



the magazine of Blood Pressure UK
ISSUE 35 > Summer 2014

pressure

**Salt reduction saves lives
 and prevents strokes and
 heart attacks**

**IS SUGAR
 THE NEXT
 BIG KILLER?**



**UK's first smart
 phone app to
 help reduce salt**

**Statins are in the
 news again -
 we look at the facts**



**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 summer edition of Positive Pressure. I don't know about you, but I love the summer months. The evenings are lighter and warmer, I can sit outside and there's also the prospect of a summer holiday to look forward to – which this year, happens to be my honeymoon! I really enjoy trying the local food when I travel, but sometimes when I'm faced with a menu in a foreign language I'm not sure whether what I'm ordering is good for me. I'm sure I'm not alone, so we've prepared a feature on page 22 on how to choose the healthier options from a foreign menu.

We've also taken a look at home blood pressure machines and given you some tips about which ones we think are the best on the market to suit all budgets.

Our patient story this month features Richard Hannam and how he changed his life when he discovered he had high blood pressure. I found his story on page 10 quite inspirational and I hope you will too. Do you have an interesting story to tell about how you've coped with high blood pressure? If so please tell us about it as we would love to share your story in a future edition of Positive Pressure.

Here at Blood Pressure UK we are



very excited about the new food app 'SaltSwitch' for mobile phones and tablets which enables you to find healthier options of the food you are looking at in the supermarkets. This is a really simple way of improving eating habits and we're all using it in the office.

We've known about the role salt plays in high blood pressure for some time, but you may have seen some stories in the papers about another white substance that's bad for our health – sugar! According to our chair, Professor Graham MacGregor, it's another killer and we need to do something about it. Turn to page 18 to find out more.

We are very grateful for your continued support

Best wishes, Katharine

SIGN UP FOR YOUR COPY OF POSITIVE PRESSURE

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



Switch to less salt with the UK's first ever 'SaltSwitch' smartphone app

Consensus Action on Salt and Health (CASH), along with other UK researchers, have launched a new free and impartial Smartphone App, that will allow you to scan in your favourite food and drink products and see their nutritional values, plus lower salt alternatives.

The free SaltSwitch App is a new feature of the popular health app, FoodSwitch, which was developed by CASH, in association with The George Institute for Global Health and supported by a further 11 health organisations. The app allows users to scan the barcode of nearly 90,000 packaged foods sold across major UK supermarkets using their smartphone camera to receive immediate, easy to understand colour-coded nutritional information along with suggested similar, less salty products.

FoodSwitch gives customers the perfect opportunity to get to grips with what the labels mean, and to better understand what is in their food. The app colour

- **Red** – (high) try to choose products with fewer red circles.
- **Amber** – (medium) this choice is OK, but going for choices labelled green is better.
- **Green** – (low) the more green circles, the healthier the choice.

Free e-newsletter for readers

Is six months too long to wait for your next Positive Pressure? If you give us your e-mail address you can receive four Positive Pressure e-newsletters every year as well as your printed copies.



codes each product by the content of four important nutrients - total fat, saturated fat (saturates), sugars and salt: Search iTunes and Google Play for 'FoodSwitch'

FoodSwitch is available as a free, UK-only download from iTunes and Google Play. FoodSwitch is compatible with Apple mobile devices that have a camera with auto-focus running iOS 5.0 or later, and Android phones running versions 2.3.x, or 4.0.x. FoodSwitch is completely independent and does not carry advertising.

The e-newsletters keep members up-to-date with what's going on in the blood pressure world.

To receive the e-newsletters just send your e-mail address to Adam. Myers@bloodpressureuk.org

What is normal blood pressure?

In our member survey you asked us to publicise healthy blood pressure numbers in Positive Pressure, so here they are.

Ideally, we should all have a blood pressure below (120/80). This is the ideal blood pressure for people wishing to have good health. At this level, we have a much lower risk of heart disease or stroke.

If your blood pressure is optimal, this is great news. By following our healthy living advice, you will be able to keep it this way. Most adults in the UK have blood pressure readings in the range from (120/80) to (140/90). If your blood pressure is within this range, you should make lifestyle changes to bring it down or to stop it rising any further, even though this is not classified as 'high' blood pressure. The higher your blood pressure, the higher your risk of health problems: For example, someone with a blood pressure level of (135/85) is twice as likely to have a heart attack or stroke as someone with a reading of (115/75).



Could a vaccine help control blood pressure?

Researchers at Japan's Osaka University claim a vaccine given just twice a year could keep high blood pressure at bay.

According to the researchers, the jab could free millions of people from taking pills every day to keep their condition under control.

It works by blocking the effects of a hormone in the body that triggers high blood pressure by making the muscles surrounding blood vessels contract.

The experimental jab, which has so far been tested only on rats, successfully lowered their high readings and kept blood pressure at lower, safer levels for at least six months before a booster was needed.

Blood Pressure UK SAYS "The idea of a vaccine to prevent high blood pressure and high cholesterol is very appealing, but a long way from being reality.

"A type of 'vaccine' already exists, it's not as simple as an injection, but could be just as effective at preventing strokes and heart attacks. It's called having a healthy lifestyle"

London Marathon 2014

Congratulations to Tom Heath, who successfully completed the London Marathon in aid of Blood Pressure UK. He completed the course with a time of just over four hours and we are greatly appreciative of his efforts.

Tom has done a fantastic job in raising £1,500 for Blood Pressure UK and would be very grateful for any further donations.

Donating is easy and can be done online at 'JustGiving': www.justgiving.com/tom-heath1

Are Blood Pressure Drugs Causing Falls?

Research reported in The Daily Telegraph appears to show that medications used by many older people to control their blood pressure may increase the risk of serious fall injuries by 30% to 40%.

Hypertension drugs lower blood pressure but can lead to side-effects which include dizziness, excessive tiredness and blurred vision.

If you are on treatment for high blood pressure, but your blood pressure is so low you are concerned about suffering severe dizziness and fainting, the advice from Blood Pressure UK is to immediately see your GP.

Blood Pressure UK SAYS "Get your blood pressure measured, ideally by a Practice



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."

US research suggesting high blood pressure is over treated will not affect how patients are cared for here

Recent research in the United States which says adults over the age of 60 should only be prescribed medicine when their blood pressure levels reach at least 150/90mmHg, rather than the UK recommended 140/90mmHg, will not affect how patients are cared for in the UK according to NHS Choices.

The NHS Choices website says controversy is not unusual in this field, partly because the way doctors approach heart disease is changing. Rather than managing single risk factors such as blood pressure, heart disease management focuses on many factors in a person's life. These new guidelines – while not directly relevant

to how UK doctors treat their patients – emphasise assessing an individual's overall cardiovascular risk and then treating those at greatest overall risk with more intensive therapy.

Blood Pressure UK SAYS "The guidance does not change the definition of high blood pressure of 140/90mmHg or higher. It is important to note that the guidance recommends that 'decisions about care must be carefully considered and incorporate the circumstances of each individual person'. This is currently in line with how UK doctors treat their patients to make sure they get the best care."



Wakefield urged to 'drop in' for blood pressure test

Public Health England joined local businesses, pharmacies and public services to launch a pilot campaign in Wakefield to find people with undiagnosed high blood pressure.

The four-week campaign, which was supported by Blood Pressure UK, encouraged people aged 40 and over to visit one of over 50 blood pressure drop-ins set up across the UK. Health workers were on hand to offer information and lifestyle advice, to help reduce the chances of developing high blood pressure, on a walk-in basis. During this pilot there were over

3,600 tests, with just over 2,000 tests in pharmacies.

Blood Pressure UK SAYS *"Never mind your telephone number, the most important number you should know is your blood pressure reading and whether it's high or not. A large proportion of Wakefield residents are unaware of the fact that they are walking around with high blood pressure; knowing their numbers could save their life. We hope the success of the pilot will see the campaign being rolled out nationally next year, and we look forward to working with Public Health England again"*

2014 Member Survey

Thank you to everyone who took part in our member survey earlier this year. It was good to hear from you and to find out what you think about being a member of Blood Pressure UK.

