MyCardioAdvocate™

Hypertension

When the numbers don't tell the whole story

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Why This Matters

Hypertension is both extraordinarily common and profoundly misunderstood. Nearly half of all US adults have elevated blood pressure, yet BP alone tells only part of the story. Blood pressure is the #1 modifiable risk factor for cardiovascular disease, and it appears directly in the **PREVENT risk calculator** as a key input. Understanding your targets—and whether your current regimen achieves them—is essential. Hypertension is also a core component of **CKM syndrome** (Cardiometabolic-Kidney-Metabolic), a clustering of metabolic abnormalities that amplifies risk far beyond BP numbers alone.

Why Hypertension Flies Under the Radar

Even when hypertension is diagnosed, several blind spots persist:

- **Numbers without context:** A single office reading doesn't reflect your true BP burden.
- **White coat vs. masked hypertension:** Some patients have high office BP but normal home readings (white coat), while others appear controlled in the office but run high at home (masked)—each carries distinct risk.
- **Medication optimization:** Many patients are on suboptimal dosages or aren't receiving combination therapy when needed.
- **Home monitoring neglect:** Real-world BP patterns are often never measured.

MyCardioAdvocate™ Checklist: Hypertension

1. Know Your BP Targets

Guidelines suggest <140/90 for most; intensive lowering to <120 systolic (SPRINT trial) may reduce CV events in certain high-risk populations. Your target depends on your overall risk, age, and tolerance for medication.

2. Is Your Medication Optimized?

Ask your doctor: Am I on the right dose? Should I be on two or more agents? Is my current regimen durable?

3. Distinguish White Coat from Masked Hypertension

Request ambulatory BP monitoring or discuss home BP logs. Office readings alone can mislead.

4. Start Home Monitoring

Obtain a validated home BP monitor. Track readings in a log or app. Bring data to clinic. This is your safety net against silent swings and white coat effect.

CPR Opportunity: Intensive vs. Standard BP Targets

The **SPRINT trial** demonstrated that intensive BP lowering (systolic <120) reduced cardiovascular events compared to standard targets (<140). However, intensive lowering also increases risk of hypotension, electrolyte disturbance, and acute kidney injury in some populations. This is a classic **shared decision-making zone**:

- If you are high-risk (prior MI, diabetes, advanced age), intensive control may benefit you.

- If you are frail, have limited life expectancy, or experience side effects, standard targets are appropriate.
- Your doctor should discuss *your* risk-benefit calculus, not apply one-size-fits-all thresholds.

Key Takeaways

- Nearly half of US adults have hypertension; BP is the #1 modifiable CV risk factor.
- Office numbers alone don't tell the full story—home monitoring and ambulatory BP data are critical.
- Intensive BP lowering has benefits in high-risk groups but carries risks; your target is individualized.
- Hypertension is part of CKM syndrome—address the whole metabolic picture, not just the numbers.

Next Steps & Related Content

- Request a valid home BP monitor and establish a monitoring routine.
- Discuss your BP target with your cardiologist or primary care doctor—is it right for you?
- Review related briefs: **Visceral Adiposopathy**, **CKM Syndrome Overview**.
