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## The Beat - Episode 2 Final Transcript

### Confronting the silent killer: High blood pressure

[00:00:01] **Caroline Lavallée** Hi, everyone. This is Caroline. So I'm at home right now, and I'm about to take my blood pressure using my home blood pressure monitor. So I'm going to turn it on. And now I'm going to put it on my left arm, and here we go. [sound of a blood pressure machine operating] Now, of course, it's squeezing my arm. It's starting to feel tight. Okay. It just loosened a bit. All right. The test is complete. So today my blood pressure is 121/80. So it's pretty much the same as it usually is in my normal range. So what do those numbers mean? So let's find out, and let's find out also why they're important to know.

I'm Caroline Lavallée, and you're listening to The Beat, a podcast by Heart & Stroke, with support from our generous donors. Thanks for listening. Now let's get into the episode.

High blood pressure, also known as hypertension, has been called the silent killer. Often there are no signs or symptoms. But high blood pressure is the number one risk factor for stroke and a major risk factor for heart disease. Unfortunately, the number of people living with this condition is extremely high and growing. Thankfully, there are things we can do to lower our risk. And even if we do eventually get diagnosed with high blood pressure, there are ways to get it under control.

Eva led the life of a typical 40 year old. She was a busy working professional, married with two young children. Despite the stresses of her job, running around to daycare and dealing with big-city traffic, Eva felt she was living a pretty healthy routine.

[00:02:23] **Eva** I thought I was doing all the right things in terms of watching my food intake, getting exercise and, you know, trying to lead a healthy, active lifestyle.

[00:02:31] **Caroline Lavallée** So when she visited her doctor for her annual physical, she didn't expect to receive life-changing news.

[00:02:39] **Eva** She took my blood pressure reading. I think she read it about three times. The first time she kind of raised an eyebrow, but she didn't say anything to me. And then she continued with doing her second and third reading. When she looked at the numbers, she was very concerned. That kind of made me a little panicked, because I didn't really know what was going on. But my doctor said that she's concerned that I might have hypertension. And so she asked me to come back in a couple of days to do the high blood pressure readings again, and maybe things would be different. So I came back a couple of days later, and again we did three readings, and sure enough, it was still very high, and still concerning to my doctor. So for her, that was a confirmed diagnosis that I have hypertension. And I was quite surprised to learn this.

[00:03:29] **Caroline Lavallée** Had Eva ever experienced any signs or symptoms before her diagnosis?

[00:03:34] **Eva** I was feeling my normal self. Everything was normal in my life. I was feeling great, energetic, didn't feel any chest pains or headaches or anything. And all my prior physicals were perfectly healthy and there were no issues with any of my tests. So I was very shocked to learn that this is what I have. That I now have to address hypertension in my life.

[00:03:57] **Caroline Lavallée** Eva's story isn't unique, and it helps explain why high blood pressure is called the silent killer.

[00:04:04] **Dr. Ross Tsuyuki** The silent killer is a good description of high blood pressure. And what that refers to is that you really can't tell that your blood pressure is high. There's no real symptoms that are caused by that, unless it's extremely high. But generally, most people can't feel that their blood pressure is high. So they think "there's nothing wrong with me. You know, those numbers seem to be a bit high, but I feel fine."

[00:04:29] **Caroline Lavallée** Dr. Ross Tsuyuki is a professor in the Faculty of Medicine and Dentistry at the University of Alberta.

[00:04:36] **Dr. Ross Tsuyuki** My clinical background is in pharmacy. Clinically, I work in cardiology at the Mazankowski Alberta Heart Institute. I am president of Hypertension Canada. Some of my research is also in the area of better management of high blood pressure.

[00:04:53] **Caroline Lavallée** If there are no visible signs or symptoms, what does it mean for someone to have high blood pressure?

[00:05:01] **Dr. Ross Tsuyuki** The heart pumps blood through little tubes that we call blood vessels. And when the heart pumps that blood, there's a certain amount of pressure that is generated from the heart contracting. 'Blood pressure' is the pressure against the walls of the blood vessels. And 'high blood pressure' is when that pressure is too high, which ultimately causes damage to those vessels. And that kind of damage would look like a heart attack or a stroke. But half of heart attacks and strokes are a direct result of high blood pressure. Also, kidney failure and dementia and erectile dysfunction all come from that damage to the blood vessels.

[00:05:48] **Caroline Lavallée** So how can we find out if we have high blood pressure?

[00:05:52] **Dr. Ross Tsuyuki** The only way, reliably, to tell if you have high blood pressure is a measurement. Luckily, it's a simple thing to do. Blood pressure machines are widely accessible. So, it's not a fancy test. It is still a key part of the physical examination by a physician. And, you know, there's a reason why we call it a vital sign. A lot of pharmacies also have blood pressure machines. Those are generally quite good, if used properly. So you can certainly get your blood pressure measured at a pharmacy. It's either self-serve or you could ask the pharmacist to actually do it for you. However, we are starting to emphasize that people measure their own blood pressure at home and you can purchase accurate blood pressure machines pretty easily in a pharmacy.

