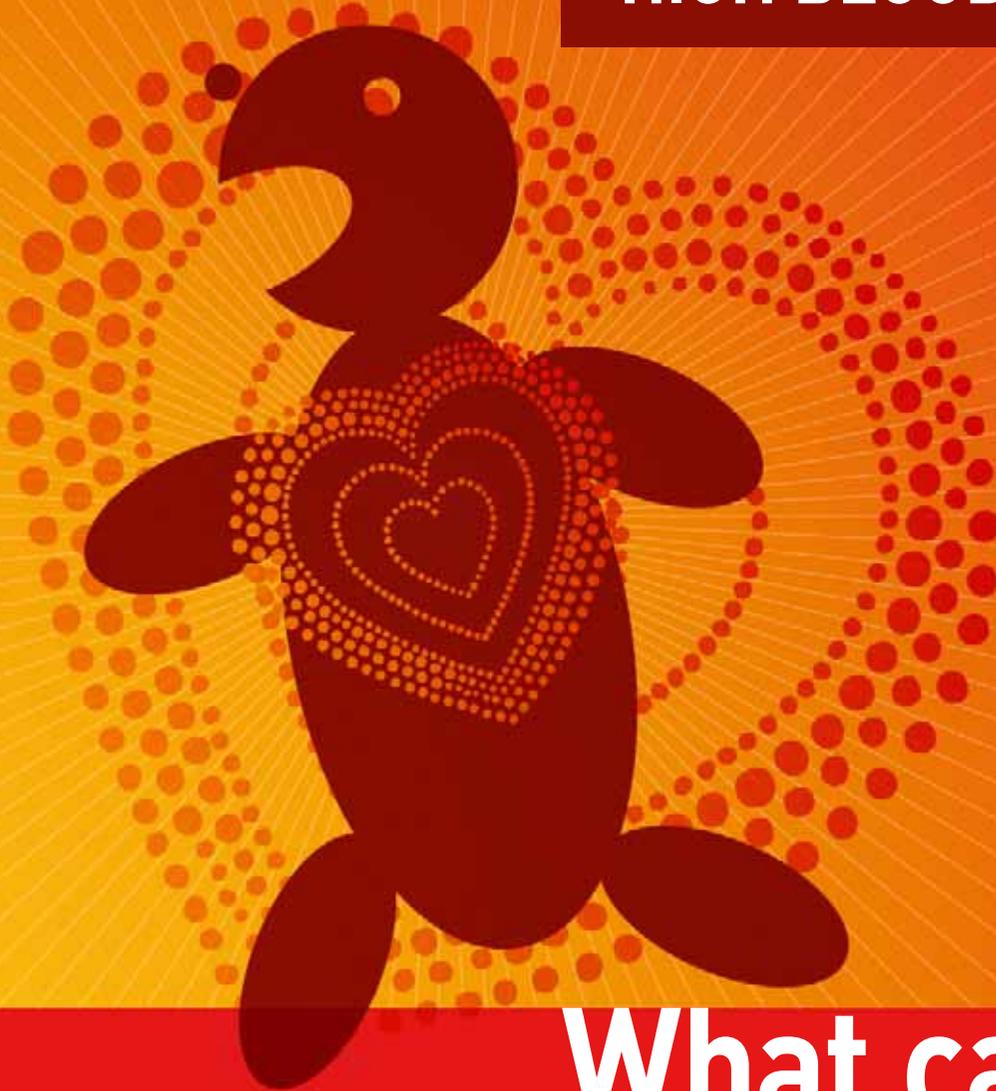


**HIGH BLOOD PRESSURE** [hypertension]



**What can I do about it?**

**Good Medicines Better Health**

# About this book

This book aims to help health professionals start a discussion about high blood pressure (hypertension) with clients and their families.

It can be used when a client:

- is diagnosed with high blood pressure
- is prescribed a new medicine to treat their high blood pressure.

## Using this book

The book is designed so that information on the:

- **left-hand page** is for the health professional (Aboriginal Health Worker, nurse, doctor or pharmacist)
- **right-hand page** is for the client and their families.

## What this book contains

**Pages 1 – 5** contain general information about high blood pressure as well as lifestyle advice

**Page 6** contains general advice about the medicines that are used to treat high blood pressure

**Pages 7 – 11** contain information about each of the common medicine groups used to treat high blood pressure.

You will only need to use the page relevant to the particular medicine a client is taking. For example, if a client is ordered an ACE inhibitor, then use page 7.

## Resources for clients to take home

- a brochure about hypertension for clients and their families
- an information sheet about each of the different medicine groups used to treat high blood pressure:
  - ACE inhibitors
  - Angiotensin Receptor Blockers
  - Calcium Channel Blockers
  - Beta Blockers
  - Thiazide diuretics

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# Contents page

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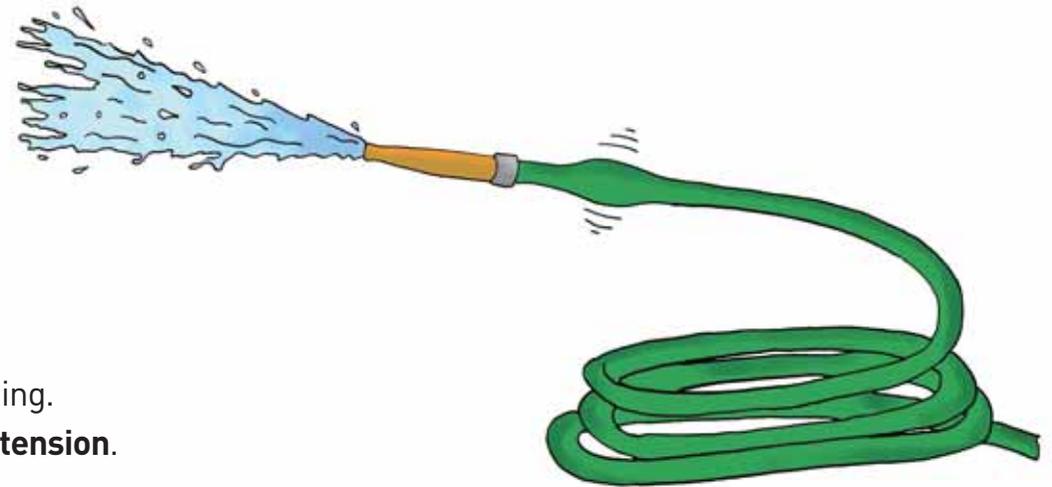
For the health professional:

# What is blood pressure?

Blood pressure is the pressure, or force, of the blood pushing against the walls of the arteries.

