communicating Food for Health

New Guidelines for the Use of Blood Pressure Medication

An expert panel formed by the National Heart, Lung, and Blood Institute published the Eighth Joint National Committee (JNC-8) in the Journal of the American Medical Association. These latest recommendations focused mainly on the pharmaceutical treatment of hypertension (HTN). Two key recommendations that differ from the prior 2003 JCP-7 guidelines are:

- Americans aged 60 or older should only take HTN medication (meds) if their blood pressure (BP) exceeds 150/90. JNC-7 had recommended them whenever BP was higher than 140/90.
- Diabetics and kidney patients younger than age 60 should be prescribed drugs at the same BP levels as everyone else, which is when their BP is above 140/90. JNC-7 had recommended BP meds for these patients when BP was above 130/80.

The scientific basis for these changes was pretty simple. Clinical trials have failed to show any convincing evidence that the prior treatment goals achieved with BP meds produced more benefits than risks. Driving BP lower than 150/90 in people over 60 -- and down to 130/80 or less in younger people with diabetes and kidney problems -- has simply not been proven to provide better health outcomes in controlled clinical trials.

Up until JNC-8, the previous guidelines had been pushing the BP targets for initiating the use of BP meds lower based on the unproven assumption that achieving a lower BP with drugs would reduce cardiovascular disease (CVD) and total mortality to the same extent as having a lower BP without the use of BP meds. Sadly, research has increasingly proven this assumption is incorrect. The truth is people with pre-HTN and even many with what is stage 1 HTN have to live with a 2-4-fold increase in risk of suffering a stroke or heart

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attack or having their kidneys or hearts fail because the new guidelines say the only way to reduce that much higher risk of CVD is with diet and lifestyle changes, because there is no convincing evidence that doing so with BP meds makes much difference. The JNC-8 guidelines are bad for the pharmaceutical industry and MDs but potentially good for RDNs. Why only potentially? Because the American Medical Association's (AMA) Relative Value Committee (RVC) has Medicare, Medicaid, and most private insurers will not pay for RDNs to provide expert dietary counseling to help lower elevated BP. So even though a DASH-style diet and weight loss combined with other lifestyle changes often work better than drugs for lowering BP, the AMA (via its RVC) still opposes 3rd party payment from health insurers for expert dietary counseling. This despite the fact that diet and lifestyle changes do not have the adverse side effects exhibited by BP meds and so can be used to treat people whose BP puts them at much higher risk for CVD.

While the new JNC-8 guidelines roll back the use of BP meds, they certainly do not imply that a BP of say 145/87 in a 62-year-old is without risk. Indeed, the value of diet and lifestyle changes, to reduce even modestly elevated BP, was affirmed by the expert panel. The panel stressed the need to implement healthy lifestyle interventions as a first line of treatment. Suzanne Oparil, MD, stated: "For all persons with hypertension, the potential benefits of a healthy diet, weight control, and regular exercise cannot be overemphasized." The report continues, "These lifestyle treatments have the potential to improve blood pressure control and even reduce medication needs."

So JNC-8 appears to be a bit of a catch-22 for the current MD-centric treatment of elevated BP. The risk of death from CVD events has been shown to rise exponentially as BP increases above the 110-115/70-75 optimal, lowest-risk range. So while the AMA's RVC opposes payment to non-MDs for diet and lifestyle changes, the data from clinical trials and the JNC-8 are putting more emphasis on treating elevated BP with diet and lifestyle rather than BP meds.

Bottom Line: JNC-8's new recommendations do recognize that the increasingly aggressive use of BP drugs to push BP closer to physiologically normal levels often prompt more harm than benefits. As a result, JNC-8 raises the bar for when it is appropriate to prescribe BP drugs. The new guidelines make it even clearer that diet and lifestyle changes should be the top priority for everyone with above normal BP. Use of BP meds is neither as safe nor potentially as effective as a low-sodium DASH diet coupled with increased activity and weight loss. BP meds can also sometimes worsen other metabolic abnormalities frequently associated with HTN, whereas diet and exercise programs can frequently improve other risk factors.

The real solution to diet and inactivity promoted ills is not more aggressive use of drugs and surgery but more emphasis on a healthier diet and exercise program that prevents these problems. Plus, these are often safer and more effective treatments than prescription pills.

By James J. Kenney, PhD, FACN

Make a Great Nutrition Display in Three Easy Steps

Nutrition Month means nutrition displays. Do you have the resources you need to stand out from the crowd?

Part One: Location, Location, Location

You want to make sure that your display is in an area that both draws high traffic and promotes lingering.

Though the elevator might be full of people at all hours, the time limits it imposes make it an unappealing place for a display. By the same token, the room at the end of an untraveled hallway might have plenty of space but be unlikely to draw a crowd.

Look instead for places that can draw a crowd and keep them there for a bit -- like the company lobby, a break room, a lunch area, etc. Of course, if you're setting up your display at a wellness fair or nutrition show, then you've already got a great location.

Part Two: The Visuals

Once you've got a great location, the next step is drawing people to your display. Visuals will be your "make or break." With a colorful, intriguing display, you can pique people's interest and bring them over to learn more. Once they're engaged, you can delve further into the information you're trying to communicate.

What kind of visuals can you use? Consider the following…

- **A question on a banner**. You want to ask something that your audience wants to know the answer to. Skip a dull title like "saturated fats" and instead ask a question like "What are Saturated Fats Doing to YOUR Heart?" Consider coming at the problem from a unique angle. For example "Is Chocolate a Health Food?" tends to draw a crowd because people genuinely want to know whether the answer is yes. Think about what will prompt your participants to… well… participate.
- **A poster or two**. A pop of color in an unexpected place really draws the eye. Posters offer a great way to communicate the absolute key messages that you want to get across, and do so by addressing several different learning styles. Consider including a chart or graph, a few key points about your topic, and an illustration.

Part Three: Follow Up

You don't want to limit yourself to only the interest-grabbing visuals. Once people are drawn in by part two, often they will want to know more detail about the subjects you're addressing. That's where handouts, recipes, and scientific studies come in. Grab materials that go into more detail about your chosen topic and offer them to your audience.

Communicating Food for Health
By Food and Health Communications, Inc.
ISSN 1070-1613 © 2013. All rights reserved.
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