

the magazine of Blood Pressure UK

ISSUE 34 > Winter 2013

POSITIVE

# pressure



**HE'S DONE IT!**  
STEVEN PRIMROSE-SMITH  
COMPLETES EPIC  
CYCLE RIDE

**SEASON'S  
GREETINGS**  
FROM EVERYONE AT  
BLOOD PRESSURE UK

HEALTHY  
FESTIVE  
RECIPES

**PLUS**  
A look at how  
stroke services  
are changing



**Blood Pressure  
UK**

Helping you to lower your  
blood pressure

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**pressure** is the magazine of UK charity, Blood Pressure UK. We aim to significantly improve the prevention, diagnosis and treatment of high blood pressure in order to prevent death and disability from stroke and heart disease. We are an independent registered charity and rely on donations and grants to carry out our work. All views expressed within the magazine are those of the authors and do not necessarily reflect those of Blood Pressure UK. The information in this magazine is designed to support and supplement your relationship with your doctor, not to replace it.

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## Positive about your blood pressure

# Welcome

**From Katharine Jenner,  
Chief Executive Officer**



Welcome to the winter edition of Positive Pressure. I can't believe nearly a year has passed since I took up my role as Chief Executive Officer of Blood Pressure UK. We've had a marvellous year and I hope you will enjoy reading all about it on pages 12-13.

As I write this column the evenings are dark and the days are short, we have some great tips on what exercise you can do from the comfort of your own homes (page 2). I will still be braving the daily commute to work on my bicycle, but it will be nothing like Steven Primrose-Smith who has completed his epic cycle journey to every European capital. It is a truly amazing achievement and a wonderful example of how having high blood pressure doesn't mean you have to stop reaching your goals. I'm sure many of you will have your own interesting stories about how you manage your blood pressure and if you would like to share them with our readers please get in touch.

We also have an interesting feature on improvements in stroke care. High blood pressure is one of the main causes of stroke and it is good to be able to report on changes in the way stroke care is delivered which are really benefiting patients.

Christmas is nearly upon us and I hope you like your Christmas cards from all of us at Blood Pressure UK, designed by the winner of our competition, Hampshire artist Kate Cooke. In this issue of Positive Pressure we want to help you enjoy the festive season without harming your health.

May I wish you and your families a wonderful Christmas and a Happy New Year.

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If you've enjoyed this magazine but this isn't your own copy, then why not sign up to become a Blood Pressure UK member and have your own Positive Pressure delivered direct to your door, together with a host of other members' benefits?

Call us on **0207 882 6255** or visit  
**www.bloodpressureuk.org/Supportingyou**

# Blood pressure news

## Cracking new Christmas card for Blood Pressure UK

**Congratulations to Kate Cooke, who has designed a cracking Christmas card for Blood Pressure UK.**

Kate's was one of loads of brilliant entries for our Christmas card competition. It's great to have such a change from standard Christmas cards and we hope our readers will like the design as much as we do.

The competition was run in conjunction with Bell Street gallery, Rum's Eg of Romsey.

In second place was 'Christmas Garden' – 'Paper Collage and Watercolour' by Chrissie Collins; in third place, Teresa Rogers' 'Madonna and Child' – 'Mixed media'; and in fourth place, Helen Polden's 'With Love at Christmas' – 'Acrylic on Paper.'

TV presenter Esther Rantzen was thrilled to be involved as a guest judge

on the competition panel, and said that she thoroughly enjoyed seeing all the entries.

"I hope you agree that we picked fantastic designs and that your family and friends will love receiving them this Christmas!"

Wildlife presenter Chris Packham also expressed his enthusiasm as a guest judge, saying that the competition was "a fantastic way to showcase original artwork, and for a great cause too."



The charity cards are for sale through the Blood Pressure UK webshop at £3.99 for 10 (plus p+p).

<http://bpassoc-shop.org.uk/>



"New Year's Day:  
Now is the accepted time to  
make your regular annual good  
resolutions. Next week you can  
begin paving hell with them as  
usual."  
Mark Twain

# Do you know how much salt is lurking in your butter and margarine?

According to Consensus Action on Salt and Health (CASH) the answer is probably too much, we at Blood Pressure UK agree

CASH looked at more than 300 butter and spread products from all the leading manufacturers and was shocked by the unnecessarily high levels of salt it found.

### The survey revealed:

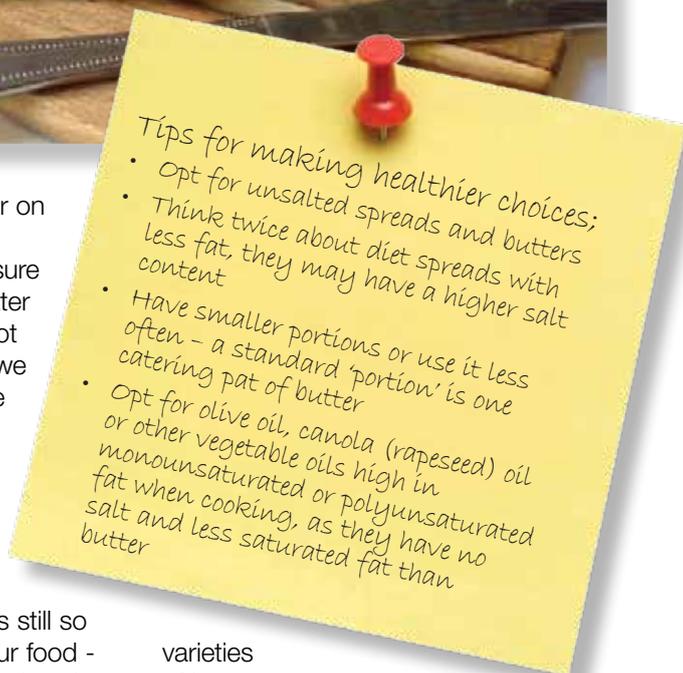
- 7 out of 10 (70%) salted butters would receive a red traffic light for salt
- Less than 4 out of 10 (38%) of butter and margarine products met the Department of Health's 2012 Salt Targets
- 'Low fat' spreads can be even higher in salt than the full fat versions – one was as salty as seawater.
- On average people consume 11g fats and spread a day; however, whilst people are aware of the high fat content of fats and spreads and the risks linked to obesity, they rarely think about its contribution to their daily salt intake and their blood pressure.

"Our health would be better if we only had a 'little' bit of butter on our bread" says Katharine Jenner, CEO of Blood Pressure UK. "Our love affair with butter is bad for our hearts, and not just because it is full of fat; we often spread it on toast, use it in baking or add it to our cooking without thinking how much salt it contains"

Graham MacGregor, Chairman of Blood Pressure UK says "It is a national scandal that there is still so much unnecessary salt in our food - for every one gram reduction in salt intake, we can prevent 12,000 heart attacks, strokes and heart failures, half of which would have been fatal."

Salt is completely unnecessary in butter. The good news is that unsalted

varieties of butter are available from all supermarkets and brands, and lower salt spreads are available if you read the labels carefully, though be aware; most are still high in saturated fat.



Tips for making healthier choices;

- Opt for unsalted spreads and butters
- Think twice about diet spreads with less fat, they may have a higher salt content
- Have smaller portions or use it less often - a standard 'portion' is one catering pat of butter
- Opt for olive oil, canola (rapeseed) oil or other vegetable oils high in monounsaturated or polyunsaturated fat when cooking, as they have no salt and less saturated fat than butter

## Blood pressure drugs could help dementia patients

### Drugs used to treat high blood pressure could also slow the rate of cognitive decline in dementia patients.

The researchers examined 361 patients, with an average age of 77, who had been diagnosed with Alzheimer's disease, vascular dementia, or a mix of both.

Eighty-five of the patients were taking ACE inhibitors; the rest were not.

For the study, published in the online journal BMJ Open, each patient's cognitive decline was assessed using one of two standardised mental state

examinations on two separate occasions, six months apart.

Those not taking ACE inhibitors experienced marginally slower rates of cognitive decline and the brain power actually improved for 30 patients newly prescribed ACE inhibitors, during their first six months of treatment.

Katharine Jenner, CEO of Blood Pressure UK says "This study is interesting as it is already known that high blood pressure increases your risk of

developing dementia, and now the treatment might help prevent, or slow down cognitive decline. This would greatly improve the lives of people with dementia, but it is still early days in the research. We would like to see further research conducted."

In the meantime, take steps to reduce your blood pressure to lower your risk of developing dementia, and only take ACE inhibitors if you have been prescribed the medication by your GP.