You had lots of great ideas about Positive Pressure and what you want to see in it and we will be taking all your comments on board.

Several of you commented that we should say what the ideal blood pressure numbers should be (under 120/80) in every issue and you will see that we have included them in this issue of Positive Pressure on pg3.

You would like to see more case studies of people who have discovered they have high blood pressure and what they have done to bring their numbers down. This is one of the areas we are keen to develop so, if you are willing to share, please do tell us your own stories so that we can print them in Positive Pressure for others to read.

There were also calls for more information on the side effects of blood pressure medication and what

can be done to relieve them, more recipes, especially some which are aimed at people who live alone and regular articles on diet, exercise and lifestyle.

Away from the magazine we are delighted that there is a high level of satisfaction with Blood Pressure UK and the benefits you get from being a member, especially the information on the types of medication available, the advice leaflets and a call for the return of the advice service which, as you will see from this issue of Positive Pressure, is back up and running.

Several people said they did not have access to a computer and therefore couldn't access the bi-monthly e-bulletins which we send out. Unfortunately we can't send these bulletins out as proper magazines as it is too costly. We hate to think of you missing out. We would be very happy to send the e-bulletin to a designated family member or friend – please ask them to send their email address to adam.myers@bloodpressureuk.org

Leaving a legacy to Blood Pressure UK

Would you like to help others with high blood pressure and leave a personal legacy for future generations? By remembering Blood Pressure UK in your Will you will be helping to remove the burden of unwanted strokes and heart attacks for future generations.

We are committed to saving lives by helping people to understand and control their blood pressure. But the future of our work depends on your support. We need you to remember us in your Will to ensure that the work goes on. A gift in your Will is a gift for the future – thousands of people will be thankful for your generosity.

Leaving a gift in your Will to Blood Pressure UK is easy and you will not pay any tax on it. Whatever you choose to leave, the charity will get the full amount.

Thank you to Monica
 We are very grateful for the generosity of Monica Moira Anne, who passed away last year leaving the gift of a legacy for Blood Pressure UK in her will. We are committed to saving lives by helping people to understand and control their blood pressure. But the future of our work depends on the support of people like Monica. A legacy will help us to provide our information and advice for free, to help everyone in need get care and support from our specialist nurses to stay healthy and active. If you wish to leave a gift in your Will for Blood Pressure UK, please contact us before speaking to your solicitor, so we can give you the gratitude you so deserve.

Adam Myers

Blood pressure news

NEWS

Here comes the sun to lower your blood pressure

Exposing skin to sunlight may help to reduce blood pressure and thus cut the risk of heart attack and stroke, a study published in the Journal of Investigative Dermatology suggests.

Research carried out at the Universities of Southampton and Edinburgh shows that sunlight alters levels of the small messenger molecule, nitric oxide (NO) in the skin and blood, reducing blood pressure.

Blood Pressure UK SAYS "This is a very interesting study that suggests exposure to UV light i.e. sunlight may cause a small but immediate fall in blood pressure. Whilst these findings are of interest, we need far more, and longer term, studies before we can think about the role clinical application of sunlight might play in causing or treating high blood pressure."

Congratulations to James

Congratulations to James Muir who won tickets to see the live filming of 'The Graham Norton Show' at London ITV studios on the Southbank in our prize draw in the February e-bulletin.

James works in financial management and is a fairly new member of Blood Pressure UK, having been with us for five months. He is a huge fan of the show and is over the moon that he won.

The prize draw was exclusive to our members via e-positive pressure. To make sure you receive your bi-monthly newsletter, please send your email address to Adam.Myers@bloodpressureuk.org



Salt reduction saves lives!

The salt reduction programme has led to a fall in population blood pressure and prevented approximately 18,000 stroke and heart attacks a year, 9,000 of which would have been fatal.

Raised blood pressure throughout its range is the single biggest cause of death through the strokes and heart disease it causes (e.g. 62% of all strokes and 49% of heart disease). A high salt intake is the major factor that puts up our blood pressure.

Most products in the supermarket have now been reduced from 20 to 40%. These reductions have been made slowly, there has been no loss of sales to the food industry, and the public are largely unaware of these reductions.

From 2003 to 2011:

- Average population salt intake fell by 15%, from 9.5g/day to 8.1g/day
- Average population blood pressure fell by 3mm Hg systolic and 1.4mm Hg diastolic;
- Stroke and heart disease deaths fell by approximately 40%

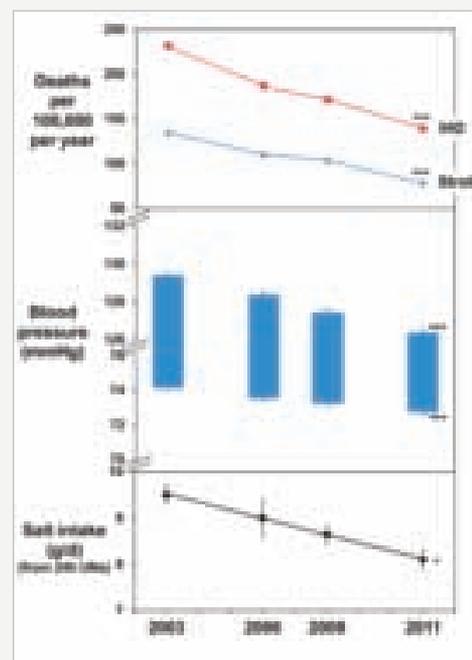
Blood Pressure

Blood pressure was measured in the Health Survey for England. Blood pressure fell in the adult population by 3mm Hg systolic and 1.4mm Hg diastolic. As part of this fall could be attributed to better treatment in those who have high blood pressure, the study then looked at individuals who

were not on any drug treatment for blood pressure and a correction was made for all other variables that could have influenced blood pressure, apart from salt. There was still a fall in adult population blood pressure of 2.7mm Hg systolic/ 1.1mm Hg diastolic, this reduction in blood pressure can therefore be attributed to the fall in salt intake.

Deaths

From the Office for National Statistics, which records deaths, over the same time period 2003 – 2011, stroke and heart disease deaths have fallen by 42% and 40% respectively. Several other risk factors for cardiovascular



disease other than salt intake have also changed for the better during this time, including a reduction in smoking and cholesterol; however average body mass index (BMI) rose. Nevertheless it can be concluded that the fall in salt intake that led to a fall in blood pressure will have played an important role in both stroke and heart disease deaths.

Further Action

However, UK salt intake remains high, at 8.1g/day, and is way above the target of 6g/day. The results of this study indicate that we need to redouble our efforts in the UK, in particular to get the food industry to act faster and more aggressively to save the maximum number of people from suffering and dying from stroke and heart disease.



"This is great news, as it shows that the salt reduction plan is working and saving lives.

"It is vital that we continue to get the maximum reduction of salt from the food industry. The Department of Health must take a much more robust

attitude to the food industry, forcing them to reduce salt intake quicker and across the board in order to ensure a level playing field. If they do not, we must regulate the salt targets to ensure that the maximum number of lives are saved and the maximum cost savings are made for the NHS".

Visit www.actiononsalt.org.uk for further information about UK salt reduction

How you can help

Write to your supermarket and the makers of your favourite products and ask them to sign up to the salt reduction pledge.

Complain if you find foods you buy in the supermarket, cafes and restaurants too salty – shops like to keep their customers happy!

Don't forget that until these reductions have been made, you can still read the labels and choose the lower salt option – and our free Smartphone App 'SaltSwitch' can help!

Follow us on Twitter and Facebook and let us know any salty culprits!

Should men and women be treated differently for hypertension?

Doctors may need to treat high blood pressure in women earlier and more aggressively than they do in men, according to scientists at Wake Forest Baptist Medical Centre in America.

In a new, small, study, published in the December edition of *Therapeutic Advances in Cardiovascular Disease*, researchers found significant differences in the mechanisms that cause high blood pressure in women as compared to men.

The researchers found 30 to 40 percent more vascular disease in the women compared to the men for the same level of elevated blood pressure.



"The findings further highlight the need for personalised treatment plans for high blood pressure, not just taking into account medical history, lifestyle and age, but also potentially gender. We would encourage further research into the mechanisms that may be responsible for this apparent difference."

