JUST HOW LOW SHOULD YOUR BLOOD PRESSURE BE?

LONG WAY DOWN
Steve’s latest cycle challenge

Blood Pressure UK
Helping you to lower your blood pressure

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Welcome

From Katharine Jenner, Chief Executive Officer

Welcome to the Summer 2016 edition of Positive Pressure. I want to start with a great, big thank you to our members and fundraisers. Your support makes all the difference because it enables us to provide resources for people who are living with high blood pressure. I am in awe of some of the challenges you undertake for us. In this issue of Positive Pressure we feature Steven Primrose-Smith who, not content with cycling to every capital in Europe and then cycling from the Isle of Man to Gibraltar for Blood Pressure UK, has embarked on a round Britain cycle, during which he will visit every single county. You can read more about his epic adventures on pages 12 and 13. We are truly grateful to everyone who raises money for us, if you would like to join them, please have a look at pages 18-19 for some great fundraising ideas.

We have some interesting news about the links between dementia and blood pressure on pages 10 and 11, and we have more information about the SPRINT trial and just how low your blood pressure should go on page 8. I know I need a nudge in the right direction to get fitter, and I am inspired by the story of how one man with high blood pressure was able to bring his blood pressure under control through running. A new running challenge called ‘from Couch to 5K’ is hopefully going to give me the final push I need. Turn to page 14 for more information.

Please help us by completing our home blood pressure monitoring survey on page 23. This research is really important to us and to say thank you one lucky participant will receive a free home blood pressure monitoring kit.

Thank you for being a member of Blood Pressure UK. We couldn’t do the work we do without you and we are enormously grateful to you for your support. I hope you enjoy reading the Summer 2016 Positive Pressure
Blood pressure news

National Salt Awareness Week is a great success

Many people know eating too much salt is bad for their health and are actively looking to cut down. This is in stark comparison with a few years ago, when the dangers of salt on health were unknown to the general public. Thanks to the efforts of the food industry, government and charities like Consensus Action on Salt and Health (CASH), salt is well and truly on the health agenda across many countries worldwide. Indeed great achievements have been made, with a number of food groups having up to 50% less salt now than ten years ago.

However, we are still well away from the UK maximum daily salt limit of 6g, highlighting a need for more action. Many foods still have lots of hidden salt in them - even foods that don’t necessarily taste salty. We all have a responsibility to read the labels and choose foods with less salt, but it is also down to the food companies to provide us with low salt options.

Blood Pressure UK were glad to support the Week by testing blood pressures at a House of Commons event.

However, adults have cut their average salt consumption by 0.9 grams per day in the decade from 2005 to 2014, according to new data from Public Health England’s National Diet and Nutrition Survey; however we are still eating too much.

Average salt consumption for adults in 2014 was 8.0 grams per day. This has decreased from 8.5 grams in 2011 and 8.8 grams in 2005/06. Overall salt intake has fallen by 11% since 2005/06.

If you want to cut down on your salt you could find SaltSwitch useful. SaltSwitch has been designed to help people looking to lower their salt intake, particularly those who have been diagnosed with or have a family history of high blood pressure, heart disease and kidney disease. Like FoodSwitch, SaltSwitch presents the user with immediate, easy-to-understand information about that product’s nutritional content. However, SaltSwitch also suggests healthier options that have lower-salt content and are otherwise as healthy or even healthier based on its nutritional values. By comparison, the original FoodSwitch app calculates healthier choices by comparing the overall nutritional value of foods alone, without a focus on any particular nutrient.
NEW OBESITY PREVENTION STRATEGY LAUNCHED

Action on Sugar has developed an evidence-based strategy to prevent obesity and type 2 diabetes, which starts with setting incremental sugar reduction targets for soft drinks and a further six actions:

1. Reformulation of sugar and fat in foods and drinks
   - 50% reduction in sugar content within the next 5 years, starting immediately with sugar-sweetened soft drinks
   - 20% reduction in fat, especially saturated fat, within the next 5 years
2. Stop promotions of unhealthy food & drink
3. Prevent all types of marketing of unhealthy food and drink to children and adolescents
4. A 20% duty on all sugar-sweetened soft drinks and confectionary, to escalate thereafter if companies do not comply to reformulation targets
5. All public sector food must meet strict guidelines
6. Uniform colour-coded labelling to be present on all foods for retail and out-of-home, with stricter criteria for high salt, sugars, fat and calories. (NB sugars as free sugars not total sugars)

“There is a clear link between obesity and high blood pressure. We know that a diet which is high in sugar, saturated fat and salt is bad for our health and especially bad for the health of our children. Obesity is a ticking time bomb which must be tackled.” For the full strategy, please visit www.actiononsugar.org

THE HELPLINE IS THERE FOR YOU

Do you know we have a helpline which members can call to talk to a professional about their blood pressure concerns? Queries we’ve been able to help with include the normal blood pressure range, reactions to medication and advice on home blood pressure monitoring. If you have a query call the helpline on 020 7882 6218.
We carried out a major survey of our members online and through the winter edition of Positive Pressure and would like to thank everyone who took part and is helping us shape member services for the future.

