanalytical Errors: real people are suffering

*The Center for Phlebotomy
Education*

Www.phlebotomy.com

The Center for Phlebotomy Education has just released an “**Errors & Impact**” poster that shows how preanalytical errors affect patient outcomes. The laminated chart lists over 40 errors that can be committed during the collection, transport, and handling of blood samples. See the example below.

ERROR: filling tubes in the wrong order

POTENTIAL IMPACT: Seizure and death from potassium (K+) carrying over from EDTA interference in the tube to be tested for K+. Medication errors when additives carry over into coag (light blue) tube and falsely lengthening coag times which can lead to life-threatening medication adjustments. Unnecessary antibiotic administration and prolonged hospitalization due to contaminated blood cultures.

ACA RECERTIFICATION PACKETS

Recertification packets were mailed in April to those whose certification was due to expire on June 30, 2016. If you did not receive your packet, you can download the **Recertification Application** from the ACA website: www.acacert.com under “applications”.

Submit the form along with the required proof of continuing education and fee to ACA. After June 30th, there is a \$40.00 additional late fee through August 31st, 2016.

After September 1st, 2016, the only way to recertify is by re-examination.

Proof of continuing education: certificates of attendance or completion from CE events; copies of transcripts from college; documented CE activities from place of employment listing topic, date and amount of time or CE hours assigned; or activities listed and signed by supervisor or manager.

ABP CONTINUING EDUCATION INFORMATION

A reminder that ABP, Inc. offers home study continuing education booklets to help you earn CE contact hours.

All About Bed Bugs	Atrial Fibrillation	Basics of HPV
Biological & Chemical Terrorism	Chronic Fatigue Syndrome	Communication Skills: Neonate-Geriatric
Hand Hygiene	HIPAA Security Rules	Intro to Tuberculosis
Basic Electrocardiography	Interpreting ECGs	MRSA Infections
Nutrition, Diet and Feeding Patients	OSHA Haz Com Standard (<i>New!</i>)	Patient Rights
Routine Venipuncture	Seasonal Flu	Summertime Hazard
Vitamin D (<i>New!</i>)	Workplace Violence	

Call ABP at (574)277-0691 to order or visit ABP's website at www.abpincorp.com
to download an order form.