Ask the nurse to take your blood pressure!

Next time you visit your GP to have your blood pressure checked, you may want to ask the nurse to do it, say researchers who have found that doctors routinely record higher levels.

In some cases, the hike in blood pressure reading was enough to tip a patient over the threshold for needing treatment. The difference may be because patients feel more anxious when they see a doctor - the 'white coat effect', say Exeter University researchers.

High salt levels in common medicines could put patients at risk



Millions of patients taking effervescent, dispersible and soluble medicines containing sodium could be at greater risk of cardiovascular events compared with patients taking non-effervescent, dispersible and soluble versions of the same drugs, a study published on bmj.com has found.

Researchers at the University of Dundee and University College London found that taking the maximum daily dose of some medicines would exceed the recommended daily limits for sodium, without any additional dietary intake.



"Without clear labelling on these products, it is impossible to know how much additional sodium you would be eating. If you cannot easily switch from soluble to tablet form, you should speak to your doctor who will weigh up the benefits of taking the medication against the risks of not taking it."

Free advice service for Blood Pressure UK Members

If you are looking for free, impartial, friendly and informative advice on:

- Your blood pressure numbers and what they mean
- Health risks of blood pressure
- Simple changes you can make to lower your blood pressure
- Blood pressure medications and their side effects
- How often you need to check your blood pressure
- Home blood pressure monitors

Then why not use our free advice service for help from our specialist hypertension nurse and our registered nutritionist? Whether your enquiry is about yourself or someone you care about, we're here to help you.

Our confidential and impartial Blood Pressure UK advice service is available in four easy ways:

- Call us on the telephone 020 7882 6218 / 6255 / 5793*
If our advisors are unavailable when you call, please leave a short message and a number we can reach you on, and we will call you back as soon as possible.
- Email us at help@bloodpressureuk.org
- Write to us for free at:
Freepost Plus RTCS-AATG-ACSU
Blood Pressure UK
Wolfson Institute
Charterhouse Square
London
EC1M 6BQ
- Visit our website www.bloodpressureuk.org

*From a standard BT landline calls to our London Calls from landlines are typically charged up to 10p per minute; calls from mobiles between 10p and 40p per minute, but may be included within your home or mobile phone monthly inclusive call bundles. Mobiles & other networks may vary.

Government's voluntary approach to improving hospital food is not working

In a recent editorial in the British Medical Journal, Katharine Jenner, Chief Executive of Blood Pressure UK and Chair of the Campaign for Better Hospital Food, has called for legally binding standards for hospital food to ensure inpatients get served high quality, nourishing meals.

She says the government has wasted more than £54 million of taxpayers' money on 21 failed voluntary initiatives to improve hospital food since 1992 - enough to pay for 34 new hospital kitchens. She points out that the government has said that as many as 50,000 people a year could be dying with malnutrition in NHS hospitals in England.

Nottingham University Hospital Trust announced it made a daily saving of £2.50 a patient, as well as a reduction of 150,000 food miles a year, by setting standards for its food which resulted in a switch to fresh local ingredients. The

Trust says the NHS could make a national saving of £400m a year if the same standards were implemented throughout the health service.

If you would like to support the Campaign for Better Hospital Food, please visit their website at <http://www.sustainweb.org/hospitalfood/>



BHS Annual Scientific Meeting

We are delighted to be hosting a stand at The British Hypertension Society Annual Scientific Meeting which will take place at The Royal College of Surgeons, Edinburgh on 22nd and 23rd September. The meeting will have a two track theme, scientific and clinical. The programme will give the opportunity for discussion and debate and many features of previous meetings will be retained including the Sir George Pickering Lecture and awards for Young Investigators, Nursing Research and the Jack Ledingham Poster Prize.

One of our esteemed Trustees, Professor Bryan Williams, will be

talking on the subject of 'Masked Hypertension: Should everyone have their home blood pressure monitored?' and we look forward to sharing his thoughts with you in the next issue of Positive Pressure.

The conference is most suitable for healthcare professionals, and The Society welcomes members and non-members at the 2014 meeting. For more information, please see www.bhsoc.org. If you are going along, please do pop by our stand and say "hello", and of course take advantage of a free blood pressure check and some lifestyle advice from our hypertension nurse!

Do hormones affect your blood pressure?

For one in five people, medication does not reduce their blood pressure and findings suggest their hormones may be to blame - specifically one called aldosterone.

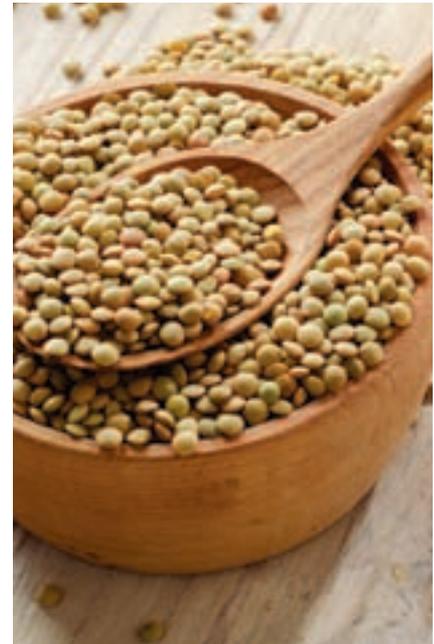
Aldosterone controls salt levels in the blood, and too much of the hormone can lead to high salt levels and high blood pressure.

Scientists have realised some people who do not respond to blood pressure pills have small non-cancerous growths on their adrenal glands, which produce aldosterone. This condition is called Conn's syndrome, and may affect up to one

in four people with treatment-resistant high blood pressure.

Blood Pressure UK SAYS "Until recently, Conn's syndrome was thought to affect only a handful of treatment-resistant high blood pressure patients. But recent research has revealed that many patients have the microscopic growths - adenomas - in their adrenal glands, which trigger excessive levels of aldosterone.

"If you have tried different approaches to treating your blood pressure and none are working, Conn's syndrome could be a possibility. Speak to your doctor to see what the next steps should be."



Could eating lentils reduce your blood pressure?

Canadian scientists claim eating lentils could 'dramatically' lower blood pressure. Dr Zahradka and Dr Carla Taylor, from the University of Manitoba claim that the humble pulse can lower dangerous blood pressure levels. The study – conducted on rats – showed that adding the health-boosting food to the diet can effectively block the increase in blood pressure that occurs with age.

The findings also indicated that eating lentils could reverse the changes that occur in blood vessels as a result of high blood pressure.

Blood Pressure UK SAYS "We know that a healthy, balanced diet can reduce the risk of blood pressure. Whilst eating lots of lentils won't do any harm, we certainly don't yet know that it will 'dramatically' lower blood pressure in humans! Instead; stick to a low salt, high fruit and vegetable diet, and try to maintain a healthy weight."

Can warm-water exercise help high blood pressure?