# KEEP WARM THIS WINTER

**Earlier this year we reported on a study that suggested cold weather could increase your blood pressure. Whilst we were quick to point out that we have little control over the weather, as the nights get colder and the energy bills rise, we would like to share our advice on how to keep warm and safe this winter.**

Research from the University of Glasgow has found that some people's blood pressure is affected more by the cold weather, and this blood pressure sensitivity to temperature may be a marker of early mortality.

The study involved assessing over 169,000 blood pressure measurements in 16,010 patients who attended the Glasgow Blood Pressure Clinic between 1970 and 2011. Each patient's blood pressure measured at every clinic visit was mapped to prevailing weather conditions in the area on that day, and the response of blood pressure to the weather was determined.

In spite of the lack of evidence, we would urge all our members to keep warm this Winter. In 2001, the Department of Health reported that there were over 60,000 cold-related deaths throughout the year; in the UK, and over half of these were from cardiovascular disease.

In older people, blood pressure rises after two hours' exposure to

temperatures of 12°C and below, and this effect may contribute to these excess deaths. In the UK around two and a quarter million people, many of them older people, are living in cold homes that they cannot afford to heat.

## Financial help

You may also be able to claim financial and practical help with heating your home. Grants available include the Winter Fuel Payments and Cold Weather Payments.

Winter Fuel Payments of up to £300 are available if you were born on or before July 5 1951.

To find out more about Winter Fuel Payments, call 08459 151515

**I think my New Year's Resolution will be to stop wasting money on lunch and coffee by making my own at home (although I am not sure how to transport the coffee on my bicycle!)**

Katharine Jenner, Chief Executive, Blood Pressure UK

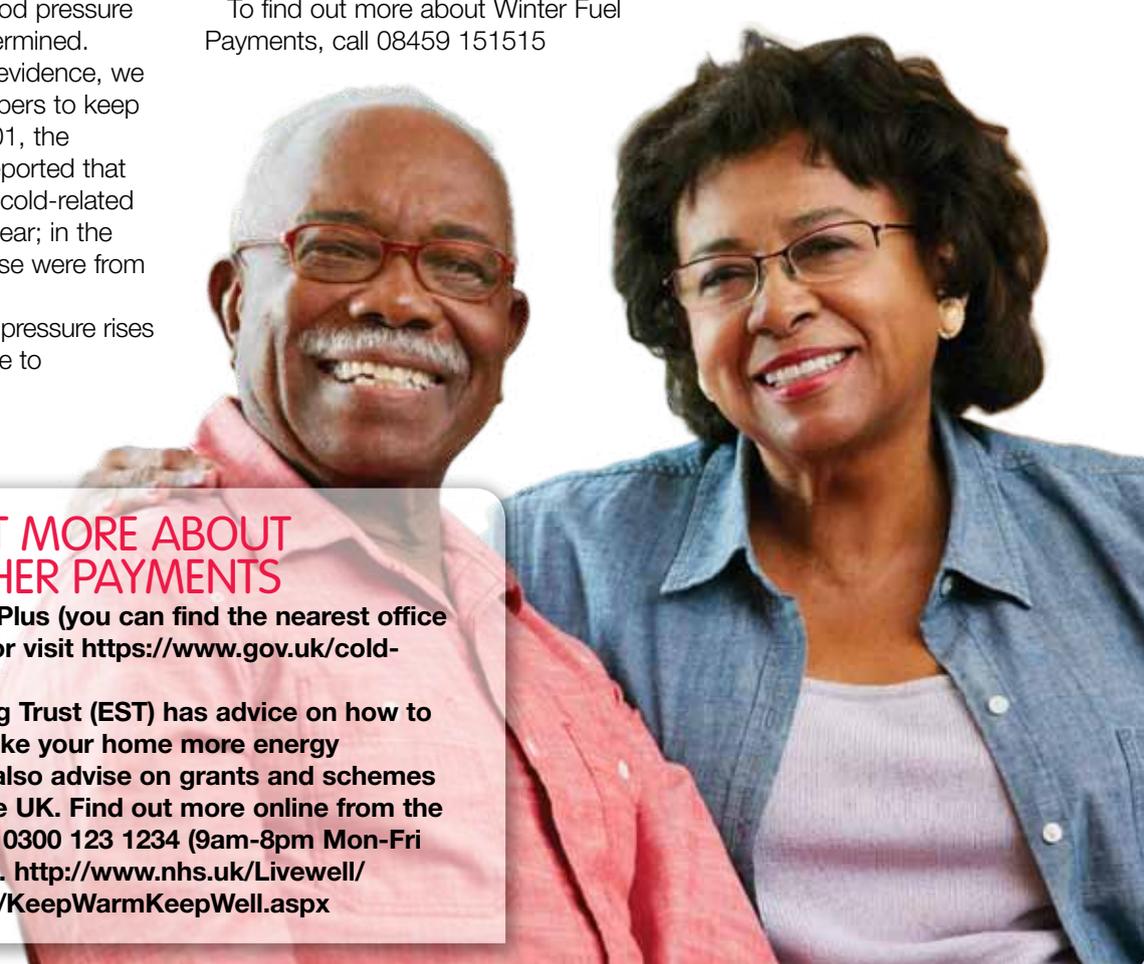
(8.30am-4.30pm Monday-Friday, textphone 0845 601 5613) or visit <https://www.gov.uk/winter-fuel-payment>.

Cold Weather Payments may be available to you if you receive certain benefits or have a child who is disabled or under the age of five.

## TO FIND OUT MORE ABOUT COLD WEATHER PAYMENTS

Contact Jobcentre Plus (you can find the nearest office in the phonebook) or visit <https://www.gov.uk/cold-weather-payment>.

The Energy Saving Trust (EST) has advice on how to reduce bills and make your home more energy efficient. They can also advise on grants and schemes available around the UK. Find out more online from the EST website or call 0300 123 1234 (9am-8pm Mon-Fri and 10am-2pm Sat). <http://www.nhs.uk/Livewell/winterhealth/Pages/KeepWarmKeepWell.aspx>



# FREE HEALTH CHECKS SAVE LIVES

**Hundreds of lives could be saved in England with better provision and take-up of free health checks, the Health Secretary Jeremy Hunt has said.**

The importance of early diagnosis was highlighted recently by Public Health England (PHE), talking about the NHS Health Check programme, who said that checking the blood pressure, cholesterol, weight and lifestyle of people aged 40 to 74 could prevent 1,600 heart attacks and 4,000 cases of diabetes a year.

Blood pressure testing is vital, as high blood pressure has no obvious symptoms, so the only way for people to know if they have the condition is to get their blood pressure checked. Once diagnosed, high blood pressure can be successfully managed.

The aim of the health check programme is that everyone in

England between the age of 40 and 74 who has not already been diagnosed with heart disease, stroke, diabetes, kidney disease or certain types of dementia, or with certain risk factors, is invited for a face-to-face check once every five years.

The check is usually offered in GP surgeries and local pharmacies. Results are given by a 'healthcare professional' such as a GP, practice nurse or pharmacist.

Public Health England has launched a 10-point plan to help councils provide health checks to 20% of their eligible local population each year - thereby allowing them to cover all those within the age range over a five-year period.

Jeremy Hunt said: "I'd like to see all 40 to 74 year olds taking up this potentially life-saving opportunity. We could save 650 lives a year if there was full take-up.

In Scotland, GP practices which are part of the Keep Well programme invite patients aged 40 to 64 for health checks.

NHS Wales is in the process of setting up self-assessment health checks for over 50s, in which people will fill in questionnaires and receive "tailored" health advice.

Blood Pressure UK said: "We fully support people having their blood pressure tested regularly, whether through their doctor, nurse or pharmacy."



**My new year's resolution will be to generally be more healthy, eat lots more fruit (I definitely do not eat 5 a day at the moment) than I do now and drink more water. Also to stop buying lunch and instead bring something from home.**

Hemini

## GULLIVER'S VIEWS ON SALT

**We thought readers of Positive Pressure might be interested in this quote from Gulliver's Travels**

"Now and then, for a rarity, I made a little butter, and drank the whey. I was at first at a great loss for salt, but custom soon reconciled me to the want of it; and I am confident that the frequent use of salt among us is an effect of luxury, and was first introduced only as a provocative to drink, except where it is necessary for preserving flesh in long voyages, or in places remote from great markets; for we observe no animal to be fond of it but man, and as to myself, when I left this country, it was a great while before I could endure the taste of it in anything that I ate."

