What's the Best Blood Pressure for Older Adults? Transcript

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Introduction: Blood Pressure Isnu2019t One-Size-Fits-All

Most older adults are told 120 over 80 is the number they should aim for. And if it's higher, the recommendation is for medication or more medication.

But here's my answer. There isn't one ideal number that's right for every adult. Pushing blood pressure too low can lead to lightheadedness, dizziness, weakness, and even falls.

Lowering the numbers is not the same as addressing why it is elevated. As a cardiologist, I've worked with cardiovascular patients for more than 20 years.

By the end of this video, you'll know whether your reading is accurate, whether it reflects a real pattern, what that pattern means for you, and what to address before another medication is added.

We want to avoid the medications whenever possible. Is the number accurate? Is it a real pattern or a one isolated reading? What does that pattern mean for you and what are you going to do and when are going you to look at this again?

How to Take an Accurate Reading

Alright, let's dive into it. Question number one. The first question is whether the number is accurate. Why does that matter? Because a blood pressure reading is only useful if you take it correctly.

If you don't, you can build an entire treatment plan around bad data. So here's what you do. You start with the setup. Sit down. Put the cuff on appropriately.

Ideally, you rest for five minutes. No phone, no technology. Let your arm rest at heart height. Make sure the cuffs fits appropriately A cuff that's too small or too large can give you a number that doesn't represent what's really happening inside.

Check both arms when you're getting started and pay attention to the higher number. The higher is the real number I suggest checking once or twice per day at different times.

Try first thing after waking, before or after breakfast, after your coffee, around lunch, at dinner, or before bed. Use variable times, the more different you check, more complete the picture becomes.

Why is this the case? Because blood pressure isn't frozen in place. It changes with certainly stress, different foods, caffeine, medication, sleep, movement, pain, and whatever life is throwing at you that day.

Keep a diary, paper's fine, an app is fine. Record the readings and share them with your doctor. Before you react to the number, make sure you can trust the numbers.

Question 2. Is it a real pattern? The second question is whether you're seeing a real pattern. One high reading doesn't tell you what's happening all day long, every day.

one low reading does it either.

Finding the Real Blood Pressure Pattern

Why? Because one reading is one moment. It can't represent the other 23 plus hours of your day, white coat hypertension is real. Let me tell about this woman Janet, her doctor wanted to put her on another blood pressure

medication.

But Janet was nervous. At home, her blood pressure was always normal or pretty close to normal. And at the doctor's office, it was high. She was worried that taking a pharmaceutical would make her pressure drop too low.

So she called us. When we looked deeper, stress was a major part of the problem as it often is with white coat hypertensives. And what we did is set up stress and mindset work to help her lower her number down naturally to avoid pharmaceuticals.

That's why you don't just react to the office number. You look at the pattern. And the Office can miss the opposite problem too. The clinic in some cases can be calm and quiet and controlled.

But your life really isn't, actually. It may be stressful at work, during our commute, family stress, chronic pain, maybe sleep issues, sleep apnea, for example, different stimulants, nicotine, medication timing.

Your blood pressure may look fine in the office and rise later when the medication wears off. It might rise at night when sleep, apnia, alcohol, disrupted sleep metabolic dysfunction or kidney problems prevent the normal nighttime decline.

Or it may surge in morning when cortisol, epinephrine, norepinephrin, your sympathetic nervous system naturally rises to the occasion. So your diary can show the pattern.

The pattern has to come before the target. Question number three, what do those numbers mean for you? The third question is what those number mean you.

This is where people want a chart that gives them one perfect blood pressure number based on age, but there isn't one real target blood. Pressure. All there is is overall health and wellness.

When health gets better, blood, pressure gets.

What the Numbers Mean for You

So look at the person, not the numbers. What I tell people, are you frail? Have you fallen before? Do medications make you feel lightheaded or weaker?