We asked you what you wanted Blood Pressure UK to provide and you said you wanted more recipes to help you eat more healthily, more health news updates and factsheets. Some members were also keen to meet up with other members locally to share experiences or for a members’ forum to be established so you could share ideas.

We are taking your ideas on board and have asked members to tell us about their own healthy low-salt recipes. We would also encourage members to share their experiences of living with high blood pressure with others please e-mail info@bloodpressureuk.org.

Congratulations to Gavin Philip whose name was drawn at random from those who completed the survey. He wins a free blood pressure home monitoring kit.

Other comments we have received include:

- “Thank you very much indeed for all your kind help and for sending me all the relevant information on medication for high blood pressure. It has been a great comfort and help to talk to you about medication. May I say how much I have valued being a member of Blood Pressure UK and having the benefit of your publications.” Sheila L
- “It is helpful for people like me to have someone other than the GP to talk to” Barbara F

Please do keep telling us about how we can help you and your families.
Telephone 0207 882 6255/5793
E-mail info@bloodpressureuk.org
Write to us at Blood Pressure UK, Wolfson Institute, Charterhouse Square, London EC1M 6BQ
FREEPOST RTCS-AATG-ACSU
**KNOW YOUR NUMBERS!® WEEK**

12-18 SEPTEMBER 2016

Blood Pressure UK’s Know your Numbers!® Week is the UK’s biggest blood pressure testing event and awareness week. Each year, over 1,000 “Pressure Stations” offer free blood pressure checks across the UK, enabling thousands of people to get a free blood pressure check.

This year’s campaign takes place between 12-18 September. Registration is now open on our website – so please sign up to hold an event and help save lives.

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 2016 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. Please remember that your involvement is entirely optional and we value any help you can give.

**Pressure stations are everywhere**

To measure thousands of blood pressures, it is important that Blood Pressure UK Pressure Stations are everywhere. Many are in high street pharmacies, many are run by local community nurses and some are to be found in the most unusual places. In 2015, these included a health bus in Bromley and a shopping Centre in Kent. Samsung UK Ltd and EDF Energy ran Pressure Stations for their staff at some of their plants across the UK. Can you think of somewhere unusual you would like to see an event or do you think your local pharmacy would be interested in hosting a Pressure Station? Please do let them know about the campaign. They can register to run a Pressure Station by visiting http://www.bloodpressureuk.org/microsites/kyn/Home or they can email kyn@bloodpressureuk.org for further information.

**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.

We’re all looking forward to this year’s event and hope that you can pop along for your free blood pressure check during the week.
BLOOD PRESSURE UK OUT & ABOUT!

It’s been a busy six months here at Blood Pressure UK – we have exhibited and presented at health events, met interesting people and, of course, measured blood pressures.

Our Health Communications and Marketing Officer took part in workshops run by Public Health England across the country, discussing new opportunities to tackle high blood pressure and hearing about local projects and statistics. We exhibited our materials at their events in Birmingham, Cambridge and London. At the London event we showcased Know Your Numbers! by presenting some of the key activities of our campaign to an interested audience of public health practitioners who, we hope, will encourage their local teams to take part this coming September.

Earlier in the year we were pleased to offer blood pressure testing to MPs at a parliamentary health event hosted by HEART UK, the cholesterol charity. It was great to see so many MPs interested in knowing their numbers!

We met with colleagues from the British Heart Foundation and The Stroke Association where we shared our objectives and talked about our various projects. It’s really important that we have these networking opportunities with other charities to find out where we might be able to join together in the future and support each other’s work around blood pressure.

We found out more about the government’s One You campaign ahead of its launch in March this year, and were delighted to learn that “checking yourself” (which includes blood pressure testing) is one of the key behaviours that their campaign will be targeting. Talking of checking yourself, we also attended a conference to learn more about the NHS Health Check programme which is open to all adults in England aged between 40 and 74 years without a pre-existing condition – have you had yours yet? (Visit www.healthcheck.nhs.uk to find out more).

March was also the month for Salt Awareness Week, during which we supported our sister charity CASH (Consensus Action on Salt and Health) with their annual House of Commons reception event. Blood pressure testing was offered to MPs, and our resources were on display for them to take away.

We will be continuing to work hard to raise awareness of blood pressure over the second half of the year and look forward to reporting back in the next issue of Positive 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 who 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 anyone who has had their blood pressure checked and as a result was 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.
Indeed with a few notable exceptions, in people who are well, the lower the BP the better. So people with blood pressures which are average for their age, who might be considered to be “normal”, are at higher risk than those with below average pressures. Despite this understanding, clinicians were uncertain as to whether lowering BP with drugs might not reduce this risk and might even be harmful. This was probably true in the 1950s when the drugs available at the time had appalling side effects. The first clinical trial comparing the effects of treatment with no treatment was published in 1964 from Chelmsford and since then a great many large trials have been published, comparing active versus placebo treatment. All have confirmed that BP lowering prevents heart attacks and strokes. With modern drugs side effects are now uncommon.