[00:06:40] **Caroline Lavallée** Some of the best advice for anyone concerned about blood pressure is to know your numbers. But what do those numbers, like 120/80, actually mean?

[00:06:52] **Dr. Ross Tsuyuki** So in terms of the numbers, blood pressure is expressed in terms of a top number and a bottom number. It's called the systolic blood pressure and the diastolic blood pressure. It's measured in millimeters of mercury, but that doesn't really matter – it's a standardized measurement of pressure.

So the first number, the top number is the pressure that's generated when the heart contracts, which is called systole. That's why it's called systolic blood pressure. So when the heart contracts, a wave of blood comes out and that raises the pressure. And so that maximum pressure is that top number. So, for example, using the example of 120/80, that would be the 120. Then the heart relaxes, fills up again and the pressure drops in the blood vessel. And that is the lower number, and that's called the diastolic blood pressure. So in our example, the 120 is when the heart contracts. When the heart relaxes, it's 80. So 120/80.

We use a rough threshold of 140/90. Either above 140 or above 90 is an area of concern for us, and that's where we start to call it hypertension. We do have some other targets that we use, depending on your risk, and that's something that you should discuss with your healthcare professional.

[00:08:21] **Caroline Lavallée** Eva was only 40 years old when she was diagnosed. But Dr. Tsuyuki stressed that high blood pressure should be on everyone's radar.

[00:08:30] **Dr. Ross Tsuyuki** Obviously, the chance of having high blood pressure goes up as you age. But we also see high blood pressure in children. We see it in teens. One of the groups that has the poorest blood pressure control is actually women between the ages of 30 and 39. You know, it can happen to almost anyone. We sort of recommend generally, that at every visit to a healthcare professional, no matter what that visit is for, you should have your blood pressure checked.

[00:08:59] **Caroline Lavallée** Are there factors that put people at greater risk?

[00:09:02] **Dr. Ross Tsuyuki** Probably the biggest one is age. One of the facts that I like to tell people is that almost everyone, if you live to be in your 80s or more, almost everyone gets high blood pressure.

[00:09:18] **Caroline Lavallée** And if you have a close family member that has experienced a heart attack or a stroke, it's possibly a warning sign that you could be at risk for high blood pressure.

[00:09:29] **Dr. Ross Tsuyuki** If your mother or father or siblings had a heart attack or a stroke, particularly if they were quite young, then that's more likely to come from having high blood pressure. And so you're going to need to be extra vigilant about that, because more than likely, that's what caused it.

[00:09:51] **Caroline Lavallée** And in Eva's case, she did have some risk factors.

[00:09:56] **Eva** My mom, who has since passed away, had a lot of health issues. As she got older, she had a couple of strokes and she died of stroke complications. So I think between being told at 40 that I have hypertension, and later on when she passed from stroke complication, I think it just made things that much more real.

[00:10:17] **Caroline Lavallée** Her doctor also told her that her East Asian heritage could have played a role.

[00:10:22] **Eva** My doctor told me that Asian women are more predisposed to high blood pressure, hypertension. That's something that I wasn't aware of.

[00:10:30] **Caroline Lavallée** Despite the likelihood that most people will develop high blood pressure as they grow older, there are lifestyle choices that can help prevent and reduce the risk.

[00:10:41] **Dr. Ross Tsuyuki** The best things that you can do are maintaining a healthy weight and paying attention to diet. As a society, we take in way too much salt or sodium chloride. It's everywhere. You know, restaurant meals tend to have really high salt content. Anything prepackaged, convenience foods, are very high in salt. Wherever possible, fresh fruits and vegetables are a whole lot better. Then the third thing is really exercise. Exercise does seem to really help a lot. And, you know, it could be as simple as just going for a walk every day.

[00:11:18] **Caroline Lavallée** When you get a diagnosis of high blood pressure, as Eva did, what happens then?

[00:11:24] **Dr. Ross Tsuyuki** Unfortunately, high blood pressure cannot be cured. And so once you have it, you're going to be on lifelong treatment, which nobody wants to hear. But the reality is we don't have a cure for it. But it can be managed quite easily.

[00:11:44] **Caroline Lavallée** Eva's doctor prescribed her medication and suggested some lifestyle changes.

[00:11:49] **Eva** Basic things like lifestyle changes in terms of watching my sodium, recommending exercise at least three times a week and putting me on a daily medication. I had never been on any medication before.

