

Lifestyle education crucial to help young Americans control their blood pressure

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Far too many "teachable moments" are lost in a doctor's office during which young adults with hypertension could have learned how to reduce their blood pressure. In fact, only one in every two hypertensive young Americans does in fact receive such advice and guidance from a healthcare provider within a year from being diagnosed, says Heather M. Johnson of the University of Wisconsin School of Medicine and Public Health in the US. She led a study which examined how regularly such education is provided and documented by one of the ten largest physician practice groups in the US. The findings appear in the *Journal of General Internal Medicine*, published by Springer.

Hypertension is the leading cause of preventable death in the United States. Incident [hypertension](#) is diagnosed when a person's systolic [blood pressure](#) is greater than 140 mmHg or their [diastolic blood pressure](#) is more than 90 mmHg. Nine and seven percent of American men and women respectively between the ages of 18 and 39 years old suffer from hypertension. Unfortunately, almost 60 percent of these young adults are not good at controlling their blood pressure, which could lead to [heart disease](#) and strokes.

Lifestyle education is seen as a critical initial step to help initiate hypertension control, and could include advice on ways to lose weight, dietary changes and exercise tips. Johnson's team wanted to find out which factors determine the likelihood of such advice being provided within a medical practice. They therefore scrutinized the [electronic health records](#) of 500 [young adults](#) with incident hypertension who

visited a large Midwestern academic practice.

Among the sample group, only 55 percent received documented lifestyle education within one year. Exercise was the most frequent topic addressed, followed by hints on how to stop smoking. Only 25 percent of counselled patients received advice on how they can lower their blood pressure by changing their diets.

Such education was more likely given to women and to patients who made regular visits to the doctor to manage chronic conditions. It was also more often provided to people who had previously been diagnosed with high levels of cholesterol, or those with a family history of hypertension or heart disease.

Johnson believes that such knowledge about when and how patients are likely to receive advice can help to better target the development of interventions to improve young adult health education and hypertension control. Also, the issue could be addressed through changes in the healthcare system that empower additional clinical staff to provide relevant health coaching and lifestyle information.

"The development of incident hypertension is an important 'teachable moment' to educate about the adoption and maintenance of lifestyle modifications," said Johnson.

More information: Johnson, H.M. et al (2014). Documented Lifestyle Education Among Young Adults with Incident Hypertension, *Journal of General Internal Medicine*. [DOI: 10.1007/s11606-014-3059-7](https://doi.org/10.1007/s11606-014-3059-7)

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