Dizzy? Is your blood? Naturally low. Do you have kidney issues, diabetes, a history of heart attack or stroke? Now why do those questions matter? Because the same reading can mean something different in two different people.

There is a real risk to running blood pressure too low with medications, especially in older folks. This is very well documented and it's quite obvious.

We need to look at the whole person, we need look the symptoms, look a pattern. and we need to find the root cause of why blood pressure is elevated. Certainly one root-cause we have to look at is blood vessel dysfunction.

Your blood vessels need be able to relax and respond properly, and one of the key molecules involved in that process is something called nitric oxide.

Nitrogen and oxygen together in the body, similar to nitroglycerin. As we get older, supporting nitric oxide becomes increasingly important. Your body has two natural pathways for producing it, and there are things you can do to support those pathways yourself.

Start with the basics. Get outside. And get sunshine on your skin. I'm outside right now, obviously. Move your body every day. That also improves things.

Also, eating nitrate-rich whole foods like beets and leafy greens. Get your sleep right, reduce things like oxidative

stress because oxidated stress can interfere with nitric oxide and make it harder for your blood vessels to relax normally.

And if you want additional supplemental support, Optopressure is the supplement combination I've formulated specifically around supporting these pathways.

It combines heartbeat and vessel support to support both of your body's natural nitrous oxide pathways and healthy circulation. The goal isn't simply to push a blood pressure number down.

It's to support the underlying vascular function that helps your blood vessels relax and respond properly in the first place. But I want to be clear about where this fits.

Its not a replacement for measuring your pressure correctly. It's certainly not a replacement for quality sleep, physical activity, keeping your stress levels low, and keeping an eye on your different blood pressure patterns.

It is one tool you can use alongside those fundamentals to support vascular function. Supplements supplement the healthy lifestyle. If you want to add this to your plan, you can find the link at the top of the description below.

And that brings us to question number four.

Supporting Vascular Health and Nitric Oxide

Whether you're working on vascular function, sleep, stress, movement, or something else, You still need to know what you are going to do next and you going review whether or not it's actually working.

Question number 4. What are you doing next? And when will you review it? The fourth question is what are we going do to next. and when you're going to review the plan.

The goal obviously should be improvement without medications. That's for sure. I never recommend pharmaceuticals, but don't stop or change a prescribed medication on your own.

Bring better information and better questions into the conversation with your clinician. Before another medication is added, ask some questions. Is the measurement technique right?

Is cuff the right size? How am I sleeping? Do I have sleep apnea? Am I getting sunshine? My getting daily body movement. Is it an alcohol issue? And what about other over-the-counter pharmaceuticals like non-steroidals, ibuprofen, decongestants, supplements?

Could there be medication interactions? Too often the next move is another prescription, but the root cause still hasn't been investigated. So build a clear plan with your clinician.

What are we gonna work on first? What readings or symptoms should trigger a call? When are going to review the diary and see what changed? And don't wait if the numbers are extremely high.

Next Steps, Follow-Up, and When to Seek Help

A blood pressure above 200 needs urgent attention. If you have severe symptoms or a reading that concerns you, certainly call your doctor or go to the emergency room.

But when it isn't an emergency, here's the reality. The conventional system pushes medications. Trials and guidelines push medications to support the objective of pharmaceutical companies, not patients.

Trial of lifestyle changes for blood pressure control aren't very common and they aren' t discussed enough with patients, but they work. Older adults are rarely included in trials studying the effects of sleep and sunshine and movement, and they're not really in the trials that look at side effects in pharmaceuticals.

Remember, every single time, high blood pressure has a root cause. Pharmaceuticals can lower the number down, but they don't address why the blood is elevated in first place, which is a major problem.

So here's my conclusion. The best blood for an older adult is not a random number on a chart. Start with an accurate reading, confirm the real pattern, keep diaries, look at the whole person, then build an action and follow-up plan.

Don't let a single number determine the rest of your health strategy.