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## How Hypertension Guidelines Changes Are Impacting Our Patients

### ReachMD

#### AMA\_Watson\_120417

Announcer:

Welcome to a new series, Target BP, on ReachMD. The following program was produced in collaboration with the American Heart Association and the American Medical Association following the release of the 2017 Hypertension Guideline. To learn more about the guideline and how your practice can improve blood pressure control rates, visit [targetbp.org](https://targetbp.org).

Dr. Caudle:

A joint task force formed by the American College of Cardiology and the American Heart Association has released 2017 Guidelines for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. Under these updated guidelines, 46% of people will be determined to have hypertension, which is up from 32% under the old benchmark. Today we are going to talk about what information doctors need to take away from these new recommendations. I am Dr. Jennifer Caudle for ReachMD, and joining me today is Dr. Karol Watson, an attending cardiologist and a Professor of Medicine in Cardiology at the David Geffen School of Medicine at UCLA. Dr. Watson is a principle investigator for several large National Institutes of Health research studies including the Diabetes Prevention Program Outcome Study, and the Multi-Ethnic Study of Atherosclerosis. She was one of the speakers in a live moderated Facebook discussion convened by the AMA and the AHA, hosted by TEDMED, during the AHA Scientific Sessions in Anaheim. Dr. Watson, welcome to the program.

To start, can you tell us about your initial thoughts and reactions with respect to the hypertension guidelines?

Dr. Watson:

My initial thoughts were, "Wow, great, finally!" So, I've got to admit, when the JNC 8, the document that was to be JNC 8 came out in 2014, I was dismayed and really disheartened. What we did was we took a condition that was already not being well enough treated, and we brought in the goal for our elderly patients, and by elderly they defined it as above the age of 60, which I think is insane, but what I thought was we're going to go backwards in blood pressure control, therefore in cardiovascular health. This document went back to the beginning and gave you everything. So, the other thing that was disheartening about the 2014 document was it was just a drug document. It told you what drug to use and what goal to shoot for. This document gives you everything, from soup to nuts: prevention, evaluation, blood pressure measurement, what goal to shoot for, how to treat, the holistic approach to risk assessment. I was so happy.

Dr. Caudle:

That's wonderful, and that's helpful to hear your perspective from JNC 8 to the new guidelines. What evidence or rationales were most compelling for you in the decision to adopt more aggressive definitions for hypertension?

Dr. Watson:

Right. So, you'll recall that there have been about 4 very high-quality randomized control trials that were done in the last 5 years that compared a systolic blood pressure goal of less than 140, to less than 120. And in all of them it showed that there was a reduction in cardiovascular events by getting the blood pressure to less than 120. Some of them had differences in how blood pressure was measured, and whether it was attended or not attended, but in general, they all showed benefit. The flipside, any time you have benefit, there's a potential for harm, so when you use more drugs you can get more side effects. And they did see that, but they were offset by

the benefits. So, the overall studies showed that there was benefit in getting to more intensive goals, and this document now acknowledges that.

Dr. Caudle:

So, I'm curious to know, as a practicing cardiologist, what feedback you've heard from your colleagues and your peers who are also managing patients with hypertension? What do they think? What do others think?

Dr. Watson:

My colleagues, all that I've spoken to so far, which is about 20 of them, are thrilled. We all were dismayed when the goal for our 60 and older patients was loosened up to 150, and we virtually ignored that, and we continued to shoot for lower goals, because we wanted our patients to do better. And I think we're all very, very heartened now, that they are acknowledging that, getting us back to the right goals, and giving us a bunch of tools to try to get there.

Dr. Caudle:

If you're just joining us, this is Dr. Jennifer Caudle from ReachMD. I'm speaking with Dr. Karol Watson, who served as one of the speakers in a live moderated Facebook discussion convened by the AMA and the AHA that was hosted by TEDMED, during the AHA Scientific Sessions in Anaheim.

So, now let's broaden this out a little bit more. Do you anticipate a quick adoption of these guidelines across multi-disciplinary lines, such as primary care, cardiology, and endocrinology, and really everyone else?

Dr. Watson:

So, I am a realist and I've seen this movie; I know how it ends. There will be a slower than I'd like uptake, because that's how it's been with every set of guidelines. As one of the co-authors of the lipid guidelines and prior hypertension guidelines, and every set of guidelines, are not adopted as rapidly as they should. But what they've done with this set of guidelines, which is amazing, is they've rolled out decision tools, support materials, the document, a slide set, everything you could want, to help you adopt these. So, I'm actually thinking we're going to see more rapid adoption of these, probably than any other set of guidelines we've seen before.

Dr. Caudle:

That's very helpful. Let's talk about access to care. Do you feel that there are any at-risk or access-to-care barriers that still need to be addressed more specifically within the guidelines?

Dr. Watson:

Well, 1000%. I think as a practicing cardiologist with a fairly broad patient base, I know that if I tell my patients to go get physical activity every day, even if it's just walking around the block, if they don't live in a safe neighborhood, or have access to a safe place to exercise, it's not going to happen. If I tell them to eat 3 servings of fruit and vegetables a day, but they can't afford it, that's not going to happen. So, I think as a society, we need to make some hard choices and conversations about where are we willing to put our money? Is it to pay for the downstream adverse events that are clear to happen if we don't control these things, or are we going to give people resources upfront to help them keep their lifestyle and their diets and their activities healthy? So, I do worry about access to a lot of the things that this document will require, and there are some people who can't afford their drugs, and there are some people that don't have health insurance. So, this all will fail if we don't solve the access piece.

Dr. Caudle:

Understood, no, understood. And finally, overall, what's your outlook for patients with hypertension in the weeks, months, and years ahead, now that we have these new guidelines?

Dr. Watson:

My outlook is bright and sunny! And I can tell you a personal story which is with the permission of my mother, who this story is about. Her mother died at age 50 of a stroke. Her little sister died at age 57 of a heart attack. When I was an intern and I went home and took my mother's blood pressure, it was over 200. And I worked with her doctor to get her on 5 drugs and her blood pressure has been 120/80 ever since, and we just celebrated her 85<sup>th</sup> birthday, and she is looking good.

Dr. Caudle:

Oh, that's wonderful. That's wonderful. Yes, I really appreciate that story. It's such an uplifting story and I think it exemplifies how you

feel about the importance of these guidelines and proper blood pressure control, even perhaps tighter than what we've had before.

Dr. Watson:

Absolutely. This is what my mom's doctor has been doing for the past 25 years, and she's great.

Dr. Caudle:

Well, with that, I want to thank my guest, Dr. Karol Watson. To access this interview and other related content with the AMA, visit ReachMD.com, or download the ReachMD app. I'm Dr. Jennifer Caudle, and as always, inviting you to Be Part of the Knowledge.

Announcer:

The preceding program was produced in collaboration with the American Heart Association and the American Medical Association following the release of the 2017 Hypertension Guideline. To learn more about the guideline and how your practice can improve blood pressure control rates, visit [targetbp.org](https://targetbp.org). And, to access this interview and others in this series, please visit [reachmd.com/targetBP](https://reachmd.com/targetBP). This is ReachMD. Be Part of the Knowledge.