







**U** NOVARTIS



## I have hypertension, what does that

The blood pressure measured by your physician corresponds to the pressure of the blood in your arteries, and results from the regular contraction of your heart. Just as with body temperature, there are normal values for blood pressure. A person's blood pressure is very variable: it changes continually during the day, depending on your physical activities, emotions, the temperature of your surroundings, how much you smoke, and how much alcohol you drink, etc.

You are said to have hypertension (high blood pressure) when the value of this pressure, measured on several occasions, is higher than the normal values.

Blood pressure is given by 2 figures: the systolic blood pressure (SBP) and the diastolic blood pressure (DBP).

The heart can be likened to a pump that fills and empties, and each heart beat causes the pressure to increase inside the arteries:

the SBP corresponds
to the blood pressure
when the heart
contracts
and pumps
the blood into
the arteries.





the DBP corresponds to the pressure inside the arteries after ejection of the blood, while the heart is filling.

This is the first figure given by the physician.

This is the 2nd figure given by the physician.

### mean?

Your blood pressure also varies over your lifetime, and depends on many factors such as ageing, poor diet, and sedentary lifestyle. So, not everyone has the same blood pressure.

In France, it is currently estimated that 1 in 3 adults has hypertension, i.e. values higher than 140 mmHg (SBP) / 90 mmHg (DBP) at rest.

What are the possible effects of hypertension on my body?

If hypertension is left untreated, in the long term it can damage certain organs such as the arteries, heart, brain and kidney.

## Measuring my own blood pressure,

### Why measure your own blood pressure?

Your blood pressure is not constant: it varies from one day to the next, and during the course of every day. For this reason, the blood pressure values (SBP and DBP) read by your physician can differ from one consultation to another, but also between measurements taken during the same consultation.

By taking your own blood pressure at home you can take many readings and provides a better assessment of your blood pressure level. Measuring your own blood pressure is called **blood pressure self-measurement.** 

It helps your physician determine whether or not you have hypertension, and is also used to assess the efficacy of your treatment if you are already taking blood pressure-lowering medication.

http://www.afssaps.fr/Dossiers-thematiques/Appareils-d-automesure-tensionnelle/Liste-des-autotensiometres-enregistres-dans-le-cadre-de-la-surveillance-dumarche/%28offset%29/1

<sup>\*</sup> The list of approved blood pressure monitors is available at the following website:

## a useful thing to do

#### What do I measure it with \*?

Your blood pressure is measured with a specific device:

- **a blood pressure monitor.** There are 2 types:
  - the ones recommended by physicians are positioned on the upper arm using a cuff.
    - wrist blood pressure monitors. They can be less reliable than upper arm monitors because the results depend on the position of your wrist.

Blood pressure monitors can vary in quality.

Do not therefore measure your blood pressure with just any monitor and ask your physician for advice.



## <u>THE RULE OF</u>

**3 readings in the morning,** just after getting up and before taking your medication (while sitting)

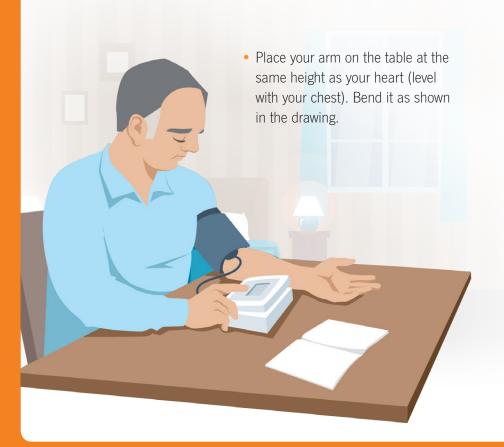
**3 readings in the evening,** before bedtime (while sitting)

**3 consecutive days** (during a period of normal activity)

### How do I do it?

### Doing it right:

- Set up the monitor on a table.
- **Sit comfortably** and pull up your sleeve (your arm must be bared and there should be no tight clothing above the arm cuff).
- Rest for about 5 minutes before taking the first reading.
- If you are using a monitor that adjusts to your arm, put the inflatable cuff on your arm and adjust it correctly, at the right height.



If you are using a wrist blood pressure monitor,
position your wrist at the same height as your heart,
as shown on the drawing. Check that the inflatable
part of the cuff is properly positioned against
the arteries in the wrist.

- Once in place, start the reading process. Do not move while the cuff inflates and deflates and remain relaxed (do not make a fist).
- Repeat the process 3 times in succession.
   It is necessary to obtain a series of consecutive readings.
   The readings are taken one or two minutes apart.
- Record all the measured values in your self-measurement log, to show your physician: the SBP, the DBP, and the heart rate (pulse), which corresponds to the number of heartbeats per minute.
   It is important that you do not leave out any readings on the pretext that they seem too high.

- Blood pressure self-measurement is not a substitute for having your blood pressure read by your physician.
- There is no need to measure your blood pressure every day, just take the readings a few days before your appointment with your physician.
- Your average blood pressure readings taken at home using an electronic monitor must be lower than 135/85 mmHg to be considered normal.



Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):		Reading 1			
	MORNING	Reading 2	Ì	Î	
	MC	Reading 3			
	[G	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	MORNING	Reading 1			
lack of sleep):		Reading 2		Î	
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	Ğ	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	[]	Reading 1			
	EVENING	Reading 2			
		Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	G	Reading 1			
lack of sleep):	MORNING	Reading 2		Ì	
	) MO	Reading 3			
	EVENING	Reading 1			
		Reading 2		Î	
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	[G	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	G	Reading 1			
	EVENING	Reading 2			
	(i)	Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	\G	Reading 1			
lack of sleep):	G MORNING	Reading 2			
		Reading 3			
		Reading 1			
	EVENING	Reading 2			
	Ш Ш	Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):		Reading 1			
	MORNING	Reading 2	Ì	Î	
	MC	Reading 3			
	[G	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	MORNING	Reading 1			
lack of sleep):		Reading 2		Î	
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	Ğ	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	[]	Reading 1			
	EVENING	Reading 2			
		Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	G	Reading 1			
lack of sleep):	MORNING	Reading 2		Ì	
	) MO	Reading 3			
	EVENING	Reading 1			
		Reading 2		Î	
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	[G	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	G	Reading 1			
	EVENING	Reading 2			
	(i)	Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	\G	Reading 1			
lack of sleep):	G MORNING	Reading 2			
		Reading 3			
		Reading 1			
	EVENING	Reading 2			
	Ш Ш	Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):		Reading 1			
	MORNING	Reading 2	Ì	Î	
	MC	Reading 3			
	[G	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	MORNING	Reading 1			
lack of sleep):		Reading 2		Î	
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	Ğ	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	[]	Reading 1			
	EVENING	