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Medical Economics

# Physicians, patients truly benefit from new hypertension guidelines

December 12, 2017

By Nick van Terheyden, MD

By now, we've all had time to reflect upon the new guidelines indicating hypertension begins at 130/80, rather than 140/90, immediately upping the affected population from 72 million Americans to 103 million.

While, at a first glance, this news may come as a blow to medical professionals who have the task of providing 46% of U.S. adults (up from 32%) with clinical advice and assistance, it's actually *positive news* for both clinicians and patients. As we all know, blood pressure is an extraordinarily good indicator of present and future health as there's a correlation between high blood pressure and heart attacks, stroke and long-term cardiac damage. These new guidelines will make physicians more acutely aware of people who are on the borderline, and who may require additional treatment and focus. For newly diagnosed patients, it's an advanced warning to take early warning signs more seriously.

The updated guidelines mean there's an even greater need for clinicians to emphasize blood pressure control, and to work more closely with patients to overcome barriers they are experiencing in managing their conditions. Because, while high blood pressure is typically easy to treat, there are many variables that can prevent success. The key is identifying the best course of treatment for each individual patient. Nick van Terheyden, MD

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The first solution that comes to mind may be pharmacological, but intervention can take many other forms. These new guidelines are about so much more than how drugs can help. They're about leading healthier lives. Improving diet (though, don't place too much emphasis on [salt reduction](#)), increasing exercise and making better lifestyle choices should be the primary focus, as each have shown to improve blood pressure numbers. Physicians should also encourage patients to pay closer attention to their blood pressure on a more consistent basis by taking regular readings at home with a device approved by healthcare providers. The numbers recorded once a year at annual appointments are only so effective in getting a good read on someone's health.



Although our focus shouldn't immediately turn to prescription drugs, people are historically very poor at following diet and exercise recommendations. The pharma approach is a needed (and successful) alternative should lifestyle-based efforts fail. Additionally, depending on a patient's individual circumstance, medication may not only be recommended, but critical—for instance, if a patient has any kind of cardiovascular disease or a significant risk of developing one.

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# hypertension guidelines

December 12, 2017

By Nick van Terheyden, MD

## Healthcare slow to keep up with science

The updated hypertension guidelines remind me that in medicine today, we often see situations where the healthcare industry is playing catch-up with science. The time it takes to translate medical research to societal impacts is typically underestimated, and the percentage of studies that survive long enough to contribute to utilization are largely overestimated.

In layman's terms, it takes a *long* time for the [healthcare industry to catch up with what science has been saying for years](#), and the adjusted guidelines are evident of that. Research from 2003 from the *New England Journal of Medicine* found that only 65% of hypertension patients were receiving the right care. Furthermore, poor blood pressure control contributed to 68,000 preventable deaths a year. Yet, it took over 14 years to make this research actionable.

I see this game of catch-up regularly in my day-to-day work as a physician in the healthcare world. I recently joined [BaseHealth](#), where a different approach to population health management is finally being put into action. Leveraging AI, we have reviewed over

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150 million published, peer-reviewed research studies containing data on 70 million lives to map the cause and effect pathways for over 40 complex diseases. We can identify patients with underlying risk for these diseases, before the disease presents clinically, which enables healthcare professionals to improve care and reduce cost per capita by identifying the unknown rising risk within a patient population. This allows them to intervene to both prevent diseases before they start and control them before it's too late.

It's evident that there are parallels between these "invisible patients" we're trying to pinpoint and the people on the hypertension "borderline" mentioned above. Once seemingly healthy people reach a tipping point, it's often one adverse health event after the other. For example, if a person categorized as hypertensive later suffers from a heart attack, they may very well survive. But what many people overlook, is that these individuals' lives can be permanently affected by a slew of resulting medical complications and conditions. It's critical to identify these people *before* they hit that tipping point, and these guidelines are a step in the right direction.

Ultimately, the addition of millions of people classified as hypertensive calls for a much more aggressive approach to controlling blood pressure, which needs to be led by medical professionals. But, if we'd like to proactively create a healthier society, and encourage lifestyle changes *before* people are evidently unhealthy, this shouldn't be seen as a negative.

*Nick van Terheyden, MD, is chief medical officer of BaseHealth, the comprehensive predictive analytics company for population health management. "Dr. Nick" is a graduate of the Royal Free Hospital School of Medicine in London, and previously practiced emergency medicine.*



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