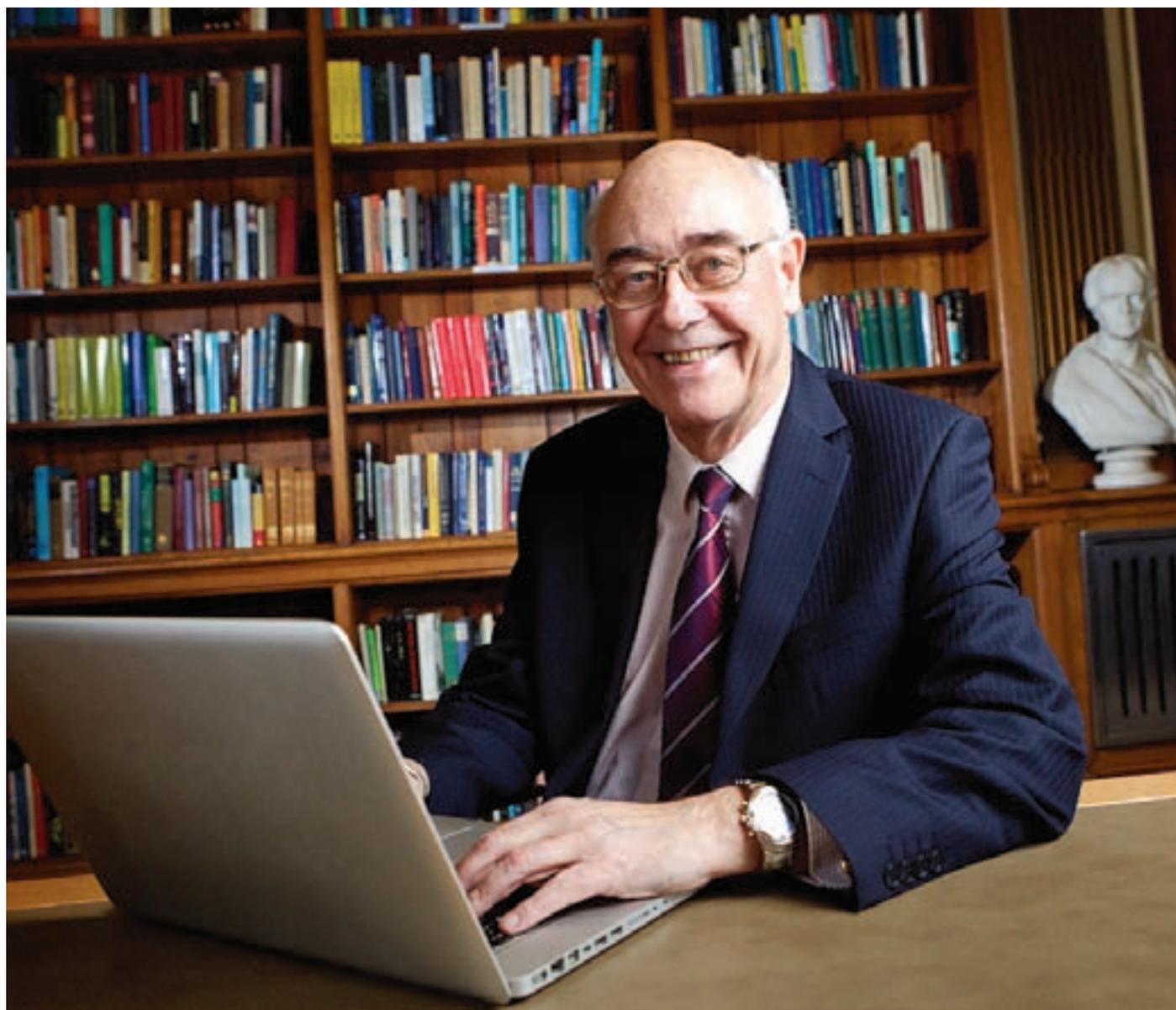
"Working out in warm water could be a radical new cure for high blood pressure," the Mail Online reported. Results of a small study suggest that "hot aquarobics" may benefit people who had failed to respond to conventional treatment for high blood pressure.

The study was a small randomised trial that included 32 people with high blood pressure who had not responded to at least three previous blood pressure medications. Those involved did not exercise regularly.

The blood pressure of people

doing the warm-water exercises fell to levels that are usually considered healthy.

Blood Pressure UK SAYS "At the moment we don't know which aspect of the exercise programme had the effect, as the programme was compared with doing no regular exercise at all! We do not know if it was the water, the exercise, the temperature, a combination of all three or another feature of the exercise programme that caused the effect. Certainly there is no harm in giving it a go."



Weighty Issues

Blood Pressure UK reader, Richard Hannam, shares his story of dealing with high blood pressure

Many years ago, due to a promotion I couldn't turn down and a housing market worse than the current one, I found myself living in a hotel for nine months. Readily available food I didn't have to cook and no pots to wash saw my weight balloon to some 17.5 stone.

Eventually, life returned to normal. One night I looked down at my paunch which had become a more than adequate occasional table for my wine glass. Being young, and vain enough to care, I decided I needed to do something about it.

In those days, slimming plans and products were thin on the ground and generally the domain of the fair sex, so I decided to visit my doctor thinking he'd put me on a diet. Wrong! He reminded me that bad habits were the problem. I could still eat what I liked, contrary to a diet, but needed to do things like grill instead of fry, have four lighter meals instead of two big ones. All common sense really. Oh, and take stairs instead of lifts and so on.

He gave me a meal guide and told me to come back in a month. Being a stubborn soul, I followed his



"It's neither a no brainer nor rocket science, just a little bit of willpower"

instructions precisely and, 30 days later, I'd shed nearly two stone much to the doc's surprise as he didn't think I'd follow his advice so closely.

Anyway, the upshot was that I lost over five stone in three months without going on a special diet or engaging in unusual exercise regimes.

With my existing clothes wearing out, I didn't want to replace them until I had achieved the new me. In the interim, I had to manage clothes that were becoming increasingly too big. That caused a problem when, one day, I was in my secretary's office, had a stretch and my trousers fell down!

On the plus side, I'm a long term member of the baldy brigade for whom slimming has a less than obvious benefit. As your head gets smaller, it looks as if you have more hair!

On the other hand, I was losing weight so quickly, I was looking a bit haggard. This led to people asking me less than subtle questions about my health, thinking I was afflicted by some awful disease.

Nowadays, we are inundated with slimming systems and exercise routines all designed to provide the rippling six packs and size zero bodies flaunted by the models that accompany the adverts.

How good they are, I'm not qualified to judge. I liked my doctor's method. No special diets and exercise routines were needed, reducing all chance of slipping back into bad habits. But whatever method you use, you must be entirely and consistently happy doing it.

Now I'm not so young...or vain... as I was, I've gradually become chubby again.

I may do something about it and, then again, I may not. But I'm happy.

And then, courtesy of our great NHS, people of a 'certain age' are summoned to their doctor for the

equivalent of a 30,000 mile service. I get the call and duly turn up for my once over with a rather frightening Practice Nurse

When we got to the blood pressure bit, the thinly-veiled look of horror on her face told me the news wasn't good. It wasn't. I'd joined the 33% of adults who have high blood pressure. And mine was pretty high.

Poor diet, excess weight and lack of exercise are the main contributors but the main problem is that there are no symptoms. That's why it's called the 'silent killer.' Unless you've been checked out, the first time you're likely to know you have it is when you collapse.

I knew my diet wasn't brilliant. Nor was my weight. Having obtained all the facts, the nurse then informed me the odds of my keeling over with a heart attack or a stroke were not much better than 4:1 - much better than the 54:1 of winning a tanner on Lotto!

Anyway, I was told to report back the following month. In the meantime, it was a question of increasing the fruit and veg and, most important of all, decreasing salt. We need salt, and it is present in most foods, but we shouldn't exceed 6gm a day.

Motivated

As you can imagine, I was very motivated to beat those 4:1 odds and started to closely examine food packaging. To my amazement, I found foods which either had no information about salt content or were marked with sodium levels instead. I didn't buy them. Very deceptive is sodium as 1gm equates to nearly 2.5gm of salt. At this point, I must congratulate the Co-Op. All of their own products are clearly marked and they also employ the recommended low/medium/high traffic light system.

Anyway, back to the surgery to

discover that, not only was my blood pressure down 12 points but I'd also lost 9 pounds in weight. I wasn't consciously on a diet, but I correctly guessed that my lower salt/higher fruit and veg intake would have that effect.

But there's much work still to do... that Practice Nurse is not easily impressed. The next month arrives and I'm hoping to show her what for this time. And I do. Blood pressure down to near normal and another 12 pounds off the waistline. She's so impressed, there's even the hint of a smile, I'm told not to return for a year.

I'm so chuffed, I forget to ask her how much the 4:1 odds have improved. I know they have so I don't really care, and trot off with my hands in my pockets to stop my oversized trousers falling down...and totally committed to staying slim this time.

Today, I'm slim and fit with excellent blood pressure and cholesterol thanks to a healthy diet and very regular exercise. It's neither a no brainer nor rocket science, just a little bit of will-power at the start until your new healthy lifestyle becomes part of your everyday life.