**It seems that Jonathan Swift, the author of Gulliver's Travels was ahead of his time.**

### FREE E-NEWSLETTER FOR READERS

Is six months too long to wait for your next Positive Pressure? Did you know that if you give us your e-mail address you can receive four Positive Pressure e-newsletter as well as your printed copies.

Three newsletters keep members who have given us their e-mail addresses up-to-date with what's going on in the blood pressure world.

To receive the e-newsletter just send your e-mail address to [Adam.Myers@bloodpressureuk.org](mailto:Adam.Myers@bloodpressureuk.org)



## WALKING TO WORK IS GOOD FOR YOU

**People who walk to work are 17% less likely to have high blood pressure than those who drive, according to research.**

The researchers at Imperial College London and University College London examined how various health indicators related to how people get to work, using data from a large survey of 20,000 people across the UK.

They found that cycling, walking, and using public transport were all associated with a lower risk of being overweight than driving or taking a taxi. People who walk to work were also around 40 per cent less likely to have diabetes than those who drive.

High blood pressure, diabetes, and being overweight are all major risk factors for heart and circulatory disease, the UK's biggest killer.

The researchers said people could reduce their risks of serious health problems such as heart attacks by avoiding using a car.

Katharine Jenner, CEO of Blood Pressure UK said: "Building light exercise into the daily routine by walking, cycling or using public transport to get to work is good for personal health. At Blood Pressure UK we encourage people to be more physically active to help maintain a healthy weight and healthy blood pressure numbers."

In the study 19% of working age adults who used private transport – such as cars, motorbikes or taxis – to get to work were obese, compared to 15 per cent of those who walked and 13 per cent of those who cycled to work.

The study found wide variations in the modes of transport used in different parts of the UK. Public transport was used most in London, at 52 per cent, compared with just five per cent in Northern Ireland.



Don't forget mental exercise can also help you control your blood pressure. Physical activities keep your heart, lungs and blood vessels healthy, but mental exercise such as singing does too. Maybe you could go carol singing this Christmas, stimulate your brain, lower your blood pressure and you could even raise money for Blood Pressure UK at the same time.

# Steven finishes epic bike ride

50 European capitals in 2.5 years to raise money for Blood Pressure UK and achieve a personal ambition

In May 2009, just as I was about to begin the longest bicycle ride of my life, I was rushed to A&E. My blood pressure was 210/120. In case you're unaware, that's too high to be plotted on those charts on the bottom of hospital beds. I'd had a brain haemorrhage caused by hypertension. After two weeks, including one in intensive care, I was released into the wild clutching a bag containing five different types of blood pressure pills.

I'd been very lucky, but I'd also been an idiot. A few years earlier, during a medical check-up, my doctor had told me I had hypertension. I ignored him. Take pills every day for the rest of my life? That's what old people do. I was only in my mid-thirties. Besides, high blood pressure's no big deal. I'd nearly paid for that complacency with my life. I didn't get away with it completely. My kidneys had also been damaged by



*Start: the Isle of Man*



*London*



*Brussels*



*Paris*



*Rome*

prolonged hypertension and though they've improved since 2009 they won't ever function as they should.

During the following summer I recuperated and that September, against the wishes of my family, I set off on the bike ride that I'd postponed. I wanted to prove to myself that living with severe hypertension and its big bag of medication wouldn't mean an end to fun, adventurous stuff. I cycled the 1,600 miles from the Isle of Man to the Costa del Sol and had a great time.

In the years immediately before the haemorrhage I'd caught another bug, although one for which I wanted no cure. Like many others, I'd become addicted to studying with the Open University. It's difficult to explain to someone who hasn't done it but to pass an OU course you need to be very disciplined with your time. Once the course is over there's an aching void that's difficult to fill, perhaps the loss of a sense of purpose. This is one reason why many OU students are serial degree-takers, completing one and then immediately starting another.

This is what I'd done. I'd already completed a BA in Philosophy and English Language and then immediately signed up for a Mathematics BSc and a Physical Science BSc as well as a Masters in Philosophy with Lampeter University. I appreciate this might sound a little over-ambitious but I loved to study.

I'd been a self-financed, full-time student for three years and in 2010 I looked at my dwindling bank account and realised I had about three years before I'd need to start earning. If this happened before I finished my degrees, progress on them would slow to a dripping tap. My bike ride had given me a taste for adventure and I wanted to complete my courses, but if I waited until I'd finished studying I wouldn't have any money left to



travel. It was a pity I couldn't do both at once. Or could I?

I scoured the internet to find someone who'd combined travel and study to see if they could offer some hints and tips. Unfortunately, I found no one who'd done this for longer than a holiday. Did this mean it wasn't possible? Perhaps after struggling up and over a series of mountains I'd be too pooped to squeeze more facts into my tired brain. There was only one way to find out.

In March 2011 I set off on my trusty, and slightly rusty, KTM bicycle on a ride that would take me from the Isle of Man all the way to the Isle of Man. That doesn't sound like much. You could probably do it in an afternoon. But I was going the long way around. Before returning home two and a half years later I planned to have visited every capital in mainland Europe as well as all the capitals on nearby islands, a round total of fifty. I'd also study for my three degrees, submitting assignments on the road

### **Steven on his trusty, if rusty, KTM bike**

and taking examinations in distant exam centres whenever necessary. My project was called UniCycle50.

In August this year, my wheels finally trundled down the vehicle ramp of the ferry to Douglas. I'd returned to the Isle of Man having cycled over 22,000 miles and ascended the equivalent of twenty sea-level-to-summit Everests. I'd seen almost the whole of Europe, not just its glorious capitals but its cities, towns and villages, its countryside and mountains, its lakes and its coastlines. I'd met Open University students scattered across Europe: a self-sufficient farmer on the windswept coast of Latvia, a famous ballerina in Ljubljana, a clown in Zagreb and a UN peace advisor in battered Sarajevo, among dozens of others. I'd eaten its strange foods: an earthy lung and spleen stew in Austria, a delicious sheep's intestine sandwich in Turkey, a crunchy pig's ear in

Lithuania and a tasty marmot in Switzerland. It'd been a wondrous journey but not everything had gone my way.

The LibDem's U-turn on university fees forced the OU to increase its prices although, out of a sense of fairness, they allowed existing students to complete one degree at the old fees. Because my funds wouldn't cover the new, vastly inflated cost I had to choose between my physical science and my mathematics degrees. I chose maths. I'd already got as far as a Diploma in Physical Science and so all that poring over astronomy and planetary science books hadn't been for nothing but it was a shame to be unable to complete it.

Studying on the road also presented a number of challenges. For reasons known only to the OU, all maths assignments – and only maths assignments – have to be submitted on paper. This meant two problems. First, from the other side of Europe, mail can take ages to reach the UK and so I had to be several weeks ahead on my courses. This in itself wasn't a problem but if I was stuck on a particular topic there were no other students to ask for help because they were usually several chapters behind me. The other problem was that marked assignments were returned to my home address. During the first year this wasn't an issue. I was scoring highly. But in the second year my marks were distinctly average and without seeing what my tutor had written I'd no way to know where I was going wrong. For this reason I reduced my workload in the final year of my ride and so I still have a couple of courses left to do before I complete the maths degree. The MA in Philosophy, however, was awarded in the spring of 2012, which I celebrated with a picnic on a beautiful beach in Italy.

The ride definitely had a positive impact on my hypertension. In fact, it was a little too effective. In northern France, a few weeks after setting off, I passed out for a second because my blood pressure was too low. Luckily, no

damage was done. Now fitter and slimmer, I slightly reduced the number of pills I was taking and monitored my dizziness. Feeling light-headed was manageable but if it got worse than that I'd have to reduce my pills further. It never came to that.

I can highly recommend doing a long cycling tour. It's the perfect way to see a country, fast enough to cover a decent distance but slow enough to smell the flowers and greet the locals. You'd certainly become fitter and probably reduce your blood pressure as a result. And I can recommend a degree with the Open University if you can afford it. And I can also recommend combining the two but probably only if you're studying a subject other than maths.

I've another adventure planned, actually a series of adventures. They'll be much shorter than UniCycle50 but tougher physically and psychologically, but that's all I'm going to say for now.