There remained anxieties that lowering BP to “normal” or below “normal” might be harmful. Occasional case reports were published of patients who suffered falls and fractures after taking BP lowering drugs. In about 1980 I gave a lecture in which I commented that, given the information available so far, I would expect that lowering BP in the elderly would be very worthwhile. At this point in my lecture a prominent elderly care specialist in the audience jumped up and interrupted me saying “No, you mustn’t say that! Old people need their BP to maintain blood flow to the brain. You mustn’t lower blood pressure in old people”. Well, subsequent events have shown that he was very wrong. We now know that older patients derive more benefit from BP lowering than younger patients. The Hypertension in the Very Elderly Trial (HYVET) confirmed the benefits of anti-hypertensive therapy in patients aged eighty or more.

We now know that lowering blood pressure in older patients is beneficial.
Several large scale trials investigated differing targets for BP lowering showed that reducing BP to around 140/90 mm Hg provided greater benefits than less aggressive targets

In the 1990s several large scale trials investigated differing targets for BP lowering and overall they showed that reducing BP to around 140/90 mm Hg provided greater benefits than less aggressive targets. This led the various guideline committees to recommend this figure with slightly lower pressures in high risk patients with diabetes or chronic kidney disease. However the fact remained that population surveys consistently showed that even lower pressures were associated with even lower risk. Population scientists would remind clinicians, perhaps a little impatiently, that there was a need to investigate the effects of reducing BP to even lower targets.

In the last issue of Positive Pressure we reported the press statement from the US National Institutes of Health that a major trial of intensive BP lowering versus standard treatment had been discontinued two years earlier than expected because of significant survival benefits in patients assigned to the lower BP target. The full paper was published in the New England Journal of Medicine on the 9th of November 2015. This was the Systolic Blood Pressure Intervention Trial (SPRINT). In this trial, 9,361 patients were randomly assigned to intensive reduction of systolic BP to less than 120 mmHg or to standard control with a target systolic pressure of 140 mm Hg. After a median of 3.3 years follow-up 3.3 % of the intensive group had died in comparison with 4.5 % of the standard therapy group. This result was statistically significant. Combining all the consequences of hypertension (heart attack, acute coronary syndromes, stroke, heart failure and cardiovascular death) these so-called primary outcomes developed in 5.2 % of the intensive group and 6.8 % of the standard therapy patients, a 25 % reduction which was statistically significant.

Whilst these results were impressive the question on everybody’s lips was “what about side effects? What were the hazards of reducing BP so low?” A total of 220 participants (4.7 %) in the intensive treatment group and 118 (2.5 %) of those randomised to standard treatment developed adverse events that were classified as “possibly or definitely” related to their treatment. This excess was statistically significant. In particular low BP (hypotension) was more common in the intensive patients but not hypotension on standing up. Syncope (severe light-headedness), but not injurious falls, were slightly commoner in the intensive treatment patients.

By coincidence three days before the publication of SPRINT a paper was published in The Lancet which examined the same question. This was an over-view (meta-analysis) of the 19 papers published on how low BP should be reduced. This meta-analysis did not include SPRINT but it came to much the same conclusion; the systolic BP should be reduced to well below 140 mm Hg. In this analysis serious adverse events associated with BP lowering occurred in 1.2 % of patients receiving more intensive treatment and 0.9 % of those allocated to a less intensive regime.

So where does this leave us? There is no doubt that all the guideline committees (British, European and American) will need to reconvene to discuss the two reports. One weakness of both studies is that all the blood pressures were measured in the clinic by doctors and nurses. It is now generally agreed that all BP trials should be based on pressures measured away from the clinical environment. Clinic BP is strongly affected by the tendency for pressures to be falsely elevated by the stress of clinic attendance.

In the meantime clinicians should aim to reduce the systolic BP to well below 140 mm Hg. Attempts should then be made to lower the BP to nearer to 120 mm Hg, whilst keeping a sharp lookout for side effects.

I shall end with a personal comment. I, myself have hypertension on treatment. My most recent home systolic BP was 118 mm Hg and I feel entirely well so I wouldn’t wish to change a thing!

Professor Gareth Beevers is a Trustee and Medical Advisor for Blood Pressure UK.
Alzheimer’s and other dementias are complex diseases, and it’s clear that they don’t have one single cause. However, we are making considerable progress in understanding how they develop.

Why changing your lifestyle could lower your risk of dementia

The numbers of people with dementia worldwide is expected to double in the next 30 years. With costs of treating the disease predicted to treble to more than £50 billion in that time, dementia is one of the biggest global health and social care challenges that we face.

In 2012, the UK Prime Minister David Cameron launched a national challenge to fight dementia. Since then, over 1 million people have trained to be dementia friends to raise awareness in local communities, over 400,000 NHS staff have been trained to better support people with dementia and the government now spends more than £60 million on dementia research each year.

This is particularly important, as we still have a lot to learn about the causes of dementia. Alzheimer’s and other dementias are complex diseases, and it’s clear that they don’t have one single cause. However, we are making considerable progress in understanding how they develop, and research has identified several risk factors associated with dementia, including diabetes, obesity, physical inactivity, smoking and high blood pressure.
Health professionals now agree that supporting people to adopt healthier behaviours at all stages of life will not only help people to live longer, but also to stay healthier in their later years.