Remember, 1 in 3 adults have high blood pressure. Remember, there are no symptoms until it's too late. If you have the slightest suspicion you might be at risk, get checked out.

And remember, salt is a great preservative but not of living things. So, to all those retailers out there not giving us the right information about salt, shame on you.

Thank you to Richard for sharing your story. We are delighted you have been able to see a positive effect on your health, with relatively small changes.

If you have a story you would like to share with our members, please get in touch!



Potassium Shopping Guide

If you have been advised by your doctor, dietitian or a healthcare professional to either increase, or to lower, your potassium intake – our handy guide should help you out.

If you have been advised to reduce or increase your potassium intake, this guide should help! Please speak with a dietician before changing your diet.

 To find out the salt, fat and sugar content of your favourite foods, use our free smartphone app 'FoodSwitch' available on iPhone and Android.

Why we need Potassium:

Potassium is a mineral with many important functions, including controlling the balance of fluids in the body & possibly helping to lower blood pressure. The average adult is recommended to eat around 3,500mg per day, which can be sourced from the diet. Generally, the UK population is not eating enough potassium.

Why people should have more:

Increased potassium intake has been associated with a reduction in blood pressure, by balancing out the negative effects of the sodium in salt.

Potassium is safe if you have normal kidney function and are not on certain types of medication to lower your blood pressure.

Who should have less potassium?:

Some people with reduced kidney function have particular problems with potassium, so should avoid potassium rich foods, and choose 'low salt' or 'low sodium' products.

If potassium levels in the body are too high, hyperkalaemia can result.

Hyperkalaemia is a potentially dangerous disturbance of the heart rhythm.

Is potassium always in high fibre foods such as fruit, vegetables & wholegrains?

No, the potassium content varies in different fruit and vegetables. For example, there is high potassium in apricots and spinach but not in apples and cucumber. Most wholegrain breads and cereals have a high potassium content. Raw vegetables tend to contain higher amounts of potassium than boiled.

When boiling vegetables, potassium can be leached out into the water, so for extra potassium, use unsalted water from cooked vegetables as a stock in soups, stews, risottos etc. and to eat less, briefly boil the vegetables but don't use the cooking liquid. Keep in mind loss of water soluble vitamins such as B vitamins.

Do I need to check the label for potassium every time I go shopping?

Unfortunately, potassium isn't often labelled on food packaging; therefore take into consideration foods with a high potassium content. Also look out for potassium added as a raising agent in the form of potassium chloride or potassium bicarbonate. These are increasingly being used to replace the salt in foods, often between a third to two-thirds and can be found in baked goods such as breakfast cereals, cakes and biscuits.





Foods **HIGHER** in Potassium

200mg per 100g, from highest to lowest

Fruits & Vegetables

Dried Fruit e.g. Apricots, Raisins, Figs & Dates; Potatoes, Sweet Potatoes, Plantain & Cassava (Baked, Fried, Mashed, Boiled); Tamarind, Spinach, Beetroot, Yams, Courgettes, Sundried Tomatoes, Avocado, Bananas, Cooked Onions, Coconut, Parsnips, Mushrooms; Brussels Sprouts, Pulses e.g. Refried Beans, Lentils, Dried & Tinned Beans & Peas, Baked Beans; Fennel, Kiwis, Butternut Squash, Asparagus, Broccoli, Tomatoes (Tinned/Raw), Carrots, Guava, Papaya, Passion Fruit, Watercress

Bread, Cereals & Starchy Foods

Bran, Quinoa, Granola, Muesli with Fruit & Nuts, Weetabix, Bread e.g. Wheatgerm, Wholemeal; Porridge

Meat, Fish & Vegetarian Alternatives

Soya Mince Granules; Fish e.g. Halibut, Haddock, Salmon, Tuna (fresh, frozen or tinned); Beef, Chicken, Pork, Lamb, Turkey; Bean Burgers, Falafel, Vegetarian Sausages; Processed Meat e.g. Ham*, Bacon*, Salami*; Shellfish e.g. Prawns*; Breaded Fish

Homemade & Ready Meals*

Pakorras/Bhajis; Pot Noodles; Soups e.g. Dried Instant Soup Powders & Condensed Tomato Soup; Cauliflower Cheese; Fish based e.g. Fish Pie, Fish Cakes; Vegetable based e.g. Ratatouille, Bean & Irish Stew, Chilli Con Carne, Meatballs in Tomato Sauce, Cottage Pie, Lasagne; Lentil based e.g. Dahl; Curries e.g. Chicken & Beef

Eggs & Dairy

Cow's Milk, Coconut Milk; Plain Yoghurt, Low Fat Yoghurt

Salt Alternatives

Potassium based salt replacers Potassium Chloride, e.g. LoSalt, Potassium Bicarbonate within raising agents e.g. Kudos Blends; Chilli Powder, Spices, Dried & Fresh Herbs, Garlic, Ginger

Savoury Snacks*

Potato Crisps; Nuts & Seeds; Pappadums; Twiglets; Falafel, Vegetable Based Dips e.g. Guacamole; Oatcakes, Wholemeal Crackers e.g. Rye Crispbread, Plain Popcorn, Tortilla Chips

Sauces & Spreads

Yeast Extracts e.g. Marmite; Mustard; Peanut Butter; Worcestershire Sauce; Curry Paste, Stock Cubes, Tomato Pasta Sauces, Chocolate Nut Spread, Tomato Ketchup, Tomato Chutney, Pesto, Hot Pepper Sauce e.g. Tobasco

Desserts, Sweet Snacks & Sugar†

Molasses, Liquorice, Fruit Cake, Chocolate, Marzipan, Granola Bars, Chocolate Fudge Cake, Banana Bread, Chocolate Coated Biscuits, Maple Syrup

Drinks†

Cocoa Powder, Orange Juice from Concentrate, Malted Milk Drinks e.g. Horlicks, Vegetable Juice, Smoothies, Espresso

Foods **LOWER** in Potassium

200mg per 100g, from lowest to highest

Fruits & Vegetables

Beansprouts, Apples, Tinned Fruit in Juice, Cabbage, Watermelon, Pears, Cauliflower, Lemons & Limes, Sweetcorn, Cucumber, Lettuce, Peppers, Leeks, Kale, Peaches, Berries e.g. Blackberries, Strawberries, Blueberries, Raspberries; Pineapple, Green Beans & Frozen Peas, Aubergine, Plums

Bread, Cereals & Starchy Foods

Non-wholegrain: Noodles, Pasta, Rice, Couscous; Cereals e.g. Rice, Corn Flakes; Pearl Barley; Pastry e.g. Shortcrust, Breads e.g. Wheat Flour Tortillas, White Bread, Crumpets, Pitta Breads

Meat, Fish & Vegetarian Alternatives

Quorn pieces, Tofu, Miso; Pork & Beef Sausages

Homemade & Ready Meals

Plain Risotto, Pasta based e.g. Macaroni Cheese, Spaghetti Bolognese; Soups e.g. Minestrone, Chicken, Mushroom; Greek Salad with Olives & Feta; Pizza

Eggs & Dairy

Butter, Cream, Margarine, Cheese, Cottage Cheese, Soya Milk, Eggs, Goat's Milk, Ice Cream; Greek Yoghurt, Drinking Yoghurt, Soya Yoghurt

Salt Alternatives

Lemon Juice

Savoury Snacks

Olives; Plain Crackers e.g. Matzo Crackers; Rice & Maize Flour Snacks, Breadsticks

Sauces & Spreads

Table Sauces e.g. Mayonnaise, Salad cream, Mango Chutney; Pickles e.g. Gherkins, Pickled Onions, Chilli Sauce, Gravy Granules

Desserts, Sweet Snacks & Sugars

Fruit Jelly, Honey, Jam, Cakes e.g. Éclairs, Sponge Cake, Cheesecake, Fruit Crumble, Biscuits e.g. Shortbread, Pies e.g. Lemon Meringue Pie, Cookies (without Nuts/Chocolate), Custard

Drinks

Instant Coffee, Tea, Fruit Squash

+ The potassium content of these foods are based on estimates provided by McCance and Widdowson, 2003, and should not replace the guidance from a healthcare professional. *Foods within this category may also be high in salt. Ensure you check the label beforehand. †Foods within this category may also be high in sugar. Ensure you check the label beforehand.