In the end I didn't make it to every capital. I was defeated by Moscow. The roads in Russia were appalling, badly potholed and heavily trafficked, especially by trucks that insisted on coming close enough to make me scream. The hard shoulder consisted of sand and gravel. To escape the lorries I tried to cycle in the sandpit but came a cropper, falling off the bike and into the road, skinning both knees and an elbow. It was only good fortune that no cars were passing at that moment to finish me off. I got back on the bike and fell again a few minutes later. I checked Google StreetView and it was the same but with heavier traffic for the entire 1,200 miles to Moscow and St. Petersburg. I'd no intention of dying just yet and so I pointed the bike towards Latvia and fled.

If at first you don't succeed, redefine your original goal to make your miserable failure appear an unadulterated success. Capitals, pah! My challenge was actually to visit each of the fifty countries of Europe and I managed that. So well done me!



**DO YOU HAVE AN INTERESTING STORY ABOUT HOW YOUR LIFE IS AFFECTED BY HIGH BLOOD PRESSURE. IF SO CONTACT KATHARINE.JENNER@BLOODPRESSUREUK.ORG**

## HOW YOU CAN SPONSOR STEVEN

<http://www.justgiving.com/unicycle50>

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New Tricks star,  
Amanda Redman  
helped us celebrate  
Know Your  
Numbers! 2013

# Know your numbers! 2013

Know Your Numbers 2013 ♥

Over a thousand Pressure Stations across the UK offered free blood pressure checks for Know Your Numbers! Week 16-22 September 2013 - from fire stations in Wiltshire, shoppers at ASDA, a bus in Salford, a bakery in Leicester, airline interior designers and engineers to a top football club in London.



Thousands of health professionals equipped themselves with blood pressure monitors to test the nation's blood pressure. Those tested included the actors Amanda Redman and Alun Armstrong – best known for their roles in the BBC One series 'New Tricks' - getting checked at the William Harvey Heart Centre in London, as well as local Mayors and MPs across the UK and the full AFC Wimbledon Football team.

Without your help and support, Know Your Numbers! Week would not be such a great success. The fight against high blood pressure doesn't stop just because Know Your Numbers! Week has ended. We are always keen to keep high blood pressure in the news agenda by offering interesting stories of people who discovered their hidden condition. We are keen to

hear from anyone who had a high reading during the week and has since gone on to be diagnosed with high blood pressure from their GP.

David Blunkett, the MP for Sheffield Brightside & Hillsborough has publicly supported Know Your Numbers!

He said: "I got to know my numbers almost 20 years ago when I discovered that high blood pressure was the cause of my dizziness. Knowing the truth helps you do something about it and continue life as normal, even when under the most enormous pressure as I was in my eight years in government. Preventing strokes or heart attacks is a benefit of our modern NHS so it is good common sense to get checked out and put things right before it's too late."

Ring out the old, ring in the new.  
Ring, happy bells, across the snow: the year  
is going, let him go;...

As 2013 draws to a close it is a good time to reflect on the activities we have undertaken at Blood Pressure UK, and what a busy year it has been! Here are just a few of our many highlights:



Katharine Jenner, the CASH team and Chef Raymond Blanc



### JANUARY

We moved Blood Pressure UK to the Wolfson Institute of Preventive Medicine, alongside world-renowned public health experts, including our sister charity Consensus Action on Salt and Health (CASH).

### FEBRUARY

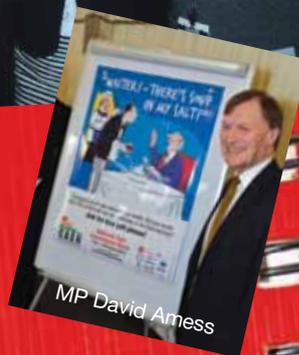
We were invited to a round table meeting with the All-Parliamentary Group on Cardiovascular Disease at the House of Commons, where MPs listened to our views on the draft Cardiovascular Outcomes Framework document.

### MARCH

The Government launched its new Cardiovascular Disease Outcomes Strategy including a number of important recommendations made by Blood Pressure UK.

We had a blood pressure testing station at the Salt Awareness Week event at the House of Commons –and got to test celebrity Chef Raymond Blanc's blood pressure!

The National Institute for Clinical Excellence (NICE) recommended Ambulatory Blood Pressure Monitoring (ABPM), with one of our trustees Prof Garth Beevers commenting "This is also the ideal time to encourage lifestyle corrections such as; avoiding or reducing obesity, reducing salt intake, gradually increasing exercise and limiting alcohol consumption."



MP David Amess

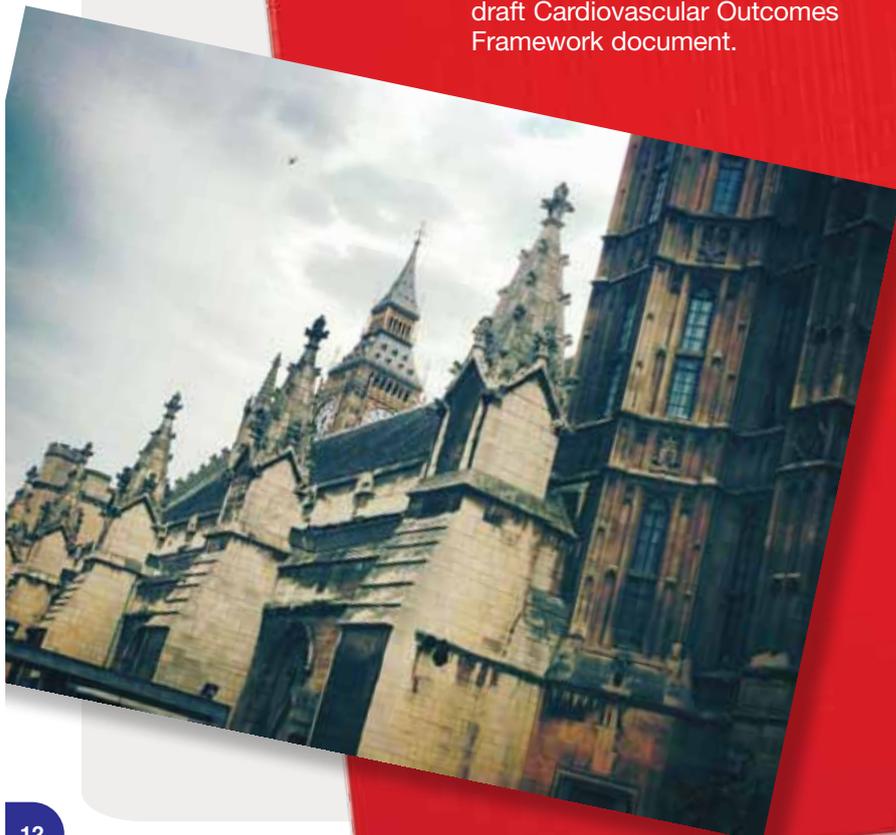
### APRIL

Our Chair, Trustees and CEO all presented to hypertension nurses at a very interesting cardiovascular meeting organised by one of our Trustees, nurse Nirmala Markandu.

### MAY

We joined a British Heart Foundation Cardio and Vascular meeting to discuss how to jointly implement the Cardiovascular Outcomes Frameworks strategy which will affect thousands of people across the UK.

We were invited to comment on several media stories on blood pressure, one of which was on the effect of weather on blood pressure, stating "Until we can control the weather, we can still rely on more traditional ways of controlling our blood pressure, such as eating more fruit and vegetables, less salt and alcohol, and taking more exercise."



**JUNE**

We joined the social network, Twitter – if you have too, you can follow us at @bloodpress\_uk and you can like us on Facebook at bloodpressureuk for more blood pressure news and views!

Blood Pressure UK supported the launch of the new Front of Pack labelling scheme saying "This is a great result for UK customers who want to make a healthier choice."

**JULY**

Our Summer months were spent at the Department of Health, discussing new limits for the amount of salt in food.



**SEPTEMBER**

September is always a big month for Blood Pressure UK, as we held our Know Your Numbers! Week.

Professor Kevin Fenton, Public Health England's National Director for Health and Wellbeing, supported the week by saying "There's a huge burden of disease associated with conditions that can be avoided if we know we are at risk – such as knowing whether our blood pressure is too high or too low - and make simple changes to our behaviour and lifestyles."



**OCTOBER**

The team went to Tooting for a Health and Wellbeing Coffee morning event at Mushkil Asian Community Centre, to test local residents' blood pressure, including the Labour MP for Tooting!

Our CEO chaired a Hospital food forum calling for junk food to be banned from hospitals.



Sadiq Khan MP

**AUGUST**

We attended a community day at the Asian Centre in Haringay, showing visitors how to lower their blood pressure

We welcomed Steven back to the UK after his epic cycle ride to 52 capital cities! (see page 8)

**NOVEMBER**

We were very pleased to announce the winner of our Christmas Card competition, Kate Cooke! (see page 3).

