The Dangerous Blood Pressure Advice Going Viral Transcript

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Why Blood Pressure Is About the Patient

So if someone told your parent over 70 that 120 over 80 is too low, pause. That advice, it could protect them from a dangerous fall or it can leave them with a stroke, heart failure or memory loss they did not have to face.

I've seen too many patients who've suffered with the latter. And this viral message, worries me. Just last week, my 80-something-year-old mother-in-law, she called me up with a question.

She said, Columbus, is my blood pressure too low? It was 96 over 62. And then she said the part that changed everything. she was lightheaded. Now, that phone call is why this message is dangerous, because the problem is not the number by itself.

It's the numbers plus the patient. Here's a message going around. 120 over 80 is a myth. Older adults, they shouldn't aim for normal blood pressures. That sounds reasonable.

it sounds viral. But it's not, because it mixes two very different ideas. The first one, be careful pushing fragile older adults to aggressive medication targets.

That's actually true, and research validates that. Second idea, 120 over 80 is a myth, that is false. And the internet is collapsing those two ideas into one dangerous slogan.

and that can hurt people in both directions. Now some people may ignore dangerously high blood pressure. Others may get pushed too low. The truth, it's in the middle.

So here's the whole video in one sentence. Normal blood is a risk category. Treatment targets, they're clinical decisions. If you have a lifelong blood of 112 over 72, that actually can be healthy biology.

Normal Blood Pressure Myths and Risk Categories

But forcing an 88 year old who is dizzy, dehydrated, and on five medications down to 112 or 72 That can be bad medicine. Same number, different patient, Different risk.

And that's the most important part viral videos miss. Blood pressure is not just a number. It's a Number plus the patient. That's why later in this video, I'll tell you which of those two numbers in my own mother-in-law's reading I was watching most carefully.

and it's probably not the one you would guess. So let's fact check the myth. In current ACC AHA guidance, below 120 on the top and below 80 on bottom, that's normal risk.

120 to 129 on top with the bottom number still below the 80 is elevated risk, now 130 to 139 top or 80 to 89 bottom that becomes stage 1 hypertension.

while 140 or higher on the top and 90 or high on bottom is now stage 2 hypertension. That's not arbitrary. The artery does not wait until 140 over 90 to start feeling the pressure and causing damage.

So there was a study called the Cardia Study and it followed 4,851 adults for a median of 18.8 years. Now, compared with people with normal blood pressure, elevated blood was linked to 67% higher cardiovascular risk.

Stage one, linked at 75% high risk, while stage two was link to more than triple the risk step by step, level by level. As the pressure rises, your risk rises.

The blood vessel, it keeps the score. Now you might be thinking, all right, but seniors are different. My parents are, my grandparents are. That's partially true.

Older adults are a different, they may have stiffer arteries. They may be on more medications. They have kidney disease.

Evidence That Lowering Blood Pressure Helps Older Adults

they actually may have coronary disease. So yes, the treatment plan has to be individualized. It has be personalized. it should be concierge style. But blood pressure, it never stops mattering, especially because someone gets older.

Large Korean nationwide cohorts involving millions of adults, they've shown the same general pattern. Higher blood pressures equals more strokes, more heart attacks.

And while the relative risk may get smaller with age, The actual number of events often gets larger because older adults, they start at higher baseline risk.

I'll tell you, I just had a physician colleague, their parent just suffered a major stroke as a result of untreated high blood pressure. It matters. The numbers still matter in seniors.

But the treatment plan, it has to match the person. So again, It is the number plus the patient. Now here's the part many viral posts leave out. When researchers talked about intensive blood pressure treatment, they're usually talking about titer systolic control.

That's a top number, often around 120 to 130. They're not saying every senior should be forced to a perfect less than 120 over 80. And that distinction, it matters.

three findings that are important. The first one, lowering your blood pressure still helps with age. So there are pooled data across major trials and they show that the benefit of lowering blood pressures, it doesn't disappear in older adults.