## What is high blood pressure? (hypertension)

- High blood pressure is when there is more pressure against the walls of the arteries than we need.
- Think of the artery as a garden hose.
  - When the garden hose has a wide opening, not much pressure is needed to push water through the hose.
  - When the garden hose has a narrow opening, or is a bit blocked, greater pressure is needed.
  - If the pressure inside the hose gets too high for too long, it can cause damage .
- If the pressure inside the arteries gets too high for too long, it can cause damage to the body.
- 'High blood pressure' and 'hypertension' mean the same thing. Doctors and medical people call high blood pressure **hypertension**.



**Everyone needs blood pressure to push blood around the body but no one needs HIGH blood pressure.**



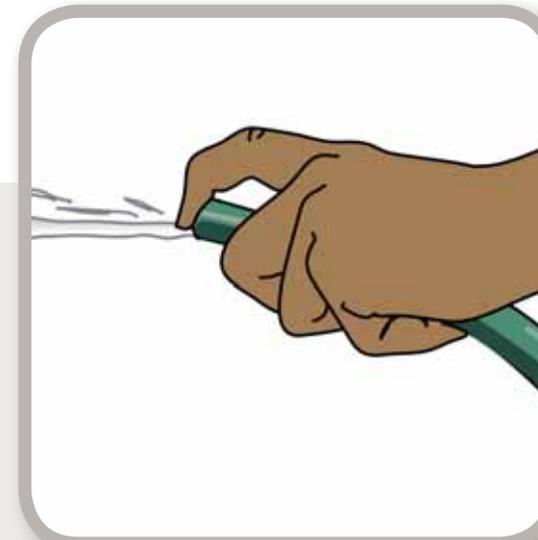
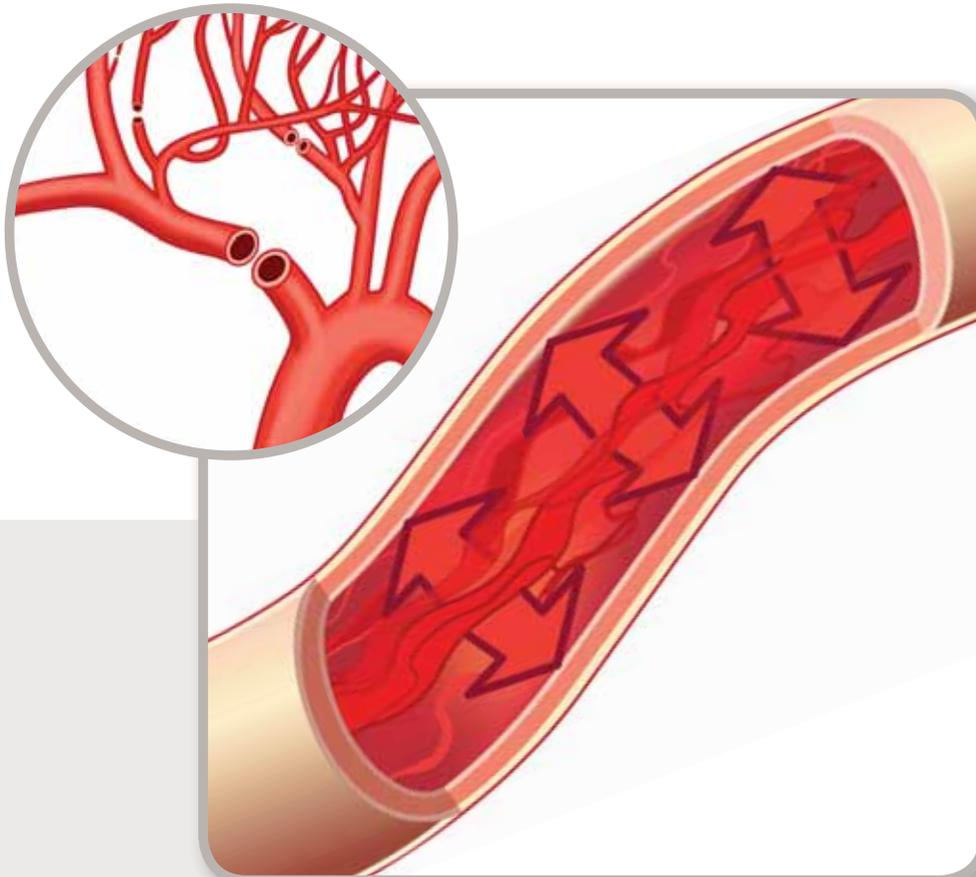
### Action Point

- Remind your clients that all discussions are confidential, so they can talk openly with you

For the client:

# What is blood pressure?

Blood pressure is the pressure, or force, of the blood pushing against the walls of the arteries.



For the health professional:

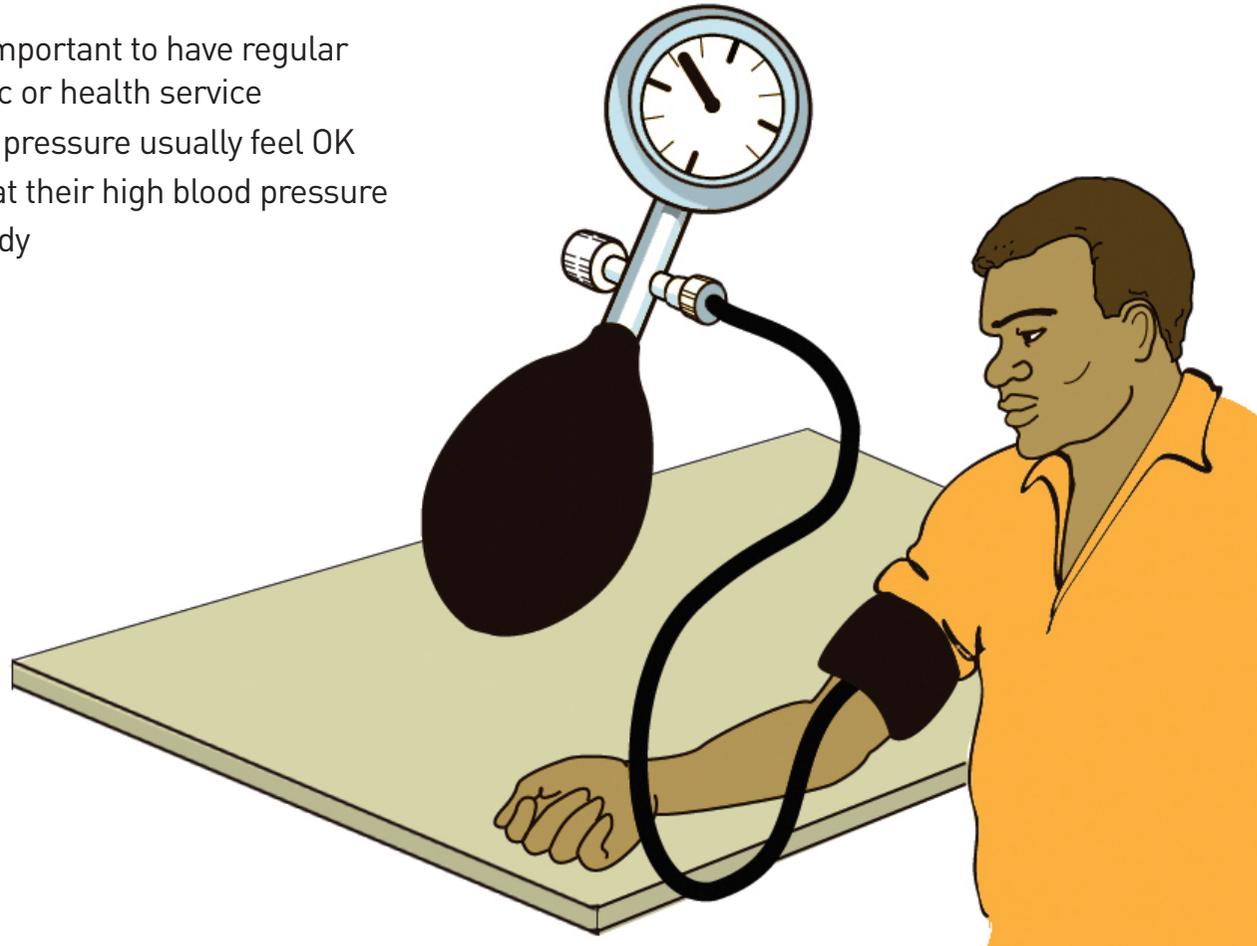
## How do we know if we have high blood pressure?

- High blood pressure usually has no symptoms.



### Action point

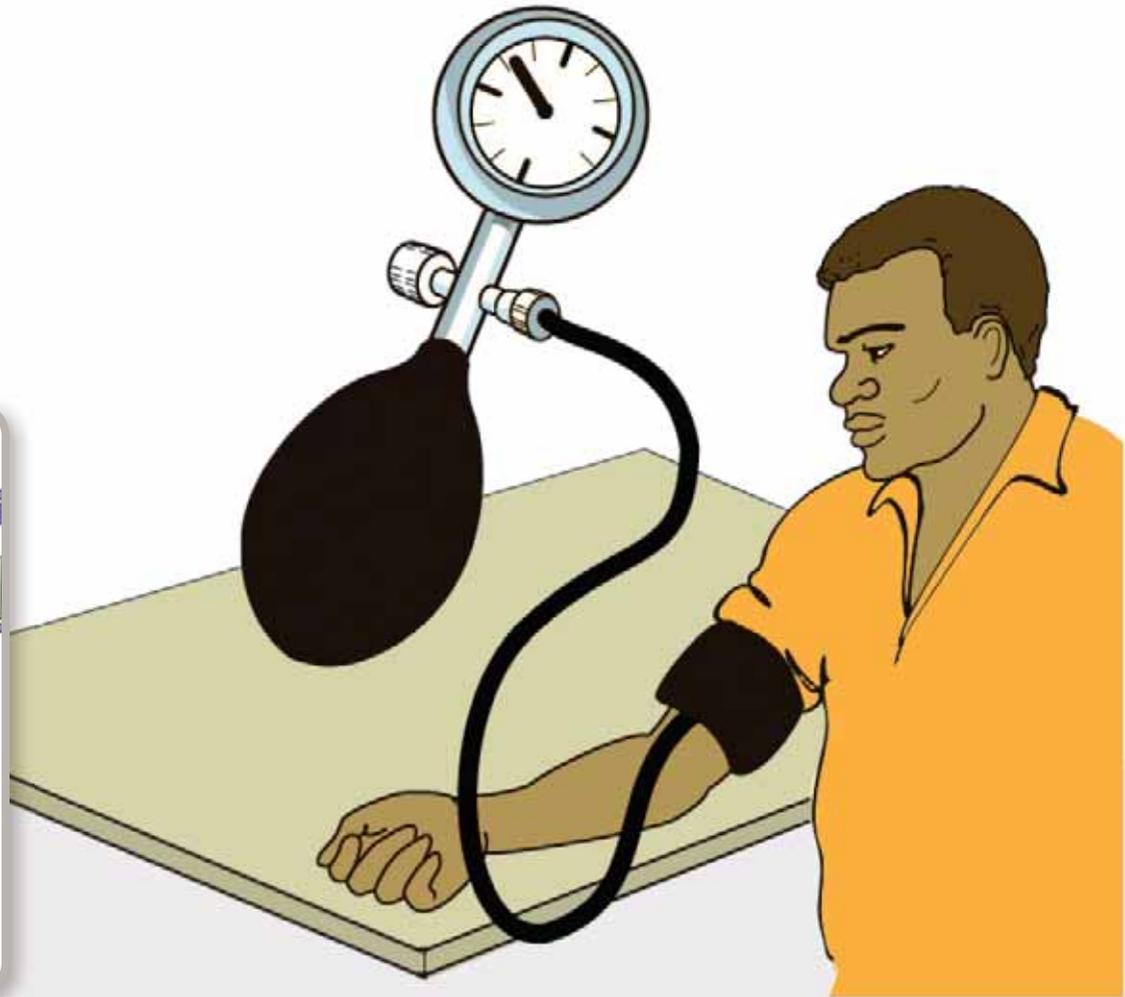
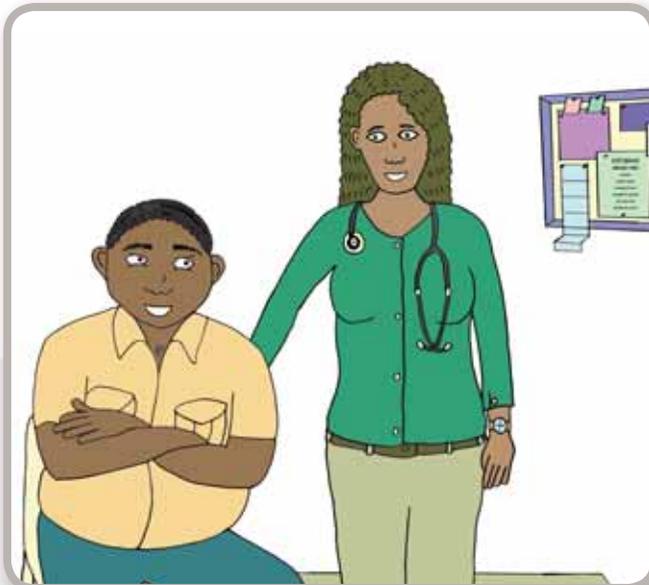
- Remind your clients that it is very important to have regular blood pressure checks at their clinic or health service
- Explain that people with high blood pressure usually feel OK and look OK, on the **outside**, but that their high blood pressure can cause problems **inside** their body