THE STATINS ARE IN THE NEWS AGAIN



Statins have been making headlines and we've asked Blood Pressure UK Trustee Professor Gareth Beevers to give Positive Pressure readers his advice

The statins (or to give them their full name, the HMG Coenzyme A reductase inhibitors) have been in the news recently and for all the wrong reasons. Alarmist front-page headlines in some daily newspapers (which I won't name) have misled some patients into believing that they should stop taking their statin, and this is very worrying because these drugs save lives.

It might be worthwhile to look back to the time before statins became available. In those days the value of cholesterol lowering drugs was uncertain and at best unimpressive. The older types of cholesterol-lowering drugs were not used much and had unpleasant side effects. When the statins first became available in the early 1990s it became clear that they were well tolerated and effectively lowered both total serum cholesterol and LDL (bad) cholesterol. Lowering cholesterol was all very well, but did they prevent heart disease? There followed a series of randomised trials of the long-term effects of various statins in comparison with dummy

tablets (placebo). The first such trial was conducted in 4,444 very high risk patients all of whom had already suffered a heart attack. This was the Scandinavian Simvastatin Survival Study, published in 1994. The results were impressive. The death rate in patients given the active drug was 8.2%; in those given placebo the death rate was 11.5%. Both heart attacks and strokes were reduced by 30 to 40%.

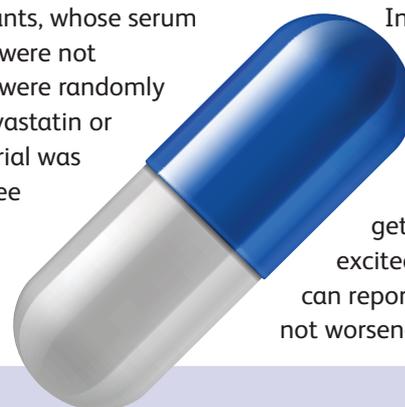
Since 1994 around 30 placebo versus active therapy trials have been published. They all demonstrated significant reductions of heart disease and strokes. The trial of most interest to readers of Positive Pressure was the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT) which was conducted in patients with hypertension. 10,305 high risk participants, whose serum cholesterol levels were not particularly high, were randomly allocated to Atorvastatin or its placebo. The trial was stopped after three years as the trial monitors considered it unethical to

withhold the active drug from such patients. The active drug was associated with 27% fewer strokes and 29% fewer coronary episodes.

The ASCOT study, together with a broadly similar American trial, led the British Hypertension Society and the National Institute of Health and Care Excellence (NICE) to publish recommendations that hypertensive patients with a cardiovascular risk of 20% or more in the next 10 years, should be advised to take a statin in addition to their blood pressure lowering drugs. Other specialist expert committees including the British Cardiovascular Society concurred with this view.

The thorny issue about the statins is their side effects. Nobody doubts that they can cause quite disabling muscle aches (myalgia) but there is some disagreement on how commonly this occurs. One review suggested that myalgia occurs in 5 to 10% of takers but it is usually mild. The problem is that a great many older patients do get muscle aches and pains. My mother used to call it fibrositis.

Indeed I get quite nasty pains in my neck, upper arms and thighs. This is caused by my having a particularly worn and tatty spinal column which gets the X-ray doctors very excited. Ibuprofen helps, and I can report that my symptoms have not worsened since I started taking a





"The health correspondents of some of our daily newspapers have had a field day quoting and misquoting various 'experts'."



STATINS IN THE NEWS ♥

statin. The health correspondents of some of our daily newspapers have had a field day quoting and misquoting various 'experts'. But anecdotes won't do, we must see the evidence. Here we can go back to the randomised trials described above. These trials were 'double blind', meaning that neither the doctors nor the thousands of patients were aware whether they were on active or placebo therapy. A recent overview of 29 randomised trials found that stopping the tablets due to side effects was marginally less common in patients receiving the active statin drug in comparison with those receiving the dummy tablets.

We must not lose sight of the fact that statins save lives, particularly in patients at high risk of suffering a heart attack or a stroke. It is therefore malpractice for doctors to stop statin therapy on the basis of mild aches and pains in older patients. It is important to exclude other causes of muscle pains. Cervical spondylosis (which is what I have) and polymyalgia rheumatica (PMR) are quite common in patients over 60. PMR is a serious condition which responds to steroid therapy; it's got nothing to do with the statins. If a high-risk hypertensive patient has muscle aches whilst taking a statin it is perfectly reasonable to



reduce the dose or change to another statin (there's plenty of choice). Statins should be totally discontinued only if a blood test shows very high levels of an enzyme called creatine kinase (CK).

The other area of recent controversy is the suggestion that the threshold for taking statins should be reduced from 20% cardiovascular risk in 10 years down to 10%. This would mean that almost everyone over the age of 60 would be taking a statin. Some clinicians are unhappy with this as the benefits to these lower risk patients might be offset by possible side effects and the inconvenience of taking tablets. There is a concern amongst some experts on the over-diagnosis and over-treatment of a great many conditions and this includes

"Since 1994 around 30 placebo versus active therapy trials have been published"

the use of statins in low-risk people. We should let the debate run its course and await the final consensus view.

However if you have raised blood pressure requiring drug treatment you should probably be on a statin tablet as well. Ignore the tabloid newspapers; go and discuss it with your doctor.

STOP PRESS! Side effects of statins exaggerated

The editor of the British Medical Journal has stated that the frequency of statin-related side effects was overstated in two review articles which were published in the journal last year.

INCORRECT

Claims that drug side-effects occur in up to 20% of patients taking statins were based on incorrect interpretation of an uncontrolled study of statin use, where there was no comparison with the frequency of side effects in patients receiving dummy tablets.

ALERT

The authors of the two reviews have accepted their "error" and "corrected" their text accordingly.

The editor, Dr Godlee, wishes to "alert readers, the media and the public to the withdrawal of these statements so that patients who could benefit from statins are not wrongly deterred from starting or continuing treatment because of exaggerated concerns over side-effects".





KNOW YOUR NUMBERS WEEK ♥

KNOW YOUR NUMBERS! WEEK



We're asking
Positive Pressure
readers to help
make this year's
event a great
success





The UK's biggest blood pressure testing event, our Know Your Numbers! (KYN!) Week, is set to once again sweep the nation between 15-21 September.

We all know it's never too late to try a new skill, to quit smoking or even to fall in love – but did you know you're never too early to Know Your Numbers!? Blood Pressure starts to rise when you are young, and the sooner you can keep it under control, the lower your risk will be.

Know Your Numbers! Week makes a real difference. Every year, thousands of people who have their blood pressure measured during the week are found to have hypertension. Many are referred to their GPs for further investigation and possible treatment, and many more are given the information that they can use to help change their lifestyles to help keep their blood pressure at a normal level.

Can you help us promote Know Your Numbers! Week

As subscribers to Positive Pressure you already know the importance of regularly checking your blood pressure but, sadly, too many people still don't and could be putting their health (and lives) at risk.

The success of Know your Numbers! Week is achieved thanks to your support, and with your help, we can make KYN! Week 2014 one of the best ever. We are asking people to put up posters, to write to their local newspapers and to their local MP to let them know about the campaign.

Could you be a "Pressure Partner"?

Being a "Pressure Partner" is a great way for organisations to support the event (with or without offering blood pressure testing). "Pressure Partner" organisations can take part by:

- circulating the link of our online fun lifestyle quiz to their employees
- displaying the quiz on their intranet or web site
- or distributing information about high blood pressure to their workforce.

Perhaps you belong to a local community group or club that you would like to get involved. The good news is that there are plenty of ways in which you can support the Week. For



example, you could:

- run a coffee/information morning and donate your proceeds to Blood Pressure UK
- or give out free information from Blood Pressure UK at a stand at your local church, mosque, temple or shopping centre.

If you work for (or know of) an organisation, or if you're interested in becoming a "Pressure Partner", please email kyn@bloodpressureuk.org with your name, address and what you would like to do. All suggestions are welcome.