And because older adult are often at higher baseline risk, the absolute benefit is even greater. Now in plain English, for the right older Treatment may prevent more events, not fewer.

Alright, now the second thing we found is that in the SPRINT trial, intensive treatment actually helped older adults. In younger adults, in intensive treatments, it reduced heart attacks.

And older adult, one of the major benefits was reducing heart failure. And heart failure is one of the biggest reasons seniors end up hospitalized. They lose strength, they lose independence.

Now the third thing we found is that the brain matters too. It does. The Sprint Mind Study found that intensive blood pressure control, it reduced mild cognitive impairment, about 19%. It also reduced the combined outcome of mild-cognitive impairment or probable dementia, the thing that most seniors care about.

So we're not just talking about numbers. We're talking the heart, brain, independence, memory, function.

Why the Bottom Number Matters in Seniors

And that's why this message, or the message don't worry about normal blood pressure if you're older, is too simplistic. In simplistic health advice, that can be dangerous.

All right, now watch this. The STEP trial, it's saying adults 60 to 80 with hypertension. more intensive systolic blood pressure treatment, it reduced major cardiovascular events compared with standard treatment.

And in a six year follow-up, the stroke benefit, It persisted with stroke being reduced by about 28%. That matters because high blood-pressure damage is not always dramatic in the beginning.

It's quiet, its cumulative, Its happening inside the arteries, The heart, your kidneys, and the brain. By the time of stroke, heart failure admission, kidney failure, or memory problems show up the damage may have been building for years.

So the question is not, can we wait until this gets bad? The question, is how do we safely control this before damage compounds? That's the cost of waiting.

Delay has a cost, and the costs? It compounds. No, we can't say tighter blood pressure control is useless in older adults. The data says the opposite.

But these trials were not saying every frail, dizzy, dehydrated, or medically complex older adult should be pushed to the same number. That's not good medicine, that's number chasing.

And medicine should not be number-chasing. Medicine should be contextual, because the benefits are real. The harms, they're also real, intensive treatment can drop blood pressure too low.

It can cause dizziness, it can caused fainting, It could increase your fall risk, and that has to be respected. That why my mother-in-law's call, if mattered.

She wasn't just 96 over 62, she was 96, over, 62 plus she lightheaded. that changes the conversation. Symptoms, They matter.

How High Blood Pressure Damages the Body

frailty they matter falls matter kidney function matters hydration matters in Medication burden it matters and here's something most people miss the bottom number it Matters too and that's what I promised you earlier of the two numbers in my mother-in-law's reading 96 over 62 the one I was watching the most it was 62 not the 96 and Here's why in some older adults, especially those with coronary artery disease a very low diastolic pressure can become a problem.

Because the heart's own arteries feel mostly when the hearts relaxes, not when it squeezes. And that relaxation phase, it's tied to the bottom number.

So if the number drops too low, the muscle itself may not get enough blood flow. Now that doesn't automatically mean that 62 is dangerous for everyone.

But in an older adult with dizziness, chest discomfort, weakness, falls, or known coronary artery disease, the bottom number, it deserves attention. Lower is generally better for arteries until lower starts making you dizzy.

That's the nuance. that's a practice of medicine. Now here's what high blood pressure is actually doing inside your body. It damages the cardiovascular system through four pathways.

The first, endothelial injury. It injures that single cell lining of your arteries. Now that's the same lining that helps your artery relax. When that lining becomes inflamed and dysfunctional, placking has an easier place to start.

The second thing it does is that it stiffens the arteries, the artery lose their elasticity or their flexibility, so the top number rises. And this becomes especially common with age.

And that's why isolated systolic hypertension is so common in older adults. Now the third thing it does, cardiac remodeling. The heart muscle thickens from years of pushing against pressure.

Lifestyle Changes That Lower Blood Pressure

At first, that looks like adaptation. It's kind of like lifting weights and your muscles get bigger. But over time, It can become heart failure. Now the fourth thing it does is it damages organs.

