



NEWSLETTER 2021

The Impact Of Self-monitoring Blood Pressure At Home

by Wanda Moore

Of course, we have the power to lower our blood pressure. But first we need to know our numbers. Then we can start a program to monitor our blood pressure at home. So you ask why should we monitor our blood pressure at home? Because hypertension (or high blood pressure) is the most common preventable cause of cardiovascular disease. Are you aware of your BP status? Do you know your numbers?

The Sarver Heart Minority Outreach Program partnered with the American Heart Association (AHA) Phoenix Self-Monitoring Blood Pressure (SMBP) program to address some of these questions for our community. AHA provided 90 cuffs so we could invite 90 community members to participate at home. We monitored their activities every month for six months.

The AHA recommends home monitoring for all people with high blood pressure to help their healthcare provider determine whether treatments are needed and working. SMBP is not a substitute for regular visits to your physician. If your doctor prescribed medication to lower your blood pressure, don't stop taking your medication without consulting your doctor, even if your blood pressure readings are in the normal range during home monitoring.

A growing body of evidence supports the benefits of patient SMBP compared with office-based monitoring: these include improved control of BP, better understanding of BP management, diagnosis of white-coat hypertension and prediction of cardiovascular risk. Additionally, SMBP is cheaper and easier to perform than 24-hour ambulatory BP monitoring.



Wanda F Moore (center) presents cuff kits to New Trinity Temple CME Church



BYOHA

(Be Your Own Health Advocate)



WHEN TO SEE YOUR PHYSICIANS ABOUT YOUR BP

by Linda Parker

The best time to see your doctor about your blood pressure is now. Since high blood pressure usually has no symptoms, it's important to see your doctor regularly to be monitored for changes.

If you're taking your blood pressure at home and your numbers are higher than recommended (especially if you are taking blood pressure medications), then you should call your doctor.

You may also need a change in your diet or the amount of salt or sodium intake daily. Eating too much salt can raise blood pressure.

Other things that affect blood pressure are stress, lack of sleep and physical inactivity. The recommendation for being active is 30 minutes a day at least 5 times a week. Be sure to check with

your doctor before you begin an exercise program.

According to the American Heart Association, the top number or systolic pressure, should be less than 120 and the bottom number or diastolic pressure, should be less than 80. If your top number is higher than 180 and your bottom number is higher than 120, you should call 911 or your doctor right away.

If you experience any of the following symptoms such as a severe headache, feeling dizzy or lightheaded, blurry vision or loss of consciousness, see your doctor right away. These symptoms may indicate that your blood pressure is either too high or too low and require medical attention.



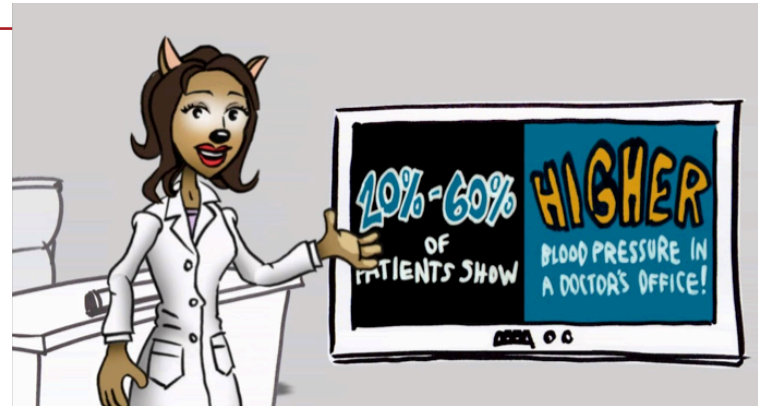
Why Start SMBP Program for Minorities in the Churches?

by Sherry Cook

It is essential to introduce and incorporate the Self Measured Blood Pressure (SMBP) Program to the minorities in the Churches to reach a substantial percentage of African Americans who attend these churches and may not have access to medical resources. Some people may be difficult to reach through more traditional medical clinic-based efforts for numerous reasons, including financial and insurance, making regular doctor visits out of reach. The African American churches and leaders have always been the catapult of major change historically for the African American community. Additionally, the platform that the churches provide their members with spiritual guidance, coupled with the University of Arizona Sarver Heart Center Women Heart Health Education Committee's SMBP Program is a win-win collaboration. Five trainers implemented the SMBP Program to teach participants to monitor their blood pressure. Further, the collaboration allows us to reach people who may not routinely seek preventive medical care and give them the tools needed to monitor their BP, get their results on a weekly basis and get them to a medical professional to review their BP. Lastly, this allows us to measure quantitative and qualitative data to support high acceptability of the SMBP Program. The data will provide critical insights into the implementation and collaboration of the use of SMBP Programs for minorities in the Churches.

What is White Coat Syndrome and How Does it Impact My BP?

by Murryelle Bothwell



What is White Coat Syndrome? This is when your blood pressure is normal at home but rises slightly or higher when you go to the doctor—even though today many doctors don't wear white coats.