We met with the Public Health England team, who are taking the issue of blood pressure very seriously. Blood pressure will be making headlines in 2014 – watch this space!



Katharine Jenner and a local policeman

**DECEMBER**

We look forward to an even more eventful and exciting year next year – but before then, the Blood Pressure UK team shall be seeing the year out with a lovely (low salt) Christmas dinner!



...Ring out the false, ring in the true.  
Alfred, Lord Tennyson, 1850



# Have fun and stay healthy

At Christmas we are always surrounded by lots of lovely food and drink. Here at Blood Pressure UK we are keen for you to have fun AND stay as healthy as possible.

Nobody should feel guilty about enjoying themselves, but as the average person gains 2kg over the Christmas period there are some small steps we can all take to minimise the damage.

On Christmas Day itself the average adult in Britain consumes 6,000 calories. That's three times more than we need, so it is no wonder most of us fall asleep in the afternoon in front of the Queen's Speech!

It is a good idea to start the day in a healthy way with some protein and wholegrain fibre - to keep you feeling full, so you are less likely to snack throughout the morning. Try to avoid a full English fry-up and opt instead for porridge with fruit, or a bagel with scrambled or poached eggs, as they are all good sources of energy that will help kick start your metabolism. They are also low in fat - if you don't spread too much (unsalted!) butter on them.

For the Christmas meal itself have melon or smoked salmon as a starter. Salmon is a good source of omega-3 fatty acids, which is thought to keep our hearts healthy.

Turkey is low in fat and high in protein so you needn't feel guilty about eating it, but go easy on the skin as that contains lots more fat and calories.

Roast potatoes using olive oil, canola (rapeseed) oil or other vegetable oils high in monounsaturated or polyunsaturated fat when cooking, as they have no salt and less saturated fat than butter, lard or goose fat. If you cut them into large pieces, they will absorb less fat than small ones.

Feel free to fill up on vegetables! Brussels sprouts, peas and carrots all contain antioxidants - substances which may help protect against heart disease and cancer. Don't add salt to the water when you are boiling

vegetables as it really isn't necessary and too much salt puts up our blood pressure. As long as you don't cover your vegetables in butter or any other fatty spreads, they are low in calories and fat and contribute to the five portions of fruit and vegetables we need every day.

If you make gravy from your turkey juices let the fat rise to the surface. You can then skim it off with a spoon and use the tasty juices which are left behind.

Grill your sausages wrapped in bacon, consider a fruit-based stuffing

**TIP: RINSE YOUR SMOKED SALMON, BACON AND OLIVES TO REMOVE SOME OF THE SALT!**



**BERRY PUNCH** is fruity and fresh and - most importantly - not too sweet. Ingredients:

- 200ml Blackcurrant and Apple cordial
- 2 fresh limes cut into 8ths
- 400ml cranberry juice
- 1 bottle sparkling water

Squeeze the limes into a bowl before adding them and all the other ingredients. Give everything a stir, then add half to a whole bottle of sparkling water, depending on preference. Stir, serve and enjoy!

and make your bread sauce with skimmed or semi-skimmed milk.

Christmas pudding is reasonably low in fat, and you can make sure you don't add to your calories by adding cream or brandy butter, instead serve it with crème fraiche or custard made with skimmed milk. Alternatively you could serve a fresh fruit salad.

At Christmas we tend to buy treats that we wouldn't usually have in stock, but it is worth remembering a single mince pie has around 250 calories. So, if you can, keep tempting treats out of sight and make sure you have healthy alternatives such as satsumas or chestnuts - which are the only low fat nuts. Chestnuts can be roasted with sweet or savoury flavours and make an excellent alternative to salted

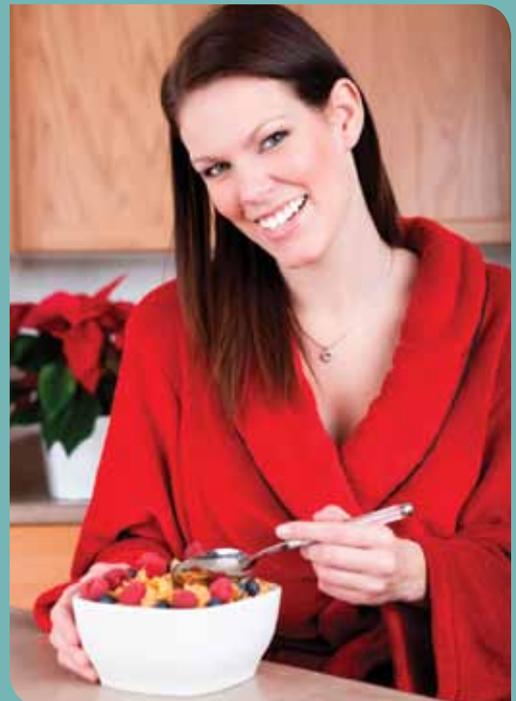
peanuts. Choose reduced fat and no-salt crisps, plain popcorn or pretzels or raw veg and low fat dips. Dried fruit makes a tasty snack - dates, figs and apricots are all good choices.

A couple of glasses of red wine may be good for your heart but don't overindulge. You shouldn't have more than 14 units of alcohol a week if you are a woman or 21 if you are a man. Try alternating your alcoholic drinks with non-alcoholic ones. Stick to low calorie or diet varieties of fizzy drinks or make up your own delicious non-alcoholic punch, like our Berry Punch (above).

Enjoy yourself and go for a hearty walk after lunch to help work off those pounds - then you can have a well-deserved nap in front of the fire!

## TOP 12 HEALTH TIPS

- 1 If you smoke - stop.
- 2 Keep a healthy weight
- 3 Be physically active
- 4 Eat a healthy diet - less salt!
- 5 If you drink, keep within sensible limits
- 6 Look after your sexual health
- 7 Use NHS screening services
- 8 Take up opportunities for flu immunisation
- 9 Maintain your dental health
- 10 Protect yourself from sunburn
- 11 Manage your stress levels
- 12 Have a good work/life balance



Have fun and stay healthy ♥

## HERE'S TO A HEALTHY NEW YEAR

Why not make 2014 a healthy year with Public Health Warwickshire's top 12 tips to improve your own health - and why not spread the word to family, friends and customers too?

We are probably all guilty of overindulging a little over the festive period, and many of us will make our resolutions for 2014 to lose a little weight or do more exercise. So with good intentions in mind why not see how many of the 12 tips you can keep to. You might be surprised how many of them you actually do already.

Make 2014 a year where you look after your health. If you follow the public health advice you can make sure you're as healthy as a leaping lord or dancing lady!



## Advertising Feature

### Tips to reduce sodium

Worried that your holiday meal will contain too much salt? Here are some tips to help keep sodium levels low

1. **Choose Herbs:** Recipes that use fresh or dried herbs will add flavour without adding sodium.
2. **Go Fresh:** Purchase fresh vegetables for side dishes; many canned and frozen options have already been salted excessively.



# Herbed Roasted Turkey

The Christmas meal is a delicious highlight of the festive season, but a turkey with all the trimmings can be packed with salt!

Try our Herbed LoSalt Roasted Turkey to serve to your family this year. It will still taste full of flavour but with less sodium! Bon appetit!

### Ingredients

- 1 (12 lb) Turkey (thawed, if frozen)
- 3 tbsp. fresh chopped marjoram (1 tbsp. if dried)
- 3 tbsp. fresh chopped tarragon (1 tbsp. if dried)
- 3 tbsp. fresh chopped thyme (1 tbsp. if dried)
- 3 tbsp. fresh chopped parsley (1 tbsp. if dried)
- 3 tbsp. fresh chopped sage (1 tbsp. if dried)
- 3 tbsp. fresh chopped rosemary (1 tbsp. if dried)
- ½ cup softened butter (1 stick)
- ½ cup olive oil
- 2 onions, quartered
- 1 head celery, roughly chopped
- 4 carrots, peeled and chopped
- 2 tsp. LoSalt, divided
- 2 tsp. freshly ground black pepper

- 1 Preheat oven to 350 degrees.
- 2 In a small bowl combine the chopped herbs, 2 teaspoons LoSalt, pepper, softened butter and olive oil. Mix together so herbs are evenly distributed throughout, then set aside to marry.
- 3 Remove giblets from the cavity.
- 4 Place your fingers between the skin and meat of the bird, and gently loosen the skin. Next, using your fingers smooth the herb mixture under the skin, turning to make sure each area is covered.