Would you be willing to share your story of living with high blood pressure with the media during the week?

Personal appeals from people living with high blood pressure are often the best way to make people realise how important a free blood pressure check is. If you are interested please contact Hemini Bharadia on 020 7882 6255.

And finally...

Please ask your friends, family and colleagues to go along and get tested at a "Pressure Station" near you. With your help we can lower the nation's pressure. All the information will be available on our website.

Please note that Know your Numbers!® is a registered trademark and all activities must be done in partnership with Blood Pressure UK.

Know Your Numbers 2013 Blood Pressure Event

Students and staff from St Vincent College ran a "Know your Numbers!" Pressure station. Staff and students at the college were invited to visit the pressure station during the lunch breaks and get free blood pressure checks, as well as discover what the necessary actions are to reach and maintain a healthy blood pressure.

Would you like to become a media case study?

Journalists often use media case study volunteers to add the 'human angle' to features about high blood pressure.

At Blood Pressure UK we have a range of male and female media case study volunteers of all ages and ethnic backgrounds that have volunteered to talk to journalists about their experiences of high blood pressure and how it has affected their lives – it is fantastic for raising awareness about the condition.

For this year's Know Your Numbers! Week, we would especially like to hear from people under 40 years old. If you are, or you know, someone under 40 who has had their blood pressure checked and as a result were diagnosed with high blood pressure, please get in touch!

Please help us to help others by sharing your experience, and contact Hemini Bharadia on 020 7882 6255 or by email: hemini.bharadia@bloodpressureuk.org.

SUGAR

Sugar is the next target

After the success of reducing the amount of salt in our diets health experts are targeting sugar as the next public enemy to our health

The vast amounts of sugar in our diets, has become as 'dangerous as alcohol or tobacco', a group of academics claim, and they've called on the food industry to cut the amount of added sugar in everyday products.

The health experts, including Blood Pressure UK's Chairman Professor MacGregor and Chief Executive Katharine Jenner, have come together to form Action on Sugar, who want to shave 25g (6 teaspoons of sugar!) from each person's daily intake over the next 5 years, an amount predicted by the Department of Health to reverse the UK's growing obesity epidemic. Rather than expecting us to stop putting sugar in our cup of tea or on our breakfast cereal, they want manufacturers to stop putting so much sugar in pre-packaged foods and drinks.

It's not just the well-known brands, such as Coca-Cola, which has a staggering 9 teaspoons of added sugar, but flavoured water, sports drinks, yogurts, ketchup, ready meals and

sausages are just a few everyday foods that contain large amounts of hidden sugars.

Children are a particularly vulnerable group, targeted by industry marketing calorie dense snacks and sugar-sweetened soft drinks. They are also asking companies to stop advertising sugary drinks and snacks to children and pushing unhealthy products at the supermarket checkouts.

Adding sugar in our diet is a very recent phenomenon which only started to occur 150 years ago when sugar, obtained from sugar cane, beet and corn, became very cheap to produce. No

"You can wean yourself off the white stuff by gradually reducing the amount you use - as you will know if you have stopped adding sugar to your tea or coffee"

other mammal eats added sugar and there is no requirement for added sugar in the human diet. This sugar is a totally unnecessary source of calories, gives no feeling of fullness and is acknowledged to be a major factor in causing obesity and diabetes both in the UK and worldwide.

Chairman of Action on Sugar and Blood Pressure UK, Professor Graham MacGregor said: "We must now tackle the obesity epidemic both in the UK and worldwide. The present Government and Department of Health Responsibility Deal has been shown to have had no effect on calorie intake, and we must start a coherent and structured plan to slowly reduce the amount of calories people consume by slowly taking out added sugar from foods and soft drinks. This is a simple plan which gives a level playing field to the food industry, and must be adopted by the Department of Health to reduce the completely unnecessary and very large amounts of sugar the food and soft drink industry is currently adding to our foods."



New research suggests that drinking sugary drinks can also lead to an increase in blood pressure

A review published in The American Journal of Cardiology revealed there is a strong correlation between drinking sugar-sweetened drinks and elevated blood pressure.

Previous research has showed a clear link between eating salt and an increase in drinking sugary drinks – especially in children and adolescents. Salt is a major drive to thirst and, an increase in salt intake will increase the amount of fluid consumed, and if part of this fluid is in the form of soft drinks, they will be increased proportionately.

Professor Graham MacGregor,



Blood Pressure UK asks, could it be due to our high salt intakes?

Katharine Jenner, Chief Executive of Blood Pressure UK and a registered nutritionist said: “You can wean yourself off the white stuff by gradually reducing the amount you use – as you will know if you have stopped adding sugar to your tea or coffee. But the sugar we add to our food accounts for a tiny fraction of the hidden sugar we eat. To really make a difference to our diets we urge food manufacture’s to help us eat less sugar.”

Few nutrients

As sugar contains calories but few nutrients, eating too much sugar and foods and drinks rich in added sugars, instead of other foods, may make your diet less nutritious.

Traffic light labelling for sugar can be used as a quick guide to judge if a packaged food is high or low in sugars.

A high sugar content is more than 15g sugars per 100g and a low content is 5g sugars or less per 100g. Values in between indicate a medium amount of sugar.

The nearer the sugar is to the start of

Chairman of Blood Pressure UK says: “Salt is a major drive to thirst and, an increase in salt intake will increase the amount of fluid consumed, and if part of this fluid is in the form of soft drinks, they will be increased proportionately. It is therefore likely that the increased salt intake is, at least, partially responsible for the increase in blood pressure and the increase in soft drink consumption.

“In other words, the observed association between sugar-sweetened soft drink consumption and blood pressure may be mediated by salt intake.”

It seems that efforts to reduce soft drink consumption, combined with a gradual reduction in the amounts of sugar added to soft drinks, will provide additional beneficial effects on health. We look forward to updating you on the progress of Action on Sugar in the next issue of Positive Pressure. In the meantime, for more information, visit www.actiononsugar.org

the ingredients list, the greater the amount in the product.

Whole fruits are ok to eat, as the fruit sugar (fructose) comes with fibre which helps slow down sugar absorption, as well as vitamins needed for healthy living. Fruit juice is a less good choice, limit to less than one glass a day.

Sugars contained naturally within milk and plain yogurt (lactose) are also fine to eat and contain important nutrients – look out for flavoured and ‘low fat’ versions however, which often have added sugar. To help look after teeth it is best to keep sugary foods and drinks to mealtimes and to brush your teeth regularly.

 Even better - Use our free Smartphone app FoodSwitch to find out how much sugar is in your favourite food!

For more information on sugar, visit the NHS Choices website at www.nhs.uk/Livewell and search for ‘sugar’ or visit the British Dietetics Association at www.bda.uk.com/foodfacts



Obesity crisis is looming

Obesity is a major crisis facing the UK and practically every country around the world, and yet there is no coherent structured plan to tackle obesity.

The major initial focus of the group will be to adopt a similar model to salt reduction pioneered by Consensus Action on Salt and Health (CASH). This model has become one of the most successful nutritional policies in the UK since the Second World War, by setting targets for the food industry to add less salt to all of their products, over a period of time. As this is done slowly, people do not notice the difference in taste.

A similar programme could be developed to gradually reduce the amount of added sugar with no substitution in food and soft drinks by setting targets for all foods and soft drinks where sugar has been added. Action On Sugar has calculated that a 20 to 30% reduction in sugar added by the food industry which, given a reasonable timeframe (3-5 years) is easily achievable, would result in a reduction in calorie intake of approximately 100kcal/day and more in those people who are particularly prone to obesity.



♥ SUGAR IS THE NEXT TARGET





Guide to home blood pressure monitoring



There are many blood pressure monitors available and Blood Pressure UK has produced this guide to help you choose the right one for you.

The National Institute of Clinical Excellence (NICE) recommends that people try home blood pressure monitoring to help them manage their blood pressure. Many of our members find them to be very useful to see if their medicines or lifestyle changes are helping to bring your blood pressure down.