The American Heart Association lists the healthy blood pressure reading as 120/80 mm Hg. In the doctor's office, 15 to 30 percent of elevated blood pressure may actually be white coat hypertension.

Unaware anxiety can increase your blood pressure—especially if this a “routine” doctor's visit. The elevated pressure may indicate more dire risks, such as stroke, heart attack, heart failure and may need treatment. Treatment may consist of exercise, diet changes—like less sodium (salt); stop smoking, decrease alcohol consumption and or medication.

How to avoid WHITE COAT SYNDROME? Relax by taking several slow deep breaths when you sit down to have your blood pressure measured. Mentally recite a favorite scripture verse or poem. Don't hesitate to ask to have your blood pressure repeated after you calm down; ask to move to a quiet area, don't talk while your blood pressure is being measured and uncross your legs.

Most importantly: take your blood pressure at home and know your numbers.

[White Coat Syndrome: Causes, Treatment, Diagnosis and More \(healthline.com\)](https://www.healthline.com/health/white-coat-syndrome)

A Hypertension Story Starring Trehon Cockrell Coleman

by Cheryl Alli

Trehon describes himself as young, vibrant, and full of the energy God has given him. Hearing that Rising Star Baptist Church was participating in the American Heart Association Self Monitor Blood Pressure (SMBP) program, he supported the idea of individuals learning more about their health and receiving a blood pressure cuff. He even assisted in recruiting younger adults for the program but did not feel motivated enough to join the study.

Although he knew hypertension was a “silent killer,” the engineer in him said “there would be some other indicator beyond simply taking your blood pressure to signify a health issue.” Trehon, along with his wife, joined the program but he admits he did not monitor daily. Within a few months a pattern emerged suggesting hypertension. He initially blamed the high readings on everything from a busy day to a faulty monitor and was reluctant to seek medical advice.

He was reminded that he no longer had the luxury of ignoring his health. The wellbeing of his family depends on his being healthy. That was a motivator. His wife was able to persuade him to see his family physician. He began a lifestyle change with medication to bring his blood pressure numbers into an acceptable range.

When asked what people should take away from this article Trehon says, “Do not take your age, weight or stage in life as an indicator of your health. I was in denial. If it had not been for people who loved and stayed on me. I would be in bad shape.”

Trehon would like to thank the SMBP program sponsors and Sarver Heart Center Women's Outreach Committee for their continued community effort to help make us whole mentally, physically, and spiritually.



After Self-Monitoring Blood Pressure for Six Months

by Algurie Wilson

The effect of 10 women monitoring their blood pressure for six months was eye opening for many. This is a first step in knowing what your numbers are and how it affects your body. The premise of driving a behavior of monitoring their blood pressure twice a day was something they had not done previously. Being human, sometimes they forgot, but immediately got back on track to continue the commitment they made to themselves. They were excited to be a part of this project. They knew it was important and, like many people, had the belief that as long as they were on BP medication, there would be no reason to continue to check it because it would be controlled. After going through this program, they now know that is not the case. Participating in this program has made them more aware of their health and well-being as well as the importance of being more consistent in monitoring. It has also taught some participants the importance of staying calm, eat healthier and get more exercise. This program taught them how to take their blood pressure correctly. As role models, this conversation will be passed on to their families because hypertension can be due to genetics. Based on their response to this program to submit their readings monthly, it signals they will continue to monitor and take their medications like their lives depend on it...because they do.



Reducing Hypertension in African American Communities

by Nancy K. Sweitzer, MD, PhD

African Americans are disproportionately impacted by high blood pressure, also called hypertension, being two times more likely to develop high blood pressure by age 55 compared to whites, according to the CARDIA study, published in the Journal of the American Heart Association (2018). By the end of the study, which followed people for up to 30 years, 75% of African Americans had developed high blood pressure, compared to 55% of white men and 40% of white women. The most stark differences were apparent by age 30. The early onset of hypertension in African Americans points to the need for early interventions, including healthy lifestyle education and support, and health

monitoring and management. Visit the Heart Health pages on heart.arizona.edu for more information.

Community-based efforts to educate and train people, like the one spearheaded by the Community Coalition for Heart Health Education, have been shown to significantly lower blood pressure. In a blood pressure study based in barbershops in African American communities, the initial average systolic blood pressure (the top number) was 153 mmHg and after six months of monitoring and treatment, blood pressure fell by 27 mmHg to 126 mmHg in the participants. A systolic blood pressure less than 130 is associated with fewer heart attacks, strokes and less heart failure. While community support and healthy lifestyle play important roles in preventing and reducing hypertension risks, these efforts may not entirely replace medical treatment for most people. Visit the Heart Health pages on heart.arizona.edu for more information

High blood pressure typically has no symptoms. So many patients say, 'I feel fine. Why do I need to take medication,' but it's very important to know when your blood pressure is high, as this increases risks of developing heart attacks, heart failure, strokes, kidney disease, and other serious complications.

You can support the work of the Sarver Heart Minority Outreach Program. Please go to www.uafoundation.org minority outreach program. *Dr. Sweitzer, professor of medicine, is director of the University of Arizona Sarver Heart Center.*