Excess herb mixture can be rubbed on the outside of the breast and legs.

- 5 Insert the chopped vegetables into the turkey's cavity. Finish by placing the bird on a roasting pan, sprinkling with the remaining teaspoon of LoSalt, and covering in foil. Move to oven.
- 6 A 12 lb. turkey should be cooked for approximately 3 ½ to 3 ¾ hours (check NHS Choices guidelines if a different size turkey is being prepared). Remove the foil for the last hour of cooking time. The turkey should be roasted until a meat thermometer inserted into the thickest portion registers 170 degrees F.
- 7 Let rest at least 20 minutes before slicing and serving.

### Rosemary Mashed Potato

This fantastic Rosemary Mashed Potato recipe using LoSalt is light, fluffy and low in sodium, and will be a great addition to any roast dinner.

SERVES 4-6

- LoSalt for boiling potatoes
- 1 pound red skinned potatoes, washed and cut into 1-inch cubes
- 3 tablespoons light cream cheese
- 2 tablespoons fat free milk
- ½ teaspoon chopped fresh rosemary leaves
- ½ teaspoon LoSalt
- Pinch garlic powder

1. Cook potatoes in a large pot of boiling water laced with LoSalt until tender, about 15 minutes.
2. Meanwhile, using a hand mixer, in a medium mixing bowl, beat the cream cheese and milk on low speed until well-combined.
3. Drain the cooked potatoes and transfer to the bowl with the cream cheese. Beat in the potatoes, rosemary, LoSalt and garlic until combined and leaving some lumps. Serve immediately.

# Exercising Indoors

We have some fun ideas to keep a spring in your step until Spring!

You don't need lots of expensive equipment either. Instead, make use of everyday objects and situations, turn the music up, and off you go!

We should all aim to do at least 150 minutes of exercise in bouts of ten minutes or more every week. One way to approach this is to do 30 minutes of exercise at least five times a week.

Here are some great exercises you can do at home without the need for any equipment.

**1** Walking up and down the stairs. Go up and down a few times. This will give you low impact exercise and help tone up your legs. To make it a more effective workout grab a laundry basket full of clothes and

carry it up and down the stairs.

**2** Skipping with an imaginary skipping rope. You can do this one in front of the TV. To begin with just do five minutes at a time and then gradually build up the amount of time you spend skipping.

**3** Light weight-lifting. Use whatever you can find in your house! Start out with something light, such as a can of baked beans, in each hand and work up to heavier items such as bottles of laundry detergent.

**4** Dancing. No-one's watching, so dance along to the music on your radio or TV!

**5** Stretch your calves. While sitting, lift up your legs on the balls of your feet and put them down. Repeat until your legs are comfortably tired. Repeat about 10 minutes later, and continue doing this routine for about an hour or so. This will exercise your calves, and will help prevent blood clots from developing in your legs.

**6** Upper body twist. Sit upright in a chair with your feet flat on the floor, cross your arms and reach for your shoulders. Without moving your hips, turn your upper body to the left as far as is comfortable. Hold for five seconds. Repeat on the right side. Start off by doing five twists on each side and gradually build up the number of repetitions.



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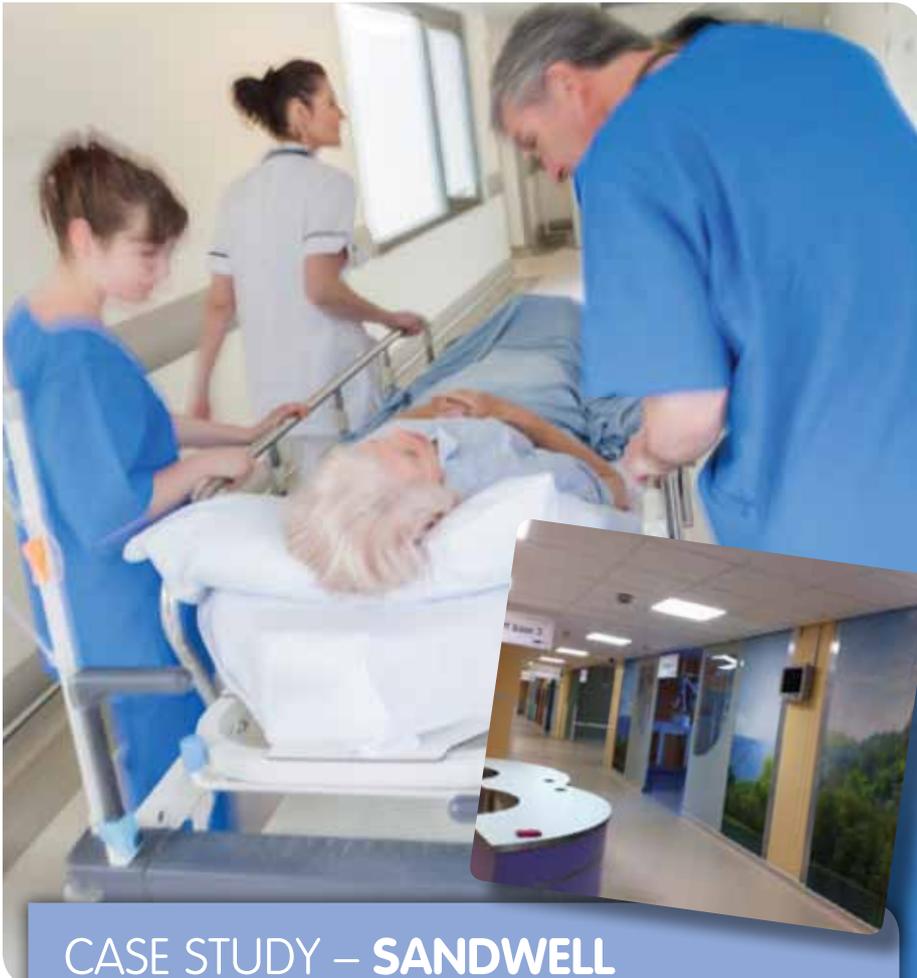
LoSalt is the great tasting way to a healthier lifestyle, containing only one-third the sodium of regular table, sea and rock salts.

LoSalt is low in sodium salt and high in natural potassium

[www.losalt.com](http://www.losalt.com)

# Stroke services are changing for the better

Stroke services are changing for the better



## CASE STUDY – SANDWELL AND WEST BIRMINGHAM

A new 55-bed hyper-acute stroke unit was opened at Sandwell Hospital in March this year. It brings together all the stroke services from across the Trust's two hospitals into one unit and provides high dependency, acute and rehabilitation beds in the same contained space.

In addition the hospital team works closely with community nursing and therapy teams, including specialist Stroke community staff and Early Supported Discharge teams, to ensure patients can be discharged home safely as soon as possible with the support they need

Dr Kamel Sharobeem, the clinical director for stroke at Sandwell and West Birmingham said: "The new Unit is an exciting development for everyone in Sandwell and West Birmingham. It gives all our patients access to a high quality stroke service which will see them treated by experts and given the care and support they need during their recovery."

**High blood pressure is one of the main causes of stroke so Positive Pressure thought it would be interesting to see how stroke services are changing and the benefits these changes are bringing for patients.**

Over the last three years there has been a move to centralise hospital care for stroke patients in large specialist hyper-acute stroke units (HASUs). These units bring together stroke experts and equipment under one roof to provide specialist care to stroke patients 24 hours a day.

This means that many local hospitals no longer have stroke services and if you are suspected of having a stroke the ambulance service will take you direct to a specialist unit rather than your local hospital.

At the unit patients should be assessed by a stroke specialist, receive a brain scan within 30 minutes of arrival, and receive thrombolysis (clot-busting drugs) if appropriate, within three hours of the onset of their symptoms.

Patients should also have access to a multi-disciplinary team of doctors, nurses and therapists 24-hours a day.

There is evidence that specialist hyper-acute stroke units with a larger number of skilled doctors, nurses and therapy staff give patients a better chance of making a full recovery after a stroke.

Since the NHS began transforming its system of stroke care, hundreds of extra lives have been saved each year and people's chances of a rapid and

## CASE STUDY – LONDON

London has eight Hyper Acute Stroke Units (HASUs), so that every Londoner can get the best possible expert care without delay. On a 24 hour / 7 day per week basis, all stroke patients can be assessed, undergo a brain scan, diagnosed and given life-saving clot-busting drugs, within 30 minutes of arriving at hospital, and four and a half hours of having a stroke.

