

## CLASSIFICATION OF BLOOD PRESSURE

Table 3 provides a classification of BP for adults 18 years and older. The classification is based on the average of two or more properly measured, seated, BP readings on each of two or more office visits.

Prehypertension is **not** a disease category. Rather, it is a designation chosen to identify individuals at high risk of developing hypertension, so that both patients and clinicians are alerted to this risk and encouraged to intervene and prevent or delay the disease from developing. Individuals who are prehypertensive are **not** candidates for drug therapy based on their level of BP and should be firmly and unambiguously advised to practice lifestyle modification in order to reduce their risk of developing hypertension in the future (see Lifestyle Modifications). Moreover, individuals with prehypertension, who also have diabetes or kidney disease, should be considered candidates for appropriate drug therapy if a trial of lifestyle modification fails to reduce their BP to 130/80 mmHg or less.

Table 3. Classification of blood pressure for adults

BLOOD PRESSURE CLASSIFICATION	SBP mmHg	DBP mmHg

This classification does not stratify hypertensive individuals by the presence or absence of risk factors or target organ damage in order to make different treatment recommendations, should either or both be present. JNC 7 suggests that all people with hypertension (stages 1 and 2) be treated. The treatment goal for individuals with hypertension and no other compelling conditions is <140/90 mmHg (see Compelling Indications). The goal for individuals with prehypertension and no compelling indications is to lower BP to normal levels with lifestyle changes, and prevent the progressive rise in BP using the recommended lifestyle modifications (see Lifestyle Modifications).

### Cardiovascular Disease Risk

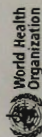
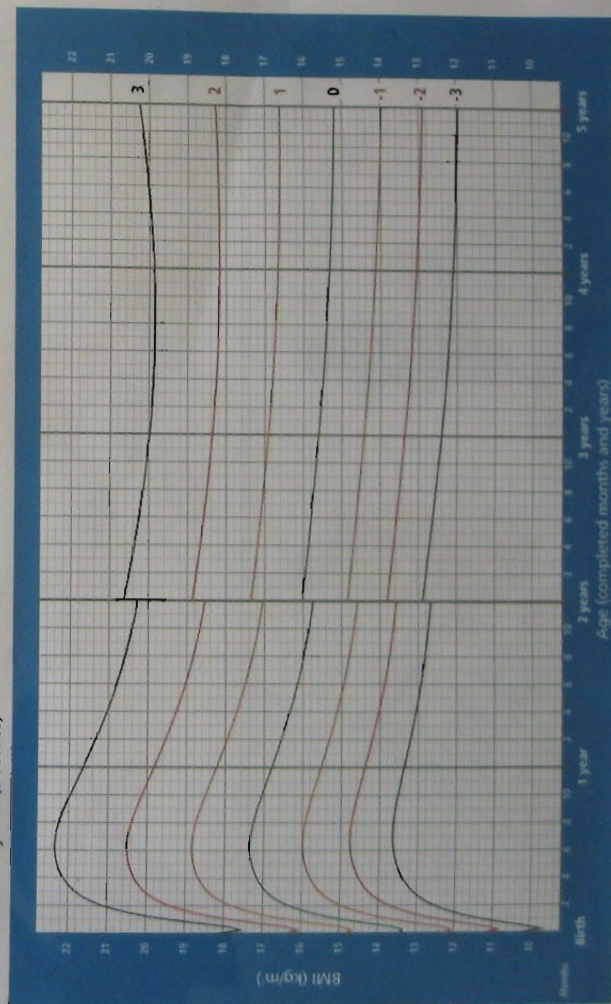
The relationship between BP and risk of CVD events is continuous, consistent, and independent of other risk factors. The higher the BP, the greater the chance of heart attack, HF, stroke, and kidney diseases. The presence of each additional risk factor compounds the risk from hypertension as illustrated in figure 12.<sup>20</sup> The easy and rapid calculation of a Framingham CHD risk score using published tables<sup>21</sup> may assist the clinician and patient in demonstrating the benefits of treatment. Management of these other risk factors is essential and should follow the established guide-

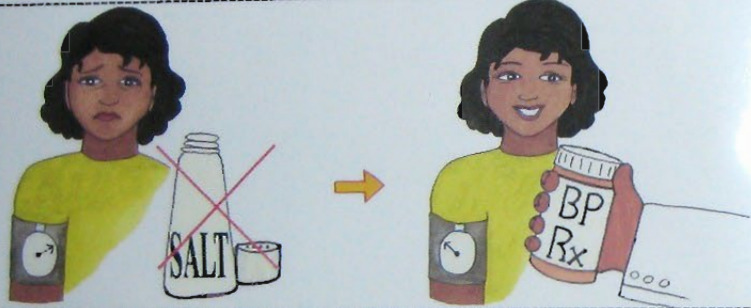
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## BMI-for-age BOYS

Birth to 5 years (z-scores)





41B. HEART DISEASE AND STROKE

HEALTH EDUCATION PROGRAM  
FOR  
DEVELOPING COUNTRIES  
(THE MOST IMPORTANT KNOWLEDGE)



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INTERNATIONAL & NATIONAL STANDARDS & PRACTICE GUIDELINES  
WHO=World Health Organization & its divisions & collaborating partners.  
HHS=Dept of Health & Human Services & its divisions & collaborating partners.

HEALTH SCREENING  
PATIENT EDUCATION & COUNSELING  
Section 38: Nutrition & Physical Activity and  
Section 41: Heart Disease & Stroke

38A. NUTRITION-EATING THE RIGHT FOODS

Nutrition has become one of the most critical factors in determining the health and wellbeing of people throughout the world. Both under-nutrition and over-nutrition cause millions of unnecessary deaths each year.

Millions of the world's poor, especially children, continue to suffer and die from diseases related to under-nutrition. Under-nutrition affects the immune system and many of these children die from infections. More than one third of child deaths worldwide are due to under-nutrition.

However, there is now also a world-wide epidemic of obesity due to over-consumption of the wrong kinds of foods. Obesity and the related diseases of diabetes, high blood pressure, heart attacks, strokes and cancer are now among the greatest killers of adults throughout the world. Obesity often begins in childhood, and has become a serious problem in developing as well as developed countries. This often leads to serious health problems and early death as an adult.

We will review under-nutrition first.  
In developing countries, being underweight is one of the most common killers of children, especially those under the age of five.--The younger the child the greater the risk. In addition to breast feeding your children until three years of age, you must be certain your children under five get their share of the family's nutritious food. (Help toddlers to eat instead of leaving them to serve themselves from the family dish.)

For children who are no longer breast feeding and adults, cow's milk is a very good source

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