



# Lamont Health Care Centre

Telephone (780) 895-2211 Fax (780) 895-7305  
P.O. Box 479, 5216-53 Street, Lamont, Alberta T0B



## 2010 COMMUNITY NEWSLETTER – WINTER EDITION

### ‘MEDICAL CORNER’

#### The Management of Hypertension

by Dr. Zainool Mohamed, Chief of Medical Staff, LHCC

Hypertension is a silent killer. NINE out of ten Canadians will develop hypertension during their lifetime. High blood pressure or hypertension has no warning signs. However, it will lead to stroke, heart attack, heart failure and kidney failure. It is also probably one of the main causes of dementia.

High blood pressure can't be diagnosed by one blood pressure reading. It needs repeated blood pressure readings in order to make a diagnosis. A normal blood pressure is considered below 140/90. People with kidney disease or diabetes need a lower blood pressure; normal for them is regarded as less than 130/80.

Blood pressure testing should be done at your yearly physical. The way that the blood pressure is done is important in making a diagnosis of high blood pressure. The blood pressure is taken three times during a single visit; this is usually the second visit for high blood pressure. The first number is discarded; the second two numbers are averaged. If the average is more than 140/90 then hypertension or high blood pressure is diagnosed. Sometimes if the blood pressure varies with every visit then five visits may be needed in order to confirm an average blood pressure reading which is greater than 140/90. It is very important to remember that sometimes visiting the doctor's office can cause your blood pressure to increase. This is not high blood pressure but rather "white coat syndrome". Sometimes the doctor may ask you to do your blood pressure at home in order to compare the values of blood pressure that he gets in the office.

As I said before, there are no symptoms; however, high blood pressure is a silent killer. There are also no lab tests for high blood pressure. At a visit for high blood pressure at the doctor's office, a urine test may be performed. A blood test may be done to check Sodium (salt), Creatinine (kidney function) and Glucose (sugar) as diabetes changes the severity of blood pressure. A cholesterol test is done usually at one's annual physical in order to look for complications of high blood pressure. A standard ECG is also done.

High blood pressure leads to severe complications called "target organ damage". This results in a stroke or a mini-stroke (transient ischemic attack) or bleeding into the brain or an aneurysm. It also can result in dementia, both Alzheimer's as well as vascular dementia. It can cause changes in the eye, enlargement of the heart, a heart attack, angina or heart failure. It can cause chronic renal disease and peripheral vascular changes.

High blood pressure can be treated by modification of risk factors. Non-modifiable risk factors are age, sex and family history. Modifiable risk factors are lifestyle related i.e. smoking, exercise, diet, obesity, sodium and cholesterol intake. Stress is also discouraged. Non-adherence (not taking medications) is also modifiable.

Medications have to be individualized and this needs to be discussed with your family doctor.

I will focus on two of the major complications of high blood pressure. The first one being a mini-stroke and the second is being the stroke itself.

A mini-stroke is known as a TIA or transient ischemic attack. It is caused by short term lack of blood supply to the brain. It usually lasts from 30 seconds to 10 minutes although it can last longer. People who have had a mini-stroke are five times more likely to have a stroke within the next two years. More strokes are caused by blood clots blocking blood supply to the brain. Few are caused by an artery bursting (20%).

A stroke can result in paralysis or weakness to one side, visual problems, difficulty in speaking, fatigue, loss of bowel or bladder control, depression, memory problems and personality changes. A stroke or mini-stroke is a medical emergency. The patient needs to be brought to the hospital immediately. With immediate treatment the risk of a mini-stroke becoming a stroke can be reduced.

#### **Mission Statement**

We believe that wholeness of body, mind and spirit is God's will for every person.

We are committed to the healing process, the promotion of health

and the provision of compassionate care to all persons.



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***How do you know if you are having a mini-stroke or stroke? Some signs to look for are:***

1. Weakness, Sudden loss of Strength or Numbness in the face, arm or leg
2. Speech difficulty or sudden confusion
3. Visual problems, sudden loss of vision mainly in one eye or double vision
4. Headache which is sudden, severe and it is probably the worst headache of your life
5. Dizziness with a sudden loss of balance.

***How can a stroke be prevented?***

As I mentioned before, high blood pressure is a major risk for stroke. Modifying the same features in high blood pressure would modify your risk for stroke. Features which can't be changed are age, sex and family history. Features which can be changed are smoking, obesity, exercise, salt intake and cholesterol level.

***Other stroke risk factors are:***

Age greater than 75 years, diabetes, heart failure, a previous mini-stroke or an irregular heart beat.

***Emergency Treatment for Stroke:***

Stroke is a medical emergency and seconds count. The most important call you make is to **call 911 for an ambulance.**

Coming to the hospital, making an appointment to see a doctor, driving yourself is not recommended. The quicker you get to a STROKE CENTRE, which can evaluate your stroke, the more chance you have of making a fuller recovery.

**Do not take Aspirin for a stroke** because 20% of cases may be due to bleeding and Aspirin might make this worse. Treatment within the first 4 ½ hours with a special medication called a clot buster significantly improves the outcome from a stroke. This clot buster removes the clot allowing blood to flow and allow healing of the injured brain cells. After the first 4 ½ hours, every hour decreases the likelihood of a complete recovery but it does make some recovery possible; therefore, immediate transfer becomes a crucial step in the treatment of a stroke. People who have high blood pressure or an irregular heart beat may be on medications to prevent the development of a stroke. Not taking these medications or missing these medications increases the risk of a stroke or a mini-stroke for that day.

People with high blood pressure often worry that they are going to get a stroke; however, only if the blood pressure is more than 220/120 does the blood pressure need to be treated immediately in order to prevent a stroke. Usually a 10-15% reduction is enough to prevent a stroke. Otherwise there is nothing wrong with taking two to three months to bring down a blood pressure to a normal level.

Once again, remember that high blood pressure is a major risk factor for a stroke. A stroke is a medical emergency that needs to be treated at a STROKE CENTRE (a hospital where CT scan is available - the closest one to Lamont is Royal Alexandra Hospital).

Delaying actually increases the damage that a stroke can cause as the best treatment is early diagnosis and early intervention. If a stroke or mini-mental stroke is suspected the patient should be seen immediately. Any delay increases the damage a stroke causes.

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