The kidneys, the brain, and blood vessels, they all take a hit. Kidneys can retain salt and water. Brain can develop small vessel disease. Arteries become stiffer and inflamed.

So high blood pressure is not just a number. It is silent injury across the heart, brain and kidneys and arteries. All right, now here's the part that should get more attention, lifestyle.

I'll tell you what, the number one diet that's been shown to help reduce blood pressure is called the DASH diet. But it's not just a diet, it endothelial therapy.

It gives your blood vessels potassium, magnesium, fiber, antioxidants, and nitrate-rich plants. The raw materials your arteries need to relax. Now here is the stack.

When you begin to stack lifestyle measures, you start to see tremendous benefit. I always say, it's how you feed your body, how move your, rest your. So let's start first with the DASH diet.

It will lower about 5-11 points that systolic blood pressure, with larger drops often seen in people who already have high blood. When you couple that with lower sodium intake, especially around 1500 mg per day, another meaningful reduction, often several points begin to lower additionally and sometimes more in high people with high pressure or salt sensitivity.

Now as a result of eating this way of fiber-rich foods, it can result in weight loss. And just a 5% weight-loss can results in 6 to 8 point reduction in blood pressure.

Then you couple that with how you move your body. Aerobic exercise, but not just aerobic exercises, we call it isometric exercise. Hand grip, wall sits and planks, 90 to 150 minutes per week can reduce your blood-pressure 4 to eight points.

You stack these together the impact can approach medication level blood pressure. That's medicine. Now one more piece. I said how you rest your body, that's sleep.

Blood pressure should dip at night and when sleep is poor or when Sleep Apnea is untreated that dip may not happen.

Practical Advice and Final Takeaways

So if you have hard to control high blood-pressure, loud snoring, morning headaches, daytime sleepiness or resistant hypertension, it won't drop despite the medications.

talk with your doc about sleep apnea screening. Now sometimes the blood pressure problem is not just in the salt shaker, it's your sleep at night. Three things you can do this week.

First one, know your real number. I want you to use a validated home blood-pressure cup or go to your docs office, go a pharmacy, sit quietly, feet flat, arms supported.

Take two readings, not one. Track the average. Remember, patterns matter more than one random number. Second thing I want you to do, if your pressure is repeatedly high, don't dismiss it because you're older.

The damage can still happen. the arteries still feel the pressure, the brain still feels the pressur, e the kidneys still fill the presure. Now the third thing i want to you do is that if you feel lightheaded, dizzy, weak, or falling, call your clinician.

Don't stop just taking the medication on your own, but don' ignore the symptoms either. High blood pressure, it can

be dangerous, but also over treatment can dangerous.

So remember, this is education. It's not personal medical advice. I don't want you to stop or change your blood-pressure medication without talking to your clinician.

That's called shared decision-making. Remember, we work for you, you don' work us. The answer is not fear, the answer individualized care, concierge care personalized care.

Here's the truth, a blood pressur below 120 over 80 is no a myth. It is the lowest risk category. And older adults are not exempt from lowering that risk.

But older adult, they need individualized treatment, as we all do. Age is not a reason to ignore high blood pressure. Symptoms are a reasons to adjust the plan.

This is why prevention matters. So even after blood is treated, people who live with high pressure may still carry a higher cardiovascular risk, especially compared to people that maintain normal blood over time.

Now the exact amount, it varies by study. But the principle is clear, treating it is good. But if we prevent it, that's even better, because blood pressure damage is not always dramatic in the beginning.

It's quiet, it's cumulative. So don't let misinformation make you ignore high blood-pressure. And don' let a target number make your ignore the patient.

Because it never is just the number, It is the Number PLUS the Patient. I want you to share this with someone you love. Someone's parent, grandparent, spouse or friend who needs to hear this before they make a decision based on the viral clip.

Remember, If you want to go fast, go alone. If we want go far, together. Let's go together by building healthier hearts and stronger communities. So like it, share it and send it.

Save a life.