The evidence suggests that smoking, excessive drinking, high blood pressure, lack of physical activity and diabetes all contribute to a higher risk of an individual getting dementia later in life.

While the greatest benefits for health will be experienced by those aged 40-65, evidence shows that behavioural change can also delay and reduce the impact of dementia in people aged 65 and over.

**What if I’m already overweight, smoke or have high blood pressure?**

It’s never too late to take action. By making changes now to adopt healthy behaviours, you can reduce your risk of dementia, lower your blood pressure and reduce your risk of stroke, heart disease and other long-term conditions.

High blood pressure is worsened by poor lifestyle behaviours such as poor diet and physical activity. The following tips can help to reduce the risk of high blood pressure, or to better manage the condition:

**Maintain a healthy weight**

If you are overweight, losing weight will help to reduce your blood pressure, and lower your risk of other health problems, such as diabetes. Your doctor or nurse can advise you about your weight and how to lose weight safely if you need to. You can also find information about healthy eating on the NHS Choices website (www.nhs.uk)

**Eat less salt**

An adult should eat no more than 6g of salt a day, although many of us eat much more than this. Eating less salt is one of the quickest ways to lower your blood pressure. Try not to add salt when cooking (including soy sauce and stock cubes) and in the supermarket, check each food label to see if it is low, medium or high in salt. Lemon juice, herbs and spices can help provide extra flavour.

**Exercise regularly**

Being active lowers blood pressure. Although exercise will cause your blood pressure to rise for a short time, don’t worry – when you stop the activity, your blood pressure will return to normal. The quicker it does this, the fitter you are, and most people with high blood pressure should be able to raise their fitness levels safely. Cycling, brisk walking, swimming and dancing are all good for lowering blood pressure. Other forms of exercise may not be safe so always check with your doctor or nurse before starting a new type of exercise. They can also provide you with information on leisure centres and walking paths in your area.

**Cut down on drinking alcohol**

Drinking too much alcohol will raise your blood pressure over time. It can also cause weight gain, which also increases blood pressure. Keeping to the recommended amounts (14 units per week for men and women) will help to keep blood pressure down. Try low-alcohol options, such as lower strength beers, and avoid bar snacks such as crisps and peanuts – the added salt will make you want to drink more and raise your blood pressure.

Of course some risk factors are non-modifiable, such as age and family history, but taking control of your lifestyle wherever you can will help give you the best chance of a healthier, longer life.

**Further information**

www.bloodpressureuk.org/
BloodPressureandyou/Yourlifestyle
www.nhs.uk/livewell/healthy-eating
www.alzheimersresearchuk.org
www.dementiafriends.org.uk

Elaine Rashbrook is National Lead for Older People at Public Health England Charles Alessi is a practising GP in southwest London. He is a Senior Advisor and lead for preventable dementia at PHE

**GET IT CHECKED**

There are an estimated five million adults with undiagnosed high blood pressure in the UK, who may be at increased risk of other health conditions such as dementia.

Once diagnosed, people with high blood pressure can take active steps, such as those mentioned left, to lower their blood pressure and reduce their risk of other health problems.

If you are between 40-74 years old you can take advantage of a free NHS Health Check to evaluate your health and lifestyle with the help of a professional.

You can also get your blood pressure checked at a pharmacy, at your GP surgery or at home, using a home blood pressure monitor. Some workplaces and community centres also offer blood pressure testing.

Look out for local pressure stations during Blood Pressure UK’s Know Your Numbers! Week during 12-18th September – use this link to find your nearest one: http://www.bloodpressureuk.org/microsites/kyn/Home

If you know you have high blood pressure, it’s important to stick to the treatment your doctor has recommended. You might not feel any different but that doesn’t mean it isn’t working. Some people can bring down their blood pressure by making lifestyle changes such as those suggested here. Others need medication to bring their blood pressure down, but this should be used together with lifestyle changes.
between 2011 and 2013 I travelled 22,000 miles by bicycle, visiting fifty-two European capitals and raising money for Blood Pressure UK. You might have read about my adventure in this very magazine. Sadly, a trip like that is expensive and by the end I'd devastated my savings. Two years later I wanted to embark on another trip, but I needed a cheaper way to travel. Little did I know the resulting project would teach me some important lessons about reducing blood pressure naturally.

The journey would start in Liverpool and hug Europe’s western coast down to Gibraltar about 4,000 miles later. To keep costs down I’d forage for as much as possible while living on a minimal budget that had to cover everything except the cross-Channel ferry and major bike repairs. To make it challenging I chose £1 a day. Ignoring the cycling world’s advice about only touring with people you know very well, I recruited three willing idiots about whom I knew absolutely nothing. Many people told me we’d never make it. One person even suggested we’d eat each other.

At the start of the trip I was sixteen stone and taking five blood pressure tablets daily. On previous cycle tours I’ve noticed my blood pressure reducing, because at times I’d become light-headed, a sign of low blood pressure and something that isn’t ideal when you’re screaming down a mountain. To remedy this, I’d reduced my pills to four and the light-headedness had disappeared.