Many people want to measure their blood pressure at home but are often confused by the number of blood pressure monitoring machines available on the market. To help you find the right machine Blood Pressure UK has put together this guide, which we hope you find useful.

Firstly, is using a home blood pressure monitor right for you?

Measuring your blood pressure with a home blood pressure monitor can be very useful, but it is not for everyone. Some people become more anxious when they start measuring at home and end up taking readings far too often, which is not going to help lower their blood pressure!

Before you decide to try monitoring your blood pressure at home, ask yourself: will using a home blood pressure monitor make me feel more relaxed or more worried?

Stick to the automatic blood pressure monitors

There are many different kinds of home blood pressure monitor, but it is easiest to use a monitor that is fully





automatic (digital). Choose one that measures your blood pressure at your upper arm, rather than at your wrist or finger. Upper-arm blood pressure monitors usually give the most accurate and consistent results.

Make sure your monitor is accurate

Make sure that the home blood pressure monitor you choose has been listed as ‘clinically validated’ for accuracy by the British Hypertension Society (BHS). This means that the digital monitor has gone through a series of tests to make sure it gives results that you and your doctor can trust.

Choose a digital monitor to suit your budget

Blood pressure monitors can vary in price, and there should be one to suit your budget. Price usually depends on the number of extra features that the digital monitor has, like a built-in memory for example. We have seen clinically validated monitors from as low as £10 via Lloyds Pharmacy online, up to £177 for a Bluetooth enabled A&D machine..

All you need to measure your blood pressure correctly is a clinically validated monitor, and a pen and paper to record your readings. Extra features can be helpful but they are not necessary.

We have seen lots of smartphone Apps that can help you track your

Upper Arm Blood Pressure Monitor cuff sizes

Measurement (cm)	Measurement (inches)	Cuff size
18-22 cm	7.1-8.7"	Small
22-32 cm	8.8-12.8"	Medium
32-45 cm	12.8-18"	Large

readings, why not give one a try and let us know how you get on?

Make sure you have the right cuff size

An upper-arm blood pressure monitor will come with a cuff that you need to wrap around your arm. If you use a cuff that is the wrong size for you, your blood pressure reading will not be correct. Measure around your upper arm at the midpoint between your shoulder and elbow, and choose your cuff size from the chart above.

Most home blood pressure monitors will come with a medium-sized cuff. You may have to order a different-sized

cuff separately, which are available online and in shops. If you have very large or very small arms you may need a smaller or larger sized cuff – ask your doctor or nurse for advice

Keep your home blood pressure monitor calibrated

Because your blood pressure monitor works automatically, it will need to be re-calibrated at least once every two years to be sure it is giving you accurate results. To have your automatic home monitor re-calibrated, you will need to send it back to the manufacturer. There will probably be a small fee for this service, but there should be no need to buy a new monitor for many years.

Clinically validated home blood pressure monitors

The Blood Pressure UK website home page links though to a list of home blood pressure monitors that have been clinically validated. They are available from UK home blood pressure monitor suppliers.

You could let visiting family and friends use it too – just as they might step on your bathroom scales!

120/80
That's what your blood pressure should be

10 TIPS TO A HEALTHY SUMMER

We all like to indulge while we are on holiday but here's some healthy advice

The holiday is booked and paid for, your suitcases are packed and you've had any vaccinations that are needed. You're ready for your Summer holiday, but there's one more thing to consider – how to eat a healthy diet while you are away.

Faced with a menu in a language you can't understand it's often tempting to play safe and go for something with chips but if you follow our tips you can eat healthily on your summer holiday this year.

1 Avoid too much processed meat. That charcuterie looks wonderful, but the meat is cured by adding lots of salt which can raise your blood pressure. Go for a salad instead.

2 Some food might be full of calories or served with lashings of oil. You don't have to avoid it completely, just make sure you don't eat too much.

3 Drink plenty of water. It keeps you hydrated.

4 Stick to bottled water if you can and don't add ice to your drinks.

5 Feel free to have a couple of cocktails by the pool but don't overdo it because alcohol dehydrates you and the effects are worse in a warm climate.

6 Swap those calorie laden desserts for a piece of fruit.

7 Every country has its own junk food which is often plentiful and cheap – in Italy it is pizza, in Spain, croquettes. Eat in moderation only.

8 Take a supply of snacks such as nuts and dried fruit. Eat these when you are out instead of a tempting calorie-laden snack from a local market.

9 Street food looks tempting but it's always best to buy from someone who cooks the food in front of you. Choose your street food vendor with care.

10 Seafood is good and tends to have less calories than much meat but beware of extra salty fish such as anchovies.

Could you repeat that please?

Here are some common words and their translations into Spanish, French and Portuguese

Salt: Sal, Sel, Sal

Fat: la grasa, Le gras, a gordora

Sugar: azucar, sucre, acucar

Butter: mantequilla, beurre, manteiga

Salad: ensalada, salade, salada



Helping others with High Blood Pressure

Have you thought of Blood Pressure UK in your Will?

Finding out that you have high blood pressure is traumatic, particularly if you are young. Most people don't know anything about the condition and worry about how it will affect themselves and those around them.

But Blood Pressure UK is here to help, and with our information

packs, range of leaflets and our helpline, we provide reassurance and support to sufferers and their families. But all of this work is expensive and while membership subscriptions and general donations help enormously, leaving a gift in your Will can help us make a bigger difference.

It isn't complicated as you think, doesn't have to be a large amount and will give you the reassurance that our work helping fellow sufferers will continue once you have gone.

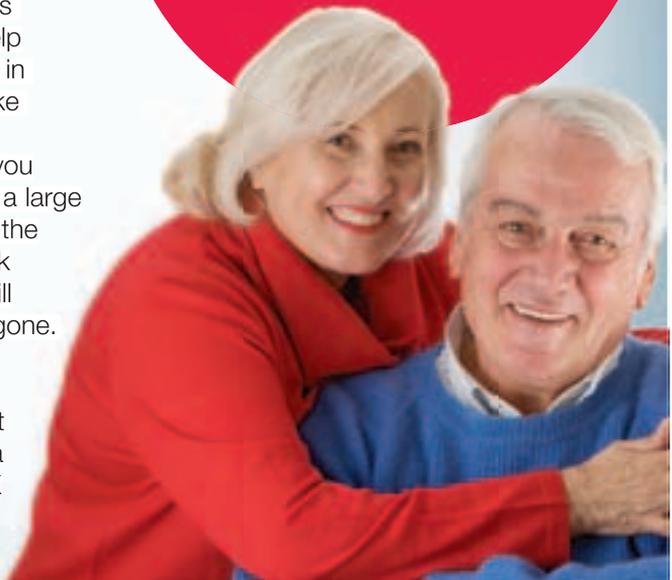
Obviously, providing for your family and friends comes first, but once that is done please consider a gift to Blood Pressure UK in your Will.



Blood Pressure UK

Helping you to lower your blood pressure

We have put together a simple leaflet to guide you through the process and you can get a copy by telephoning: (020) 7882 6255, visiting the website: www.bloodpressureuk.org, or by writing to: Blood Pressure UK, Wolfson Institute, Charterhouse Square, London, EC1M 6BQ.



66% LESS SALT
100% GREAT TASTE
THAT THEY LOVE



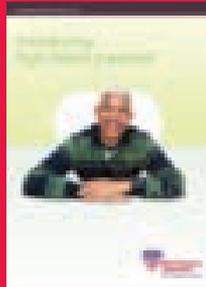
LoSalt is the great tasting way to a healthier lifestyle, containing only one-third the sodium of regular table, sea and rock salts.

LoSalt is low in sodium salt and high in natural potassium

www.losalt.com

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.



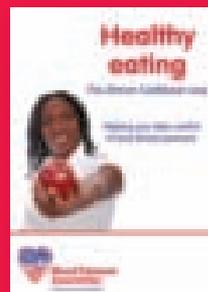
Measuring your blood pressure at home

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.



Blood Pressure UK

Helping you to lower your blood pressure

All these publications are free to Blood Pressure UK members.

Call **020 7882 6255/5793** for your copy

or visit <http://www.bloodpressureuk.org>