[00:12:03] **Caroline Lavallée** If you take medication correctly and make other lifestyle changes, Dr. Tsuyuki believes you can get your blood pressure numbers back to a safe zone, but you will need to maintain these habits for the rest of your life.

[00:12:18] **Dr. Ross Tsuyuki** Some people are under the impression that if you take a high blood pressure drug for a little while, then you can stop it. Kind of like as if it was an antibiotic, and no, it doesn't work that way. These treatments are lifelong and need to be taken.

[00:12:36] **Caroline Lavallée** For Eva, the most difficult part of living with her high blood pressure is knowing she is at risk of developing stroke or heart disease.

[00:12:44] **Eva** You know, my mother, she had a stroke, I think twice, and she eventually died of stroke complications later on in her late 70s. That's something that I think about. It was very difficult watching her get sick and her quality of life and my father's quality of life suffer. She was a nurse. She had so much to give. And, you know, unfortunately, the disease led to her passing. So I'm very aware of what happened to her and I don't want that to happen to me, as best I can prevent it. So I think that's the most difficult part of having hypertension – that, unfortunately, you're living with this reality and that you've got to work really hard to make sure you manage the different risk.

[00:13:31] **Caroline Lavallée** A few years after being diagnosed, Eva and her husband decided to move the family to the small town of Port Hope, leaving the hustle and bustle of Toronto. The slower pace has really helped Eva, plus, she has made a point of connecting with others as she navigates life with high blood pressure.

[00:13:53] **Eva** I think it is very important to talk to other people. I'm always happy to share my learnings and my experiences if it helps other people. To promote awareness and help them identify any issues that they may be facing. Just to provide that support. It's very important to have that sense of community. I've heard from a number of friends who didn't know that I had hypertension. They actually shared that they also have hypertension. We're busy with our day-to-day lives, managing family, career, kids, all of that, and then to discover that, you know, we were diagnosed with hypertension, and thankfully it sounds like we're all doing okay. We're managing or exercise and sodium and taking a daily medication and watching our stress.

[00:14:34] **Caroline Lavallée** As the healthcare system continues to recuperate from the challenges created by the COVID 19 pandemic, Dr. Tsuyuki has concerns about the increase in undiagnosed high blood pressure in Canada.

[00:14:49] **Dr. Ross Tsuyuki** Family physician visits decreased by about 80 percent during the height of the pandemic, and haven't really rebounded back to pre-pandemic levels. So we're concerned about what impact that has had. We also know that a lot of people have gained weight. They're drinking alcohol more and exercising less as a result of the pandemic. Of course, none of those are good things for blood pressure. My guess is that blood pressure control has gotten even worse over the pandemic because that's what they saw in the United States, that's what they've seen in the U.K..

[00:15:27] **Caroline Lavallée** The current high blood pressure statistics in Canada are alarming.

[00:15:32] **Dr. Ross Tsuyuki** About 23 percent of adult Canadians have high blood pressure or hypertension. So about one in four. That works out to around seven and a half to eight million people with high blood pressure in this country. If you think that's bad, there's another seven and a half to eight million people that have borderline high blood pressure. So above 120, but still less than 140. And we know from the natural history of high blood pressure that within five years, quite a few of those people, their blood pressure will rise above that threshold of 140.

[00:16:17] **Caroline Lavallée** What makes these numbers such a concern is that high blood pressure increases the risk of future health challenges. We know it is the number one risk factor for stroke and a major risk factor for heart disease. So we should all do our best to prevent high blood pressure, and that can include eating a healthy diet that's low in salt and includes lots of vegetables and fruit, whether they are fresh, frozen or canned. Plus, regular physical activity, even just a 10 to 15-minute walk each day is important and can help us maintain a healthy body weight. And if your doctor has prescribed medication for high blood pressure, be sure to take it as directed. And maybe most importantly, we need to routinely get our blood pressure checked. It's the silent killer because there are rarely symptoms. The only way to diagnose it is by measurement. So the next time you visit your healthcare professional or a pharmacy, get your blood pressure measured so you know your numbers.

You can get more healthy lifestyle info tips and recipes at [heartandstroke.ca](http://heartandstroke.ca).

Thank you, Eva, for sharing your story. And thank you, Dr. Tsuyuki for offering your expertise. I hope you enjoyed this episode. Stay tuned for stories on cardiac arrest, stroke in women and the heart-brain connection.

Thanks for listening to The Beat, and a special thanks to our donors for making this podcast possible. I hope you'll take away some valuable insights from today's episode, and maybe you'll be inspired to join a community that's determined to beat heart disease and stroke. Subscribe now to stay informed, get inspired and rediscover hope. Don't forget to rate and review the podcast so we can reach even more listeners. Stay tuned for our next episode. Until next time. I'm Caroline Lavallée.

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