This trip – entirely by accident – seemed designed to reduce blood pressure naturally. Once the coffee ran out we couldn’t afford to buy any more. There was no budget for alcohol and so apart from a few gifts along the way we had essentially ten booze-free weeks. Obviously, we were also getting loads of exercise, cycling up to seventy miles every day, often over mountainous terrain, and our diet was extremely healthy with hardly any meat and masses of foraged fruit. A Muslim doctor once told me many people experience low blood pressure during Ramadan due to fasting. We didn’t starve to death but our calorie intake was massively reduced compared to normal. All these things brought my blood pressure tumbling down. I reduced my pills each time I became light-headed and by the end of the trip I was taking only one pill every other day. And over the course of the sixty-six days of our adventure – just two months – I’d reduced my plumpness to a svelte twelve and a half stone. So yes, we did manage it.

I’ve tried to apply these ideas to daily life since the ride. I drink less, barely touch coffee, keep up the exercise and eat smaller, healthier portions, and now I’m freewheeling to lower blood pressure.

“We are delighted that, this summer, Steven plans to do a round-Britain ride and has chosen Blood Pressure UK as his selected charity! Thank you Steven, for those who want to donate, you can do so at https://www.justgiving.com/UniCycle50”. The story of Steven’s 22,000 mile European cycle adventure – No Place Like Home, Thank God – is an Amazon bestseller. The book of his latest, blood-pressure-reducing ride – Hungry for Miles – is now available from Amazon.co.uk.
POSITIVE PRESSURE

Cycling to lower blood pressure

Andalusia

Crossing into Portugal

A downhill dash

Fishing for supper

Crossing the Severn

Time for a breather in St Nazaire

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Positive Pressure investigates Couch to 5k, a free running plan for beginners

RUNNING, SCARED?

Taking up running can seem like a daunting prospect, especially if you feel out of shape or unfit. It’s hard to know where to start, but with all the known health benefits - regular running can help reduce the risk of chronic illnesses such as heart disease, type 2 diabetes and stroke, boost your mood and keep your weight under control – Blood Pressure UK recommend a new plan from NHS Choices to get us up and running.

The NHS ‘Couch to 5K’ plan is designed to get absolute beginners, or out of practice runners, gradually worked up to running 5 kilometers, or for half an hour, in just nine weeks, supported by well known celebrity ‘coaches’ like comedienne Sarah Millican and Olympic gold medal sprinter Michael Johnson.

What is Couch to 5K?
Couch to 5K is a free running plan developed to help absolute beginners get into running. The beginners’ running plan was developed by a novice runner, Josh Clark, who wanted to help his fifty-something mum get off the couch and start running too. The plan involves three runs per week, with a day of rest in between, with a different schedule for each of the nine weeks.

How does Couch to 5K work?
Probably the biggest challenge a novice runner faces is not knowing how or where to start. Often when trying to get into exercise, we can overdo it, feel defeated and give up when we’re just getting started. Couch to 5K works because it starts with a mix of running and walking, to gradually build up your fitness and stamina. Week one involves running for just a minute at a time, creating realistic expectations and making the challenge feel achievable right from the start.

Who is Couch to 5K for?
Couch to 5K is for everyone. Whether you’ve never run before, or if you want to get back into being more active, Couch to 5K is a free and easy way of getting fitter and healthier. If you have any health concerns about beginning an exercise regime such as Couch to 5K, make an appointment to see your GP and discuss it with them first.

What are the benefits?
There are plenty of benefits from getting into running. For starters, it’s an easy way of lowering your blood pressure. Running regularly will improve the health of your heart and lungs. It can...
Andrew Watson took up running after a routine medical check-up revealed he had high blood pressure. Overweight and with a family history of hypertension, the 49-year-old knew he needed to be more active. With a mainly deskbound job and a busy family life, the father-of-three from Devon was leading a largely sedentary lifestyle. However, the unexpected blood pressure readings were a wake-up call for Andrew and prompted him to take up running.

Since graduating from Couch to 5K and progressing on to parkrun (free, weekly 5km timed runs) he has lost two stone and says running has given him a “new lease of life”.

**Why did you start Couch to 5K?**

“I have a history of raised blood pressure, which is being managed by my GP surgery. I went for a routine check-up just before Easter [2014] and my reading was up again. I was advised to lose a bit of weight, which was a wake-up call. I’d started cycling and watching my portion sizes, but felt I needed to do more.

“I wasn’t a complete couch potato and I’d recently started cycling to work, but my job is mainly desk-based and I found it hard to incorporate exercise into my lifestyle. I knew I needed to increase my physical activity, but I never seemed to get round to it.

“I feel fitter now than I have done for years, and regular exercise is now part of my lifestyle. The exercise and better diet also help me manage my blood pressure. I’ve lost over two stone since I started Couch to 5K. I also feel better in myself, less stressed and in a better mood. I think it’s down to the sense of achievement I get from running.”