For the client:

# How do we know if we have high blood pressure?

- You may not **FEEL** any different if you have high blood pressure



For the health professional:

# Problems with high blood pressure (hypertension)

## Why do we treat high blood pressure?

High blood pressure can speed up blocking of the arteries which can damage the:

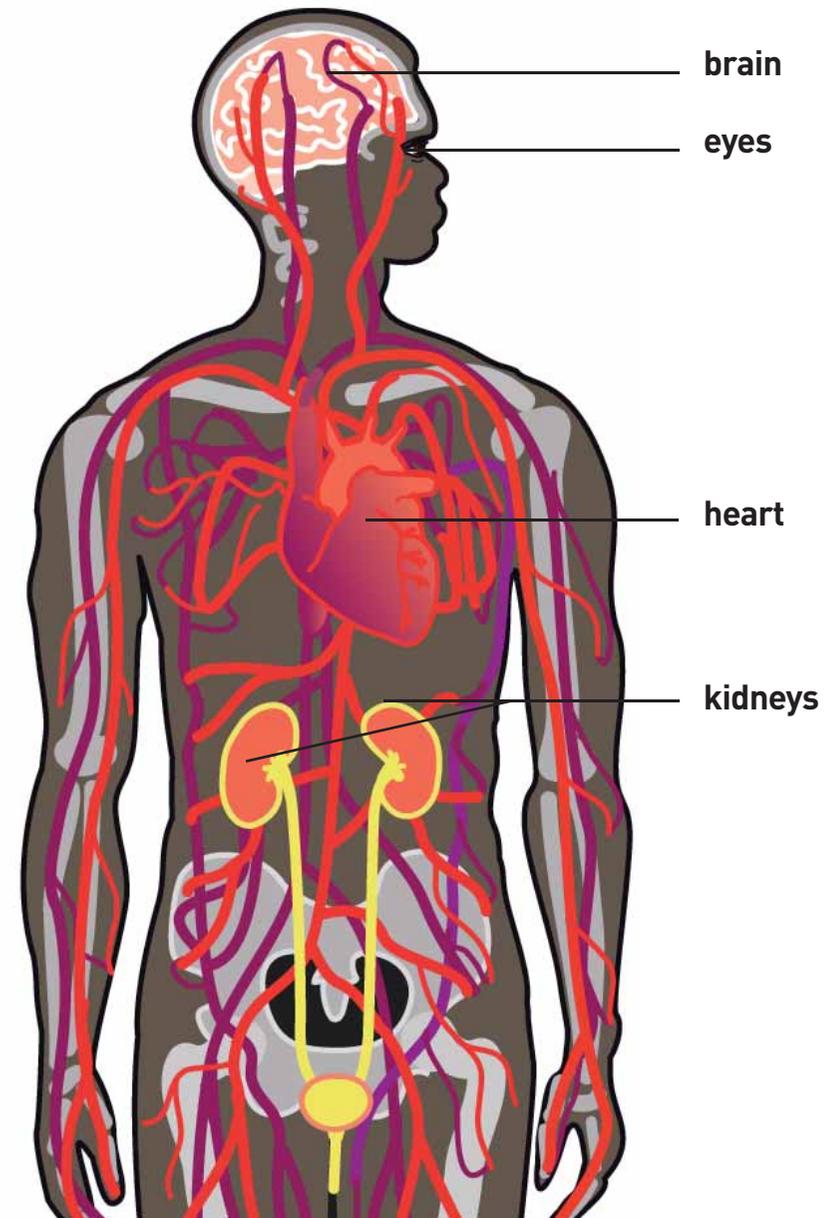
- Heart – leading to **heart attacks**
- Brain – leading to **stroke**
- Kidneys – leading to **kidney trouble** and **dialysis**
- Eyes – leading to **eye trouble** and **blindness**



### Action point

- **Discuss:** how high blood pressure can affect the brain, eyes, heart and kidneys
- **Remind** your clients: that if high blood pressure is brought down to normal levels we can prevent damage to the heart, brain, kidneys and eyes

