EURACARE

PATIENT INFORMATION FORM

LIFESTYLE INTERVENTION FOR THE MANAGEMENT OF ARTERIAL HYPERTENSION

Rational:

Heathy lifestyle choices can prevent or delay the onset of hypertension and can reduce cardiovascular risk

Effective lifestyle changes may be sufficient to delay or prevent the need for drug therapy in patients with grade 1 hypertension.

1. Dietary sodium restriction:

We recommend sodium intake to be limited to approximately 2.0g per day (equivalent to approximately 5.0g salt per day) and to try to achieve this goal in all hypertensive patients.

2. Moderation of alcohol consumption:

Hypertensive men who drink alcohol should be advised to limit their consumption to 14 units per week (1 unit is equal to 125mL of wine or 250mL of beer).

Hypertensive women who drink alcohol should be advised to limit their consumption to 8 units per week (1 unit is equal to 125mL of wine or 250mL of beer).

Alcohol-free days during the week and avoidance of binge drinking are also advised.

3. Healthy balanced diet:

Containing vegetables, legumes, fresh fruits, low-fat dairy products, wholegrains, fish, and unsaturated fatty acids (especially olive oil).

Low consumption of red meat and saturated fatty acids.

Green or black tea consumption may also have a small but significant BP-lowering effect.

4. Weight reduction:

Excessive weight gain is associated with hypertension, and reducing weight towards an ideal body weight decreases BP.

Maintenance of a healthy body weight (BMI of approximately 20-25 kg/m2 in people <60 years of age; higher in older patients).

Waist circumference: <94 cm for men and <80 cm for women is recommended for non-hypertensive individuals to prevent hypertension, and for hypertensive patients to reduce BP.

5. Regular physical activity:

Participate in at least 30 min of moderate intensity dynamic aerobic exercise (walking, jogging, cycling, or swimming) on 5–7 days per week.

Performance of resistance exercises on 2-3 days per week is also advised.

6. Smoking cessation:

Studies using ABPM (= ambulatory blood pressure monitoring) have shown that both normotensive subjects and untreated hypertensive smokers present higher daily BP values than <u>non-smokers</u>.