This article is from the NHS Choices website www.nhs.uk/couchto5k

**RUNNING HELPED LOWER MY BLOOD PRESSURE**

also help you lose weight, especially if combined with a healthy diet. There is also evidence it may help increase bone density in some people, which can help protect against bone diseases such as osteoporosis.

Blood Pressure UK’s Chief Executive, Katharine Jenner, says “Having recently had a baby, both my fitness and my confidence need a boost. I have set myself the target of completing the Couch to 5k plan this Summer, and shall be reporting back on my progress in the Winter issue. I would like to invite any members to please join in to give me moral support! Please send in your stories and photos if you would like to share your success with others.”

Visit www.nhs.uk/couchto5k for more information on the scheme and how to download the free App from a smartphone.
**ASK THE EXPERT**

The Blood Pressure UK clinical team answers some of your questions

**Q** I am about to start a new exercise and weight loss programme – how quickly could I expect to see any positive changes in my blood pressure?

**A** The fall in blood pressure achieved by weight reduction depends on the amount of weight lost. Roughly one kilogram weight loss (i.e. about 2 lbs) causes a one mmHg fall in systolic blood pressure; 5 kg loss, 5 mmHg; 10 kg, 10 mmHg and so on. This reduction occurs within a few days or a week or so. It is worth remembering that an even greater fall in blood pressure can be achieved if the weight reduction is associated with a reduction in salt intake and an increase in consumption of fruit and vegetables.

The fall in blood pressure with increased exercise also depends on the amount of exercise. Exercise taken daily has been reported to reduce systolic blood pressure by 7 to 8 mm mercury within a few days. Ideally this exercise should be sufficient to cause a small rise in pulse rate and a sense of feeling warm. However any amount of exercise is helpful. Avoid using lifts whenever possible and it helps to get off a bus or underground train one stop early and walk the rest of the way.

It is important that these “non-pharmacological” blood pressure reduction programmes are maintained consistently over the years and not just for a few weeks. This requires a long-term change in lifestyle for you as well as your family.

**Q** I am taking medication for my hypertension and have been getting very swollen ankles. Is this normal?

**A** There are several reasons why people may develop ankle swelling so you ought to consult your general practitioner. However one group of blood pressure drugs can cause this symptom and these are the calcium channel blockers. In particular amlodipine commonly causes ankle swelling when taken at the higher dose of 10 mg daily. This symptom, called oedema is not serious and does not indicate any underlying kidney or heart disease. Ankle swelling is less common with the calcium blockers, verapamil and diltiazem.

**Q** Have you got any tips on how I can choose a good home blood pressure monitor?

**A** All people with hypertension should monitor their BP at home. Home BP levels are a better predictor of risk than readings obtained in the clinic as when seeing the doctor many patients have a rise in pressure due to the so-called “white coat effect”.

The British Hypertension Society has a full list of BP machines they have validated. [http://bhsoc.org/index.php?cID=246](http://bhsoc.org/index.php?cID=246)

All BP monitors should use upper arm cuffs; wrist and finger BP monitors are not recommended as it is difficult to ensure the cuffs are at the same level as the heart.

The most important thing is to measure BP in a quiet room with no conversation. It is recommended to measure the BP in both arms on one occasion to ensure there is no significant difference between them. Thereafter it is only necessary to take the pressure in the arm with the higher pressure. The arm must be supported resting on a table or desk. Three BP readings should be taken about one minute apart. However all decisions should be based on the 2nd and 3rd reading. Above all it is important to write the BP readings down together with the date. These readings can then be shown to the GP at future visits and will help with the management of hypertension.
Q Can you recommend a good book on blood pressure so that I can read up on it?
A Our Blood Pressure UK website has a wealth of information and downloadable leaflets on blood pressure and related issues. Please visit www.bloodpressureuk.org for more information and click on Blood Pressure and You. Professor MacGregor, our Chairman, has also written a book called “Fast Facts: Hypertension” which is useful for anyone with a general interest in high blood pressure.

Q I take my high blood pressure pills at night-time, but am wondering if it would be better to take them in the morning instead?
A There is no convincing evidence that it matters what time of day you take your blood pressure pills. The main thing is to take them at the same time every day as most are effective for 24 hours. People who have to rush off to work in the morning or pack the children off to school (or both) sometimes forget to take their pills and may find it easier the take them in the evening when things are a little less fraught.
Can you help?

Skydiving, cake sales, sponsored car washes and race nights are all good ways to raise money and support Blood Pressure UK.

Blood Pressure UK is a charity that receives no government funding, and we rely on donations and grants to help us continue the good work we do for people with high blood pressure. There are many ways you can help us to save lives, from coffee mornings to fun runs.

Set yourself a challenge, get fit, have fun – and support our life-saving work. By organising such events as a barn dance, promise auction or car washing day, you can catch up with friends and contribute to the work of Blood Pressure UK.

This need not be as difficult as it sounds. You can encourage your friends, family and colleagues to help out and make your event a real success. You could simply organise a coffee morning or have a cake sale, have a car boot sale or co-ordinate a group activity. If you belong to a Club or Association why not have a Dinner and Dance, an Auction or a Race Evening?