Recent figures for London continue to show major improvements in critical areas: 60 per cent of patients have a brain scan within one hour of arriving at a HASU (compared with 40 per cent across England). At night, nearly 80 per cent receive specialist stroke care within four hours (compared with 66 per cent across England). The use of clot-busting drugs for stroke patients in London rose in just two years from 3.5 to 18 per cent – meaning

that these life-saving drugs are given to everyone estimated to need them - whereas the rest of the country has recently reached only 8 per cent.

The centralisation of stroke services across London more than tripled the number of patients receiving life-saving clot busting treatment. All patients suspected of having a stroke in London are now taken to a hyper acute stroke unit regardless of whether they are a candidate for clot busting treatment.

According to the data, the thrombolysis rate for all admissions brought by the London ambulance service to London hospitals is 14 per cent, the highest for any large city in the world.

The average journey time from home to a hyper acute unit is just 14 minutes and no unit in London had an average journey time greater than 17 minutes.

lasting recovery following a stroke have been vastly improved.

When a stroke strikes, what matters is getting the right treatment quickly and in the right place.

For the first few days following a stroke, a patient in a HASU will receive expert care from a specialist team of doctors, nurses and therapists. Their role is to stabilise the condition and begin recovery treatment and rehabilitation planning from the start. By about three days, if the patient is well enough they will either be transferred to a rehabilitation stroke unit, or, in increasing numbers they go home.

At the rehabilitation stroke unit, a specialist team will continue to care for a stroke patient's often complex needs, provide therapy and help plan for life after stroke, until the patient is well enough to go home. This includes personal plans to manage physical and psychological difficulties after leaving hospital, which are vital for long term recovery.

More and more patients are able to take advantage of an Early Supported Discharge service (ESD). This allows people to leave hospital much earlier than in the past by offering intensive rehabilitation

treatment on a daily basis in the home – which has been shown to make a better recovery more likely. An ESD service helps people remain independent by practising everyday tasks such as walking, washing, dressing and cooking. Nursing staff will monitor health, medication and manage any medical issues that arise.

Professor Gareth Beevers, one of Blood Pressure UK's trustees said: "Stroke medicine has for too long been the Cinderella medical speciality. Things have now changed dramatically with urgent thrombolysis for acute stroke and the provision of specialist dedicated stroke rehabilitation units. Compared with 10 years ago more stroke patients make a full or partial recovery from their stroke and furthermore they spend less time in hospital

"Remember the commonest cause of stroke is untreated or uncontrolled hypertension. These strokes are largely preventable. Strokes due to high blood pressure should now become a thing of the past. When one of my patients develops a stroke my first reaction is "Oh dear, what went wrong? Has someone blundered?"

## WHAT IS A STROKE AND HOW TO SPOT THE SIGNS OF A STROKE

- **A stroke is a serious medical condition that occurs when the blood supply to part of the brain is cut off. This can either be due to a bleed into the brain or from a blood clot. Strokes due to bleeding are very rare. The large majority of strokes are thrombotic.**
- **Strokes are a medical emergency and prompt treatment is essential because the sooner a person receives treatment for a stroke, the less damage is likely to happen.**
- **If you suspect that you or someone else is having a stroke, phone 999 immediately and ask for an ambulance.**

The main symptoms of stroke can be remembered with the word **FAST: Face-Arms-Speech-Time.**

- **Face** – the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have dropped
- **Arms** – the person with suspected stroke may not be able to lift one or both arms and keep them there because of arm weakness or numbness
- **Speech** – their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake
- **Time** – it is time to dial 999 immediately if you see any of these signs or symptoms



# Ask Blood Pressure UK

We would welcome your questions and queries through our website, email, office phone line, Facebook page or by post, where our hypertension experts will be here to help.

## Here are some of our latest questions:

**Q** "I am on treatment for high blood pressure, but now my blood pressure is so low I am suffering severe dizziness and fainting. I am very worried about falling over and having a serious accident, but also that if I come off the blood pressure medication, my blood pressure will rise again."

**A** What is your blood pressure? That is the most important thing to find out immediately. Get your blood pressure measured, ideally by a practise nurse or a GP, as soon as possible.

If the blood pressure is low, and it is not some other factor which is causing the dizziness and fainting, your GP will take appropriate action, either by stopping your tablets temporarily or by lowering the dose.

Ideally, everyone who has been identified as having high blood pressure should have a monitor at home, so they can keep an eye on their blood pressure levels.

**Q** "I am concerned about an article I read in the Daily Mail which suggested that ACE inhibitors could cause kidney failure. I have had a blood test showing slightly reduced kidney function, but realise benefits often outweigh the risks. My GP stated the risk reduces after two years of taking them, is this the case?"

**A** Dr Rebecca Sucking, Consultant Nephrologist, says: "ACE inhibitors and ARBs are life-saving medications which not only reduce blood pressure, but also reduce the progression of kidney disease, heart failure and diabetes.

"However, rarely, Acute Kidney Injury (AKI) has been shown to be a recognised, but avoidable, side effect for some seriously ill people on these medications. A reduction in kidney function can occur particularly if there is severe vomiting and diarrhoea, and your blood pressure then falls too low. If this does occur, you should measure your own blood pressure and if it is low, stop taking the tablets

until it return to normal levels. It is imperative that prescribing GPs advise their patients on how to take their medication safely, and not to ignore any serious side effects they may have.

"Patients are put on to ACE-I or ARBs because they are otherwise at an increased risk of strokes and heart attacks, both of which can be fatal. It is likely that prescriptions for blood pressure lowering medications will continue to increase as we try to reduce the amount of deaths from strokes and heart attacks, so it is important we all work together to educate patients on the health risks and benefits."



### PROFESSOR GRAHAM MACGREGOR, CHAIRMAN OF BLOOD PRESSURE UK SAYS

"High blood pressure leads to 350 strokes and heart attacks every day in the UK which could otherwise be prevented, so it is essential that the condition is properly and safely managed; either through lifestyle changes or through blood pressure-lowering medication. If people are concerned about the effects of their medications, we would urge them to continue taking them, but to visit their GP for advice."

### DO YOU HAVE ANY BLOOD PRESSURE QUESTIONS FOR OUR HYPERTENSION EXPERTS ?

It could be about Ambulatory Blood Pressure Monitoring, patient care, medication, nutrition, stress - anything you like! If you do have a question please e-mail [adam.myers@bloodpressureuk.org](mailto:adam.myers@bloodpressureuk.org) or write to us for free at: Freepost (same address as survey please) If urgent, please call NHS 111

# Blood Pressure Medication

Nearly half the people with high blood pressure in the UK are not controlling their condition.

It is really important that, if you have been diagnosed with high blood pressure, you take the medicines you have been prescribed. That way you can manage your blood pressure, meaning you will have one less thing to worry about.

There isn't a cure for high blood pressure, but it can easily be kept under control. It isn't always easy to accept high blood pressure treatment, especially if you don't feel ill. However, your medicines are doing an important job in helping to lower your risk of a stroke or heart attack.

You will probably need to keep taking your medication for life, as if you stop taking them your blood pressure will quickly rise again. It is a good idea to get into a habit of taking your medicines at the same time every day and make taking your medicines part of your daily routine. Your blood pressure will usually be highest in the morning, so you could take them with breakfast.

Read the information that comes with your blood pressure medicines. If you have any questions, ask your doctor or nurse, or your pharmacist.

## Side-effects

A side-effect is any unwanted effect of medicines that you are taking. Although most people who take blood pressure medicines will have no problems at all, some people can have side-effects from blood pressure medicines.

Although these can be uncomfortable, they are usually not dangerous. They sometimes wear off over time, or your doctor or nurse can adjust your medicines to get rid of them.

There is usually no way to know if you will have side-effects from your medicine. If you do, you will usually notice them soon after starting a new medicine, or if the dose of your medicine is increased.

Different people can have different side-effects from the same medicine. For example, some people taking ACE inhibitors can have a dry cough. Other people taking the same medicine may have no cough, but may feel dizzy or have an upset stomach.

If you have problems with one medicine, this does not mean that all blood pressure medicines will give you side-effects. Other medicines may help your blood pressure with no difficulties at all.

## How can I tell if what I am feeling is a side-effect?

Most medicines will come with an information leaflet which will have a list of known side-effects. These lists are often very long, but no one will ever have all of the difficulties mentioned.

Sometimes what you think is a side-effect may be something else. For example, your blood pressure



medicines could be reacting with other medicines you are taking. Make sure your doctor or nurse knows about all the medicines you are taking. This includes herbal medicines and over-the-counter treatments like cold remedies.