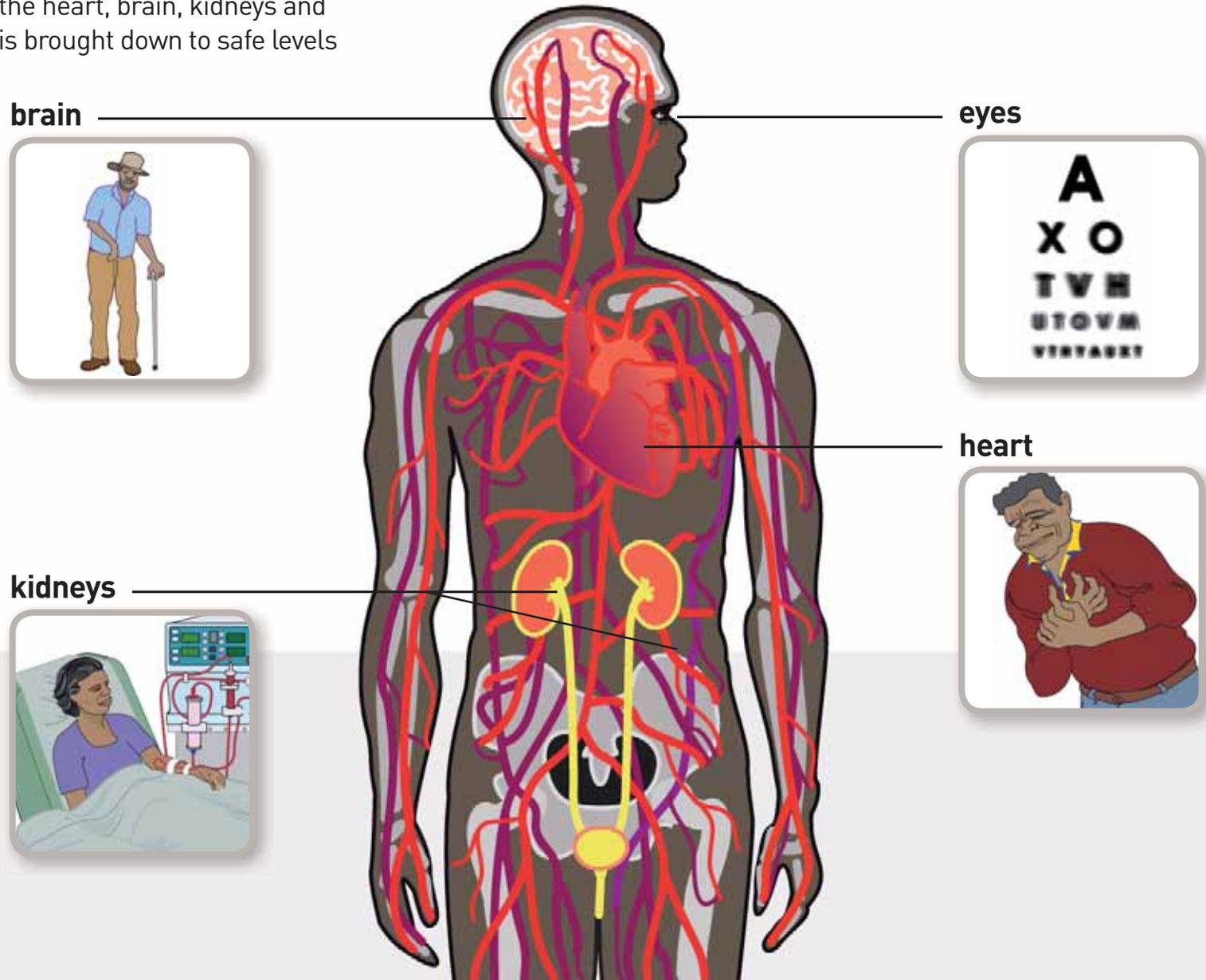
Early treatment = less damage



For the client:

# Problems with high blood pressure (hypertension)

We can **prevent** damage to the heart, brain, kidneys and eyes if high blood pressure is brought down to safe levels



For the health professional:

# Who is likely to get high blood pressure?

## Men and women who:

- **smoke**
- don't get enough **physical activity**
- eat too much **fat and salt**
- drink too much **alcohol**
- are **overweight**

*These are things people can choose to change*

### Action point

- Talk to your client about the habits that are relevant to them

**People with a family history of high blood pressure are at increased risk**

*This is something people can't change*

### Action point

- Encourage your client's family members to have their blood pressure checked

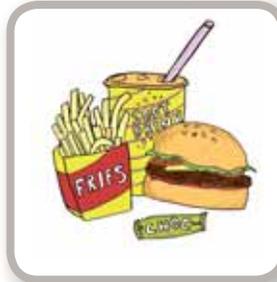
### Action point

- Ask what your client thinks might be contributing to **their** high blood pressure



For the client:

# Who is likely to get high blood pressure?



People with a family history of high blood pressure are at increased risk

For the health professional:

# Things I can do about high blood pressure

Some men and women can reduce high blood pressure to within safe limits just by changing their **daily lifestyle**.

**Aim to help your clients make small changes that they can achieve and build on their successes.**

For example:

- ✓ smoking less
  - aim to quit
- ✓ losing weight:
  - even losing 1 kilo can improve someone's heart health
- ✓ doing more physical activity:
  - walking around for at least 30 minutes each day
  - sitting around less
- ✓ changing their diet:
  - eating less fat
  - eating less salt in and on food
  - eating more healthy foods like fruit, vegetables, lean meat and fish
  - drinking more water
  - drinking less 'cool drink' and alcohol
  - eating less take-away food



## Action point

- Ask your clients to choose one daily habit they would like to change
- Help them to choose the habit that will make the most difference to their heart health
- Choose a small change that they can achieve
- Support them to start making that change **today!**

Some people also need to take **medicines** to lower their blood pressure to safe levels

For the client:

# Things I can do about high blood pressure?

Some people can reduce high blood pressure to within safe limits just by changing their daily lifestyle.

Some people also need to take **medicines** to lower their blood pressure to safe levels



For the health professional:

# Medicines to lower blood pressure

Medicines that are used to lower blood pressure are called **antihypertensive** medicines or blood pressure medicines.

## Important things to tell your clients about taking blood pressure medicines

### Daily medicine:



#### Action point

- Remind your clients to take their medicine **every day**. Even if they don't **feel** any different; the medicine is still working.

### Long time:



#### Action point

- Advise your clients they will most probably need to take the medicine for the rest of their life

### Some people can't take certain blood pressure medicines

- for example, pregnant women



#### Action point

- Check if client is pregnant, thinking about having a baby or breastfeeding

### Side effects:



#### Action point

- **Explain** that side effects:
  - do not affect everyone
  - often happen for only the first few weeks after starting a new medicine
- **Advise** your clients to come back to the clinic if they are concerned about side effects
- **Explain** that most side effects are **common and mild**
- A common side effect of blood pressure medicine is feeling **dizzy** when:
  - standing up quickly and
  - getting out of bed quickly
- Explain that feeling dizzy won't last more than a week or two after starting a new blood pressure medicine.