How about taking the next step to a healthier lifestyle by doing a sponsored walk, swim or even sponsored stop smoking drive? If you are feeling even more adventurous, what about a sponsored bungie jump or parachute drop? The sky really is the limit!

We can provide you with sponsorship forms and information sheets on the work of Blood Pressure UK. You can also visit www.bloodpressureuk.org/HelpingUs/Fundraise for our A-Z guide of fundraising ideas.

If you would like to encourage friends and family from far away, and even abroad, then you can set up a sponsorship web page to gather your sponsorships. Simply visit www.justgiving.com and nominate Blood Pressure UK as the charity you would like to receive the contributions.

Blood Pressure UK is here to offer support and advice and can help you get your event off the ground by providing you with balloons, posters, collecting tins, badges and literature.

Our Communications Team can also help you with promoting your event through your local media.

For more information, please contact the Fundraising Team:
Email: info@bloodpressureuk.org
Telephone: 020 7882 6255
Letter: Fundraising Team, Blood Pressure UK, Wolfson Institute, Charterhouse Square, EC1M 6BQ

*THREE CITY CYCLE CHALLENGE*

Three friends from Hayfield in Derbyshire will be cycling from London to Bruges and Amsterdam in June to raise money for Blood Pressure UK.

The trip has been organised by Julie Slack who wanted to help us as she has high blood pressure which is controlled by medication. Julie has already raised more than £1,000 for Blood Pressure UK by selling her upcycled, recycled and pre-loved bags, aprons and goodies at events near her home in Derbyshire but she’d like to make £1,500. If you would like to support Julie, please visit http://www.doitforcharity.com/JSLACK
I’M SUPPORTING BLOOD PRESSURE UK IN MEMORY OF MY AUNT

Arielle Campbell is raising money for Blood Pressure UK in memory of her Aunt Susan, who died suddenly due to an aneurysm. The aneurysm caused a catastrophic bleed on the brain and for her blood vessels to weaken and burst due to high blood pressure. There was little warning that this would happen, she was only 55 years old. Susan’s husband Donovan generously suggested donations to Blood Pressure UK in place of flowers. Arielle said: “On behalf of our family and friends I wanted to raise money for the national charity Blood Pressure UK to educate and raise awareness about the seriousness of the disease and to help the many sufferers of the disease monitor their symptoms and stay healthy.”

Blood Pressure UK is very grateful to Arielle and her family for their support. If you would like to donate to Arielle’s page, please visit https://www.justgiving.com/Arielle-Campbell

I wanted to raise money for the national charity Blood Pressure UK to educate and raise awareness about the seriousness of the disease
Two healthy recipes in time for summer

TUNA AND BEAN SALAD
• Serves: 4
• Prep time: 10 minutes
• Cooking time: None
• 400g tin beans e.g. cannellini, black eye, pinto beans, flagelot, haricot, Adzuki or a mix
• Small tin (200g) tuna in spring water, drained
• 1 small red onion, finely chopped
• Small tin (200g) sweetcorn, drained
• 1 red pepper or other salad vegetable, diced
• Small bunch fresh parsley, roughly chopped
• Handful of salad leaves e.g. rocket or spinach
• 2 to 3 tablespoons balsamic vinegar
• Freshly ground black pepper

Simply combine the first 6 ingredients in a bowl and serve on a bed of leaves. Drizzle with the balsamic vinegar and sprinkle with the black pepper to serve.

Suggestions
You can use whatever type of bean you have to hand, alone or in combination. Try adding cold, boiled broad beans or French beans. Add some cold cooked pasta for a more filling variation.
Try adding different chopped vegetables such as avocado, peppers, cucumber or tomato depending on what you have.

The recipes printed here are taken from the Consensus Action on Salt and Health website, more available at www.actiononsalt.org.uk

To find lower salt options of your favourite food products – download FoodSwitch at Google Play or Apple.

CHICKEN PASTA SALAD
• Serves: 2
• Prep time: 20 minutes
• Cooking time: 15 minutes plus cooling time
• 100g pasta (fusili or farfalle)
• 1 chicken breast
• Small tin (200g) sweetcorn, no added salt or sugar, drained
• 1 yellow or orange pepper, diced
• Handful of mushrooms, sliced
• For the dressing
• 3 tablespoons half fat Crème fraiche
• 1/2 tablespoon Dijon mustard
• 1/2 tablespoon lemon juice (optional)
• Small handful fresh coriander, finely chopped
• Freshly ground black pepper, to taste

Heat the grill to hot. Grill the chicken breast for 6-8 minutes on each side or until cooked through. Leave to cool then slice or tear into pieces
Meanwhile cook the pasta in a pan of boiling water until al dente. Drain and then run under a cold tap to cool the pasta and set aside
To make the dressing, simply mix the dressing ingredients together.
Place all the salad ingredients in a bowl, combine with the dressing ingredients and serve.
LoSalt celebrates 30 years of offering a healthier alternative with a brand new look!

Though still the UK’s number 1 reduced sodium salt alternative, it was decided to give the much loved LoSalt pack a facelift!

