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****Non-drug treatment of mild hypertension preferred as first approach to therapy

DALLAS--Non-drug treatment of mild hypertension has a double benefit: it lowers the blood pressure and it helps to control other risk factors for coronary heart disease such as high blood cholesterol levels, adult-onset diabetes and obesity. It could also save the person with slightly elevated blood pressure from a lifetime reliance on antihypertensive drugs, which often have troublesome side effects.

"I believe a non-drug approach should be the first treatment of mild hypertension, where the diastolic blood pressure is between 90 and 100 mm Hg," says Dr. Norman Kaplan, professor of Internal Medicine and chief of the hypertension unit at The University of Texas Health Science Center at Dallas.

Kaplan bases his belief on the results of research done at UTHSCD and on a review of more than 160 published studies of the effects of weight loss, diet, mineral metabolism, exercise and relaxation techniques. Kaplan's conclusions were published in the March issue of *The Annals of Internal Medicine*.

"The steadily growing tendency to treat even mildly hypertensive patients with drugs is bringing millions of asymptomatic people into lifetime drug therapy. For some, the risks of the drugs, as we have used them, may outweigh the benefits that can be gained from lowering the blood pressure," Kaplan warns. "It is true that anti-hypertensive drugs will control the blood pressure and that they have been shown to lower the death rate from stroke and heart failure that sometimes result from high blood pressure. But anti-hypertensive drugs have only spotty effects against what is by far the most serious and common complication of hypertension--coronary artery disease. I think we should consider all risk factors, along with the level of the blood pressure, before making the decision to use drugs."

Here is Kaplan's practical non-drug prescription for treating mild hypertension, based upon currently available evidence:

Weight loss: For the overweight, weight reduction should be the primary goal. The frequency of hypertension is about twice as high in the obese as in the non-obese; furthermore, even a small weight loss will often lower the blood pressure. The dual benefits of lowering blood pressure and losing weight should provide incentive to stay on a weight-loss program.

Sodium restriction: For all hypertensive persons, salt in the diet should be restricted to two grams of sodium a day. This can be accomplished simply by leaving out salt in cooking and avoiding heavily salted foods such as smoked meats, pickles, and most canned and processed foods. After a few months on a lower sodium diet, the taste preference for salty foods will decrease. However, in order to maintain calcium intake, the consumption of low-fat, low-sodium milk and cheese products should not be reduced.

Fiber/Fat in Diet: More high-fiber foods and less saturated fat in the diet are recommended for anti-cancer and cholesterol-lowering diets. They may also help lower the blood pressure.

Alcohol: In moderate amounts (less than two ounces a day) alcohol appears to protect against coronary heart disease. In larger amounts, it may raise the blood pressure enough to make it the most prevalent cause of reversible hypertension.

(More)

Non-drug therapy for mild hypertension--add one

Studies suggest that alcohol is responsible for at least 10 percent of hypertension in men and one percent of hypertension in women. A reasonable position would be to allow up to, but no more than, two ounces a day.

Exercise: After isotonic exercise such as walking, jogging, bicycling or swimming, blood pressure falls as much as 25 percent and remains lower for at least 30 minutes. However, blood pressure may rise alarmingly during isometric exercise such as weight lifting. Regular active exercise of the isotonic type should be encouraged.

Potassium: For mild hypertension, potassium supplements are usually unnecessary. Potassium intake tends to increase when sodium is reduced, particularly by the substitution of natural foods for canned or processed foods.

Other minerals: Magnesium and calcium supplements should only be given to those who are deficient in the minerals until there is more evidence that they produce desired results.

Relaxation therapy: Unfortunately, only a few hypertensives will choose to try relaxation therapy, and even fewer will stick with it. Most of those who do will achieve some lowering of blood pressure, and a few will show a considerable decrease. In addition, they may be less anxious and feel better.

Non-drug therapy, following these suggestions, may lower the blood pressure to a level below 140/90 for a significant percentage of the large population with mild hypertension, according to Kaplan. Yet some patients may prefer treatment with drugs because it is easier and less expensive. Initial visits to a dietitian and, for those older than 40, an exercise stress test before beginning a strenuous exercise program could make the expense of non-drug therapy slightly higher than medication.

"While the overall expense may be higher," says Kaplan, "the potential for improvement in overall health makes the cost seem trivial. Whether hypertensive patients take drugs to lower their blood pressure or not, they still need to lose weight, exercise regularly, eat a prudent diet and learn to relax. Non-drug therapies have a place in the treatment of all hypertensive patients."

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