If you are having side-effects, you may be tempted to stop taking your medicines. Do not do this without speaking with your doctor or nurse. Stopping your medicines will raise your blood pressure again, putting you at risk of serious health problems.

Many side-effects wear off after time, as your body adjusts to the medicine you are taking. If they are minor, then you may be able to put up with them to keep your blood pressure under control. But if they make it difficult for you to carry on with your daily life, then your doctor or nurse can help.

You may be able to take a lower dose of your medicine, on its own or together with another medicine. Taking two or more medicines at lower doses may be as effective at lowering your blood pressure as one medicine at a high dose, and would be less likely to cause you side-effects.

## Reporting side-effects

Any medicine can have side-effects, but some of these will not be noticed until many people have used the medicine over a long time. The Yellow Card scheme allows you to report suspected side-effects from any medicine that you are taking. This is especially useful if you are taking a newer medicine. The scheme is run by the Medicines and Healthcare products

Regulatory Agency (MHRA).

For more information on reporting medicine side-effects, speak to your doctor, nurse or pharmacist. Alternatively, go to <http://www.mhra.gov.uk> or call the Yellow Card hotline on (freephone) 0800 100 3352

Remember if you have any queries you can always 'Ask Us' on the Blood Pressure UK website.





# You and your blood pressure medicines: how your pharmacist can help

If you're one of the millions of people in this country taking medicines for high blood pressure, your doctor may have given you one or more different types. This largely depends on things like your age, your medical history and whether or not you have any other medical problems. Even your ethnic origin could determine which type of medicine or combination of medicines would work best for you.

Taking medicines every day can be a chore, not to mention making sure you never run out. The good news is your pharmacist can help. Here's how:

A repeat prescription doesn't have to mean repeated trips to your GP and pharmacy. LloydsPharmacy can make your life easier and make sure you have the medicines you need... when you need them guaranteed\* with their Repeat Prescription Service. LloydsPharmacy will look after your

repeat slip; check what you require before ordering and collect your prescriptions from your GP. All you have to do is pick your medicines up from the pharmacy (or, if you prefer, they could be delivered to you for added convenience\*\*).

If you have a busy lifestyle, or maybe you can't get out as easily or as often

as you'd like to, signing up to the Repeat Prescription Service can make your life that little bit easier.

Just ask the pharmacy team at your nearest LloydsPharmacy for a Repeat Prescription Service leaflet, complete it and they'll do the rest.

• **For more information, visit [www.LloydsPharmacy.com](http://www.LloydsPharmacy.com)**

### Getting the best from your medicines

Meanwhile, if you're not convinced your blood pressure medicines are working as effectively as they should, if you have questions about any aspect of your medicines or if you're not sure you're taking them correctly, your pharmacist can give you plenty of advice. Recent estimates suggest that up to 50 percent of all medicines aren't taken as prescribed\*\*\*, so if you're in any doubt, just ask.

\*When you sign up to the Repeat Prescription Service your medicines are guaranteed to be there when you need them unless there are availability issues from the supplier.

\*\*Delivery service available in selected pharmacies and/or in certain circumstances only

\*\*\*<http://bma.org.uk/practical-support-at-work/gp-practices/prescribing/pharmacy-advanced-services-briefing>

## Scrummy crumpets

If you fancy a healthier alternative to crumpets this winter why not try these wonderful Christmas tree shaped crumpets. They are low in sodium and high in potassium and are therefore much healthier than the usual crumpets you find in the shops.



They are produced by Lakeland Bake. The crumpets contain KUDOS™ potassium bicarbonate, an ingredient which can help to increase potassium consumption, something which is vital in the regulation and control of high blood pressure.

kudos  
blends

# Member survey

Our members are very important to us; we want to ensure we are giving you the best experience possible in return for supporting Blood Pressure UK.

For a chance to win free membership for a year, please fill in this brief questionnaire and return to the freepost address at the bottom of the page. The survey is also available to fill in online at <https://www.surveymonkey.com/s/2987SCT>

## 1. How satisfied are you with the magazine Positive Pressure?

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied
- Undecided

Comments – how can we improve the magazine for you?

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## 2. How satisfied are you with our members resources (website, leaflets, freepost, email newsletter 'e-Positive Pressure', phone line)

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied
- Undecided

Comments – how could we improve our resources for you?

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## 3. How satisfied are you with the benefits you receive for being a member?

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied
- Undecided

Comments – what other member benefits would you like to see?

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## 4. How satisfied are you that your opinions and ideas are listened to and valued by Blood Pressure UK

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied
- Undecided

Comments – how could we improve our service to you?

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## 5. Overall, how satisfied are you with being a member of Blood Pressure UK?

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied
- Undecided

Comments - do you have any other thoughts about Blood Pressure UK and our work?

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## Finally, please tell us about yourself;

### 6. Your age group

- 25-34
- 35-44
- 45-64
- 65-74
- 75-84
- 85+

### 7. Your gender

- Male
- Female

### 8. How long have you been a member of Blood Pressure UK?

- 0-2 years
- 3-5 years
- 6-10 years
- 10+ years

Please provide your name and address if you would like to be entered into the competition to win a year's free membership:

Name

Address and postcode

Email

Thank you for your feedback. We sincerely appreciate your honest opinion and will take what you say into consideration in the future. The results of this survey will be available in the next issue of Positive Pressure.

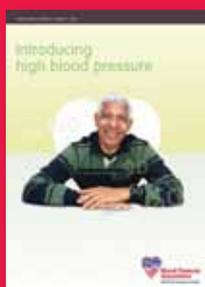
If you have any comments or concerns about this survey please contact us on 020 7882 6255/5793.

**Freepost Plus RTCS-AATG-ACSU.**  
**Blood Pressure UK, Wolfson Institute**  
**Charterhouse Sq**  
**London EC1M 6BQ**



# Information & publications

We have a range of booklets and fact sheets giving valuable information about living with high blood pressure to help you understand it, lower it and and manage it.



## Introducing high blood pressure

This booklet explains what high blood pressure is, who gets it and why. It gives basic information on lifestyle changes to lower blood pressure, and about measuring your own blood pressure at home.



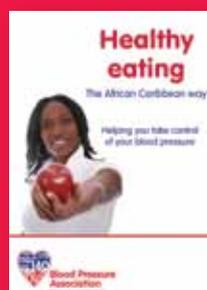
## Measuring your blood pressure at home

This booklet can help you decide whether measuring your blood pressure at home is right for you, and how to choose the right type of monitor. It also gives you tips about how and when to measure your blood pressure to be sure you are getting reliable readings.



## Healthy eating and blood pressure

This booklet looks at how what you eat can affect your blood pressure. It shows you how you can start to eat less salt, and how to get your five daily portions of fruit and vegetables. It also explains how alcohol, fats and sugar can all affect your heart and body.



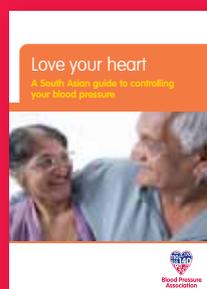
## Healthy eating: the African Caribbean way

People of African Caribbean origin are more likely to develop high blood pressure. This booklet looks at how you can help lower your blood pressure by eating healthily. Traditional African Caribbean cooking can be high in salt and fat, so this booklet looks at how to prepare healthier alternatives.



## Healthy lifestyle and blood pressure

This booklet shows how getting more active and keeping to a healthy weight can help lower your blood pressure. It looks at how you can start to build more activity into your day, and what types of activity may be best for you. It also talks about sensible approaches to losing weight if you need to.



## Love your heart: a South Asian guide to controlling your blood pressure

High blood pressure is a major cause of heart disease and stroke. People of South Asian descent are much more likely to develop these health problems than other people. This booklet looks at how to lower your risk by keeping your blood pressure controlled.



## Getting the most from blood pressure medicines

Most people with high blood pressure will need to take medicines to control it. This booklet talks about the different medicines for high blood pressure and about how you can get the best results from them. It also looks at side effects of blood pressure medicines and what you can do to avoid these.

**Our medicines information sheets provide information for patients about the different blood pressure medications that are used to treat high blood pressure. They are all available to download from our website and titles include:**

- ACE inhibitors.
- Angiotensin receptor blockers (ARBs).
- Calcium channel blockers.
- Diuretics.
- Beta-blockers.
- Non-standard medicines for high blood pressure.



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Helping you to lower your blood pressure

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