SENIORS NEED TO KNOW

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My last article dealt with the (not so) HIDDEN EPIDEMIC. Today I'll discuss some aspects of the SILENT KILLER – high blood pressure known as Hypertension (HT) and its gender significance.

Data excerpted from a 2012 publication "Therapeutic Advances in Chronic Diseases," indicates that in females, the death rate from HT is higher than any other disease including cancer. Of greatest significance in this unexpected finding is the false perception that elevated blood pressure in women is a low risk finding. Because of this perception, studies show that 2/3 of women are under treated, and strikingly bizarre is that most of the inadequate treatment is by male physicians. Those women whose high blood pressure is being managed by a female doctor are in much better control and thus at lower risk for significant HT related complications.

So why do a significant percentage of the older population develop hypertension and what exactly is it. Simply put, the pressure needed to push a fluid through a small diameter tube to produce the same amount of volume is greater than the pressure needed to push it through a larger diameter opening. The entire mechanism is complex and depends on a number of variables that is beyond the scope of this discussion, and in fact some of it is still not well understood. As we age, our vessels become more rigid and perhaps narrowed by calcium deposits so the natural diameter is narrowed and the flexibility is reduced requiring more effort by the heart, the pump. There are other factors such as certain chemicals produced by the kidney and liver as well as the distribution of some of the sympathetic nerve bundles in that area.

While it is true that during the active menstrual life of a female when she is producing estrogen from the development of eggs in the ovary, this hormone does act as a protective agent in preventing HT from developing. As a result, high blood pressure in the female, as a rule, is much less prevalent than in the male at the same age. However, between 10 and 15 years after menopause when the natural production of estrogen is significantly reduced, the incidence of HT is the same in both male and female. Although this is a cause and effect relationship, it has been shown that giving artificial estrogen after the menopause does not re-create the pre-menopausal state and should not be considered therapeutic in the treatment of high blood pressure. There are other factors, not all of which are completely understood, that contribute to the onset of increased blood pressure in females after age 65.

In addition, there are certain risk factors that are specific to women. Among these are evidence of high blood pressure during a pregnancy, delivery of a low birth weight infant, and pre-diabetes, all of which may act as predictors of HT at a later time of life. Women also have a higher incidence of some auto-immune diseases such as Lupus and Rheumatoid arthritis as well as urinary tract infections and more significant obesity, all of which increase risk of developing hypertension.

Finally, what is so important about a little increase in blood pressure? The unfortunate result of prolonged hypertension may be the development of Hypertensive Cardiovascular Disease (HCVD). The common result of HCVD may be a heart attack (Myocardial Infarction or MI) or congestive heart failure, where to put it simply, the pump just wears out leading to prolonged disability or early death. Heart failure often ends in mortality by 5 years after onset, however, newer treatment modalities currently being investigated are offering some promise of better treatment.

What needs to be learned is that if a diagnosis of hypertension is made, treatment should be aggressive enough to bring the pressure down to what is considered to be in a safe range of 130/80 or less, which is the same for men and women. Care must be taken that it not taken too low as that can lead to other complications such as stroke or MI. You and your doctor can determine what is your safe goal to aim for. You must be an active participant in your care and do what is necessary to reduce the avoidable risk factors such as proper nutrition and a reasonable exercise or activity program. The misconception in female's minds that the most important disease problem in her life will be cancer is one that should be changed. More women will die early of HCVD than any other illness. Don't be that woman!

It is the overall goal of the Placer Older Adult Advisory Commission to promote the well-being and to enhance the quality of life for older adults of Placer County by advising the Placer County Board of Supervisors and the Placer Department of Health and Human Services on issues affecting the lives of older adults. Meetings are held the 3rd Tuesday of the month at 1:00 p.m. For more information:

http://www.placer.ca.gov/Departments/hhs/adult/OlderAdultAdvisoryCommission.aspx

or by calling the Public Authority at (530) 886-3680.