At this year’s, BBC Good Food Show Summer on 20th – 22nd May 2016, LoSalt revealed a new brand identity focused on extending its appeal to all salt users.

The fresh and contemporary packaging is designed to attract increasingly confident and creative consumers looking for ways to create healthier family food without impacting on taste.

Caroline Klinge, marketing manager says “At LoSalt we have always believed in offering a healthier alternative without compromising on taste. In 2014, we launched a campaign to encourage fish and chip takeaways to offer customers a healthier option and we want to extend this communication to raise awareness and encourage everyday cooking and baking with low sodium salt in the home. Our new look features colourful food illustrations and recipe suggestions, which we hope will inspire more people to try LoSalt in their favourite dishes and serve up low sodium dishes.”

The new look packaging certainly went down well at the show, encouraging new health conscious people to try switching to a low sodium salt alternative for better heart health.

For more information & recipes visit www.losalt.com.
Nutritious and Delicious: a balanced diet to help you control your blood pressure

Blood pressure can fluctuate greatly due to diet hence why it is important to make the right dietary choices if you suffer from high blood pressure, as these can delay, reduce or avoid the need for medication.

Changes can include reducing your fat and salt intake and adding more whole grains, fruit and vegetables into your diet. To make this easier Wiltshire Farm Foods, the UK’s leading home delivered meals supplier, have developed a new range of ‘Nutritious and Delicious’ meals that all benefit from:

- A maximum of 400 calories
- Low in fat and saturated fat
- Low salt
- Source of protein or high in protein
- At least one of your five a day

This range allows those with high blood pressure (or simply anyone seeking to make a change to their diet) to enjoy nutritious, easy to prepare meals that taste fantastic. The range features 22 complete meals as well as 6 low fat, low salt, reduced or low sugar desserts, each under 200 calories to enjoy.

With dishes ranging from exotic Moroccan Chicken to tasty Vegetarian Cottage Pie or sumptuous Roast Pork with Cider & Apple gravy, there really is something to suit every taste. Meals start from just £2.95 and are delivered free direct to the freezer by friendly local delivery drivers.

Thanks to the Nutritious and Delicious range healthy eating has never tasted so good.

To order a brochure or to find out more information call Wiltshire Farm Foods today on 0800 066 3366 (lines open 24 hours a day, 7 days a week) or visit our website wiltshirefarmfoods.com.
HOME BLOOD PRESSURE MONITOR SURVEY

Since 2011, The National Institute for Clinical Excellence (NICE) have been encouraging people to take their blood pressure measurements regularly at home. We would like to find out more about our members’ blood pressure monitoring habits.

1. Please tell us about yourself:
   Your age group:
   - 25-34
   - 35-44
   - 45-64
   - 65-74
   - 75-84
   - 85+

2. Your occupation:

3. Your gender
   - Male
   - Female

4. Do you own a home blood pressure monitor?
   - Yes (please go to question 5)
   - No (please go to question 14)

5. If yes, what type of machine is it?
   Make & Model

6. On whose advice did you purchase the machine?
   - Practice nurse
   - GP
   - BP unit nurse
   - BP unit doctor
   - Other

7. Who advised you on your choice of machine?
   - Advertisement
   - Practice nurse
   - GP
   - BP unit nurse
   - BP unit doctor
   - Shop
   - Other

8. Who measures your blood pressure at home?
   - You
   - Spouse/partner
   - Children
   - Other

9. Do you think the readings are reliable?
   - Yes
   - No
   - Don’t know

10. How many readings do you take each time?
    - 1
    - 2
    - 3
    - More than 3
    - Other

11. What time of day do you take the readings?
    - AM
    - PM
    - AM and PM
    - Varies

12. How often do you take the readings?
    - Daily
    - Weekly
    - Monthly
    - Other

13. Do you find that having a machine at home is:
    - Useful/helpful
    - Reassuring
    - Empowering
    - Causes anxiety
    - Other

14. Do you think all patients should measure their blood pressure at home?
    - Yes
    - Non
    - Don’t know

15. If YES to question 14, do any of the following apply?
    - Useful/helpful
    - Reassuring
    - Empowering
    - Other

16. If NO to question 14, do any of the following apply?
    - Causes anxiety
    - Expensive
    - Too complicated
    - Other

17. Would you like to make any other comments about home blood pressure monitoring?

Please complete our survey and return by 31st July 2016 to our FREEPOST address:
Blood Pressure UK, FREEPOST, Wolfson Institute, Charterhouse Square, London, EC1M 6BQ

Thank you for your time. Please look out for the results of this survey in the Winter 2016 issue of Positive Pressure.

Your name & address:
(only needed if you would like to be entered into our prize draw to win a FREE blood pressure home monitoring kit):

For a chance to win a free blood pressure home monitoring kit, please fill in this brief questionnaire and return to the freepost address at the bottom of the page. You can also do this online at http://goo.gl/forms/pgqKRZSSQI
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 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.

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.

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.

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.

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.

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.

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.

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.

All these publications are free to Blood Pressure UK members. Call 020 7882 6255/5793 for your copy or visit http://www.bloodpressureuk.org