Heart Failure

HYPERTENSION AND HEART FAILURE

NURSE TALKING TIPS SHEET

This Nurse Tip Sheet was developed by AAHFN as a resource in facilitating patient education. It provides additional information so that the Nurse can supplement patient teaching with the corresponding Patient Tip Sheet. A list of resources is provided for additional information.

Background:

- Hypertension (HTN) is when the blood pressure, or force of the blood flowing through the blood vessels, is consistently elevated.
- 29.1% of adult Americans have HTN.
- One out of every three adults has high blood pressure.
- Nearly half of this population with high blood pressure are suboptimally controlled.
- Nearly one out of six adults does not know they have high blood pressure.
- HTN is referred to as "the silent killer" because patients can often be asymptomatic until target organ disease occurs.
- HTN is diagnosed when an adult patient has two separate blood pressure measurements of at least 140/90 mmHg or higher.
- HTN is classified as Prehypertension: 120/80 to 139/89 mmHg; Stage 1 Hypertension: 140-159/90-99; and Stage 2 Hypertension: >160/100.
- HTN is a risk factor for many disorders – stroke, cardiovascular disease, renal disease, visual problems, peripheral vascular disease.
- HTN is a significant modifiable risk factor for heart failure (HF).

Causes:

- There are two groupings of HTN: Primary (Essential) and Secondary.
- Primary (Essential) HTN is elevated blood pressure that does not have a known secondary cause; the majority of patients with HTN fall into this category.
- Secondary Hypertension has an identifiable cause of elevated blood pressure; the known cause is often related to kidney disease, diabetes, and other endocrine abnormalities.
- The heart and arteries are components of the cardiovascular system; healthy arteries are elastic; they expand and recoil easily.
- HTN damages the inner lining of the arteries making them no longer flexible and elastic.
- With HTN, the arteries become stiff and the heart is forced to work harder to pump blood through the vascular system; arterial wall stiffness causes increased pressure.

Patient Teaching:

- Educate patients that uncontrolled HTN leads to structural heart disease, heart failure, stroke, arrhythmias, myocardial infarction, blindness and kidney failure.
- Advise patients that the best way to manage all of the negative outcomes of HTN, including HF, is to prevent HTN from occurring and then optimally managing HTN.
- Inform patients that the goal blood pressure (BP) should be 120-140/60-80 unless specified otherwise.
- Encourage patients that keeping a log at home can be very helpful in monitoring BP.
- Encourage positive lifestyle interventions
  - Weight loss if obese
  - DASH diet, and low sodium intake can improve BP.
  - Exercise 30 minutes a day; 5 days a week to better control BP.

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• Take all medications as prescribed
• Inform patients to avoid NSAIDS
• Inform patients that it often takes two to four different classes of antihypertensives to adequately control BP
• Educate patients on potential medication side effects and know who to call to report them
• Reinforce medication and lifestyle adherence

Treatment/Prevention:
• Clinicians should follow the 2017 ACC/AHA/HFSA Heart Failure Guidelines:
  • Recommendation for Prevention
    • In patients at increased risk, Stage A HF, the optimal blood pressure in patients with HTN should be < 130/80 mmHg
  • Recommendation for Hypertension in Stage C HFrEF
    • Patients with HFrEF and HTN should be prescribed GDMT titrated to attain systolic blood pressure < 130 mm Hg
  • Recommendation for Hypertension in Stage C HFpEF
    • Patients with HFpEF and persistent HTN after management of volume overload should be prescribed GDMT titrated to attain systolic blood pressure < 130 mm Hg
  • The Eighth Joint National Committee (JNC 8) guidelines recommend treatment for adults with cardiovascular disease should target a blood pressure of < 130/80 mmHg
  • The 2017 ACC/AHA/HFSA Heart Failure Guidelines recommend patients with NYHA Class II-IV and suspicion of sleep disordered breathing or excessive daytime sleepiness receive a formal sleep assessment to distinguish obstructive versus central sleep apnea

For Further Reference:
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