### Caution: Mixing medicines



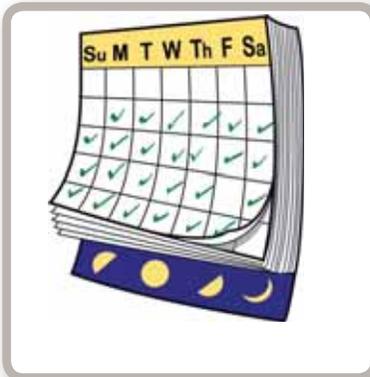
#### Action point

- Explain not all medicines can be taken together
- Encourage clients to talk about all the medicines they are taking

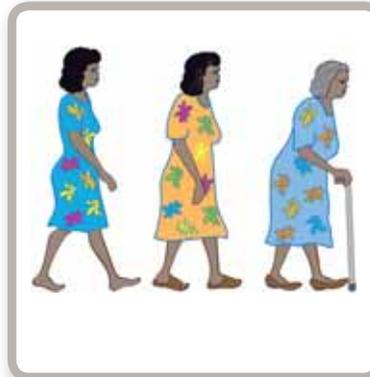
For the client:

# Medicines to lower blood pressure

Medicines that are used to lower blood pressure are called **antihypertensive** medicines.



**Every day**



**Long time**



**Some people can't take certain blood pressure medicines**



**Side effects**



**Mixing medicines**

For the health professional:

# Medicines to lower blood pressure

## ACE Inhibitors (eg: ramipril and perindopril)

- lower blood pressure
- help to keep the heart and kidneys healthy
- are suitable for people who are diabetic

## Women need to tell their doctor if they:

- might be pregnant
- are pregnant
- are breastfeeding

as ACE inhibitors may not be suitable.



### Action point

- ask female clients if they are pregnant, breastfeeding or planning to have a baby

## Some medicines should NOT be taken with an ACE inhibitor

- ibuprofen (like Nurofen®) and some other medicines.



### Action point

- Remind your client to tell the Aboriginal Health Worker, nurse, doctor and pharmacist about all the medicines they are taking, even if they have bought the medicine at a supermarket or store.

## Side effects of ACE inhibitors

### Serious side effects

A **serious** and **uncommon** side effect of ACE inhibitors can be:

- swelling in the face and throat and difficulty breathing

If this happens, the client needs to call 000 for an ambulance or see a doctor straight away.



**Mild and common** side effects of ACE inhibitors are:

- **dizziness**



### Action point

- Advise your client
  - to stand up slowly
  - to get out of bed slowly
  - that dizziness will only last a week or two

- **cough**



### Action point

- advise that cough affects about 1 in 10 people
- if cough continues, check with your doctor



### Action point

- Advise your client to come back to the clinic if they are concerned about side effects

For the client:

# Medicines to lower blood pressure

## ACE Inhibitors (eg: ramipril and perindopril)

- lower blood pressure
- help to keep the heart and kidneys healthy
- are suitable for people who are diabetic

## Women need to tell their doctor if they:



might be pregnant



are pregnant



are breastfeeding

as ACE inhibitors may not be suitable.

### Some medicines should NOT be taken with an ACE inhibitor

**ibuprofen** (like Nurofen®) and some other medicines. Always tell your Aboriginal Health Worker, nurse, doctor and pharmacist about **all** the medicines you are taking, even if you buy them yourself at a supermarket or store.

## Side effects of ACE inhibitors

ACE inhibitors can have unwanted effects, called side effects. Side effects do not happen to everyone and often go away after a short time.

### Mild and common side effects:



dizziness



cough

### Serious side effects

A **serious** and **uncommon** side-effect of ACE inhibitors can be:

- swelling in the face and throat and difficulty breathing

If this happens you need to call 000 for an ambulance or see a doctor straight away.



Talk to your Aboriginal Health Worker, nurse, doctor or pharmacist about side effects.

For the health professional:

# Medicines to lower blood pressure

## Angiotensin Receptor Blockers

(eg: [irbesartan](#), [candesartan](#) & [telmisartan](#))

- lower blood pressure
- help to keep the heart and kidneys healthy
- are suitable for people who are diabetic

### Women need to tell their doctor if they:

- might be pregnant
- are pregnant
- are breastfeeding

**as Angiotensin Receptor Blockers may not be suitable.**

#### Action point

- ask your female clients if they are pregnant, breastfeeding or planning to have a baby

### Some medicines should NOT be taken with an Angiotensin Receptor Blocker

- ibuprofen (like Nurofen®) and some other medicines.

#### Action point

- Remind your client to tell the Aboriginal Health Worker, nurse, doctor and pharmacist about all the medicines they are taking, even if they have bought the medicine at a supermarket or store.

## Side effects of Angiotensin Receptor Blockers

### Serious side effects

A **serious** and **uncommon** side effect of Angiotensin Receptor Blockers (ARBs) can be:

- swelling in the face and throat and difficulty breathing

If this happens, the client needs to call 000 for an ambulance or see a doctor straight away.



**Mild and common** side effects of Angiotensin Receptor Blockers are:

- **dizziness**

#### Action point

- Advise your client
  - to stand up slowly
  - to get out of bed slowly
  - that dizziness will only last a week or two

- **headache**

#### Action point

- Advise client to come back to the clinic if they are concerned about side effects

For the client:

# Medicines to lower blood pressure

## Angiotensin Receptor Blockers

(eg: [irbesartan](#), [candesartan](#) & [telmisartan](#))

- lower blood pressure
- help to keep the heart and kidneys healthy
- are suitable for people who are diabetic

### Women need to tell their doctor if they:



might be pregnant



are pregnant



are breastfeeding

**as Angiotensin Receptor Blockers may not be suitable.**

### Some medicines should NOT be taken with an Angiotensin Receptor Blocker

**ibuprofen** (like Nurofen®) and some other medicines. Always tell your Aboriginal Health Worker, nurse, doctor and pharmacist about **all** the medicines you are taking, even if you buy the medicine yourself at the supermarket or store.

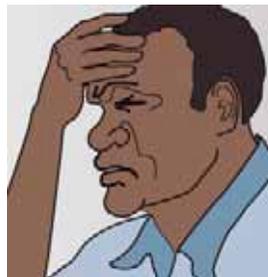
## Side effects of Angiotensin Receptor Blockers

Angiotensin Receptor Blockers can have unwanted effects, called side effects. Side effects do not happen to everyone and often go away after a short time.

### Mild and common side effects:



dizziness



headaches

### Serious side effects

A **serious** and **uncommon** side effect of Angiotensin Receptor Blockers can be:

- swelling in the face and throat and difficulty breathing

If this happens you need to call 000 for an ambulance or see a doctor straight away.



Talk to your Aboriginal Health Worker, nurse, doctor or pharmacist about side effects.

For the health professional:

# Medicines to lower blood pressure

## Calcium Channel Blockers

(eg: [amlodipine](#), [lercanidipine](#), and [diltiazem](#))

- lower blood pressure
- are also used for angina (chest pain) and heart rhythm problems

### Women need to tell their doctor if they:

- might be pregnant
- are pregnant
- are breastfeeding

**as Calcium Channel Blockers may not be suitable.**



#### Action point

- ask female clients if they are pregnant, breastfeeding or planning to have a baby



## Side effects of Calcium Channel Blockers

Mild and common side effects of calcium channel blockers are:

- **dizziness**



#### Action point

- Advise client
  - to stand up slowly
  - to get out of bed slowly
  - that dizziness will only last a week or two

- **swollen ankles**
- **flushing**
- **rash**
- **headache**



#### Action point

- Advise your clients to come back to the clinic if they are concerned about side effects

## Some medicines should NOT be taken with a Calcium Channel Blocker



#### Action point

- Remind your client to tell the Aboriginal Health Worker, nurse, doctor and pharmacist about all the medicines they are taking, even if they have bought the medicine at a supermarket or store.

For the client:

# Medicines to lower blood pressure

## Calcium Channel Blockers

(eg: amlodipine, lercanidipine, and diltiazem)

- lower blood pressure
- are also used for angina (chest pain) and heart rhythm problems

**Women need to tell their doctor if they:**



might be pregnant

are pregnant

are breastfeeding

**as Calcium Channel Blockers may not be suitable.**

### Some medicines should NOT be taken with a Calcium Channel Blocker

Always tell your Aboriginal Health Worker, nurse, doctor and pharmacist about **all** the medicines you are taking, even if you buy them yourself at a supermarket or store.

## Side effects of Calcium Channel Blockers

Calcium Channel Blockers can have unwanted effects, called side effects. Side effects do not happen to everyone and often go away after a short time.

**Mild and common** side effects:



dizziness



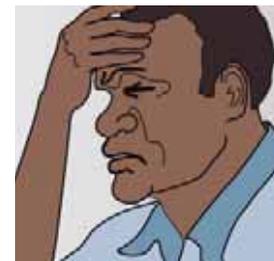
swollen ankles



flushing



rash



headache

Talk to your Aboriginal Health Worker, nurse, doctor or pharmacist about side effects.

For the health professional:

# Medicines to lower blood pressure

## Beta Blockers

(eg: atenolol and metoprolol)

- lower blood pressure
- can be used for angina (chest pain), heart failure
- help to protect the heart after a heart attack

## People need to tell their doctor if they:

- might be pregnant
- are pregnant
- are breastfeeding
- have asthma or other breathing or short-wind problems

## as Beta Blockers are unlikely to be suitable.



### Action point

- check if the client is using any inhalers for asthma or short-wind problems
- ask female clients if they are pregnant, breastfeeding or planning to have a baby

## Side effects of Beta Blockers

### dizziness



#### Action point

- Advise client
  - to stand up slowly
  - to get out of bed slowly
  - that dizziness will only last a week or two

### breathing troubles and/or dry cough



#### Action point

- Advise your client to come back to the clinic straight away or as soon as they can if they have breathing troubles

### tiredness



#### Action point

- Advise your client that they might feel tired for the first few weeks after starting a Beta Blocker medicine.

### coldness in the fingers and toes

### tummy trouble



#### Action point

- Advise your client to come back to the clinic if they are concerned about side effects

## Some medicines should NOT be taken with a Beta Blocker



#### Action point

- Remind your client to tell the Aboriginal Health Worker, nurse, doctor and pharmacist about all the medicines they are taking, even if they have bought the medicine at a supermarket or store.

**IMPORTANT INFORMATION :**  
Advise the client not to stop taking Beta Blocker tablets suddenly

Sometimes, stopping a Beta Blocker suddenly can cause the heart to beat too fast

For the client:

# Medicines to lower blood pressure

**IMPORTANT:** Do not stop taking Beta Blocker tablets suddenly. If you do stop taking them suddenly, you may experience problems.

## Beta Blockers (eg: atenolol and metoprolol)

- lower blood pressure
- can be used for angina (chest pain) and heart failure
- help to protect the heart after a heart attack

## People need to tell their doctor if they:



might be pregnant



are pregnant



are breastfeeding



have asthma or other breathing or short-wind problems

**as Beta Blockers are unlikely to be suitable.**

## Side effects of Beta Blockers

Beta Blockers can have unwanted effects, called side effects. Side effects do not happen to everyone and often go away after a short time.

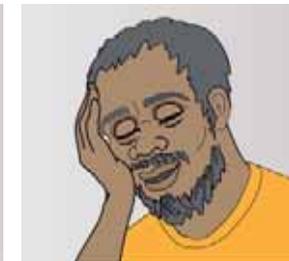
## Mild and common side effects:



dizziness



breathing troubles



tiredness



coldness in the fingers and toes



tummy trouble

## Some medicines should NOT be taken with a Beta Blocker

Always tell your Aboriginal Health Worker, nurse, doctor and pharmacist about **all** the medicines you are taking, even if you buy them yourself at a supermarket or store.

Talk to your Aboriginal Health Worker, nurse, doctor or pharmacist about side effects.

For the health professional:

# Medicines to lower blood pressure

## Thiazide diuretics

(eg: hydrochlorothiazide and indapamide)

- lower blood pressure

### Women need to tell their doctor if they:

- might be pregnant
- are pregnant
- are breastfeeding

**as thiazide diuretics may not be suitable.**



#### Action point

- ask female clients if they are pregnant, breastfeeding or planning to have a baby

### Some medicines should NOT be taken with a thiazide diuretic



#### Action point

Remind your client to tell the Aboriginal Health Worker, nurse, doctor and pharmacist about all the medicines they are taking, even if they have bought the medicine at a supermarket or store.

## Side effects of diuretics

- **dizziness**



#### Action point

Advise client

- to stand up slowly
- to get out of bed slowly
- that dizziness will only last a week or two

- **muscle weakness or cramps**

### Advise clients:

- they will pass urine more often a few hours after taking this medicine.
- to take this medicine in the morning, soon after waking up.



For the client:

# Medicines to lower blood pressure

## Thiazide diuretics

(eg: hydrochlorothiazide and indapamide)

- lower blood pressure

**Women need to tell their doctor if they:**



might be pregnant



are pregnant



are breastfeeding

**as thiazide diuretics may not be suitable.**

**Mild and common** side effects:

Thiazide diuretics can have unwanted effects, called side effects. Side effects do not happen to everyone and often go away after a short time.



dizziness



muscle weakness  
or cramps

### Some medicines should **NOT** be taken with a thiazide diuretic

Always tell your Aboriginal Health Worker, nurse, doctor and pharmacist about **all** the medicines you are taking, even if you buy them yourself at a supermarket or store.

- You will pass urine more often a few hours after taking a **thiazide diuretic**.
- Take this medicine in the morning, soon after waking up.

For the health professional:

## Summing up:

- Ask the client if they have any questions
- Remind your client **about:**

### 1. Regular check ups at the clinic

### 2. Daily lifestyle changes

- small changes to daily lifestyle can lower blood pressure
- look back on page 5 and remind the client what you talked about
- encourage your client to start a small change **today** – such as quitting or reducing smoking

### 3. Medicines

Remind your clients:

- to take their medicine every day
- that most side effects only last a short while – a week or two
- to refill their prescriptions before they run out of medicine

### Remember

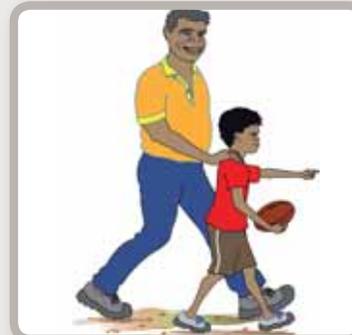
- Remember to encourage your client to call or drop in to the clinic if they have any questions in the future



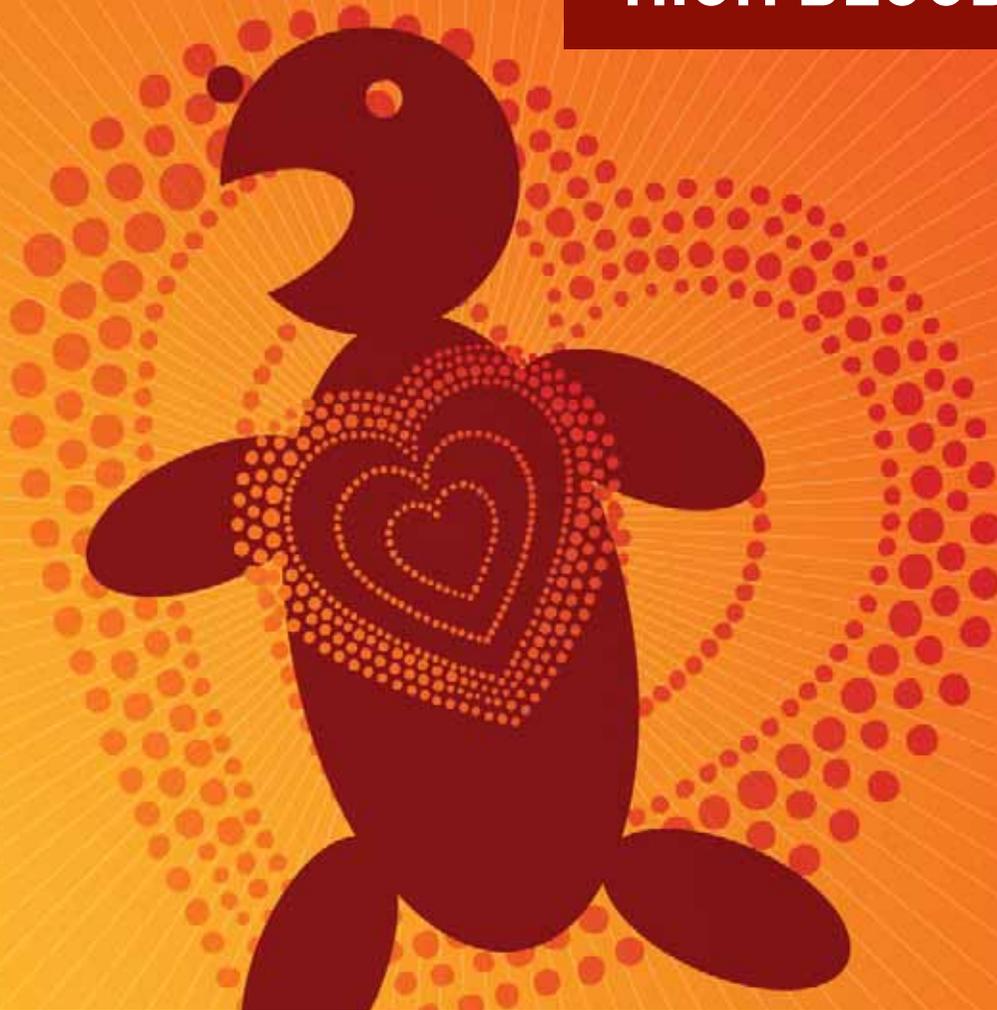
For the client:  
**Summing up:**

1. Have regular check ups
2. Change daily lifestyle
3. Know how to manage your medicines

**Remember:**  
Medicines are only part of staying well and healthy



# HIGH BLOOD PRESSURE [ hypertension ]



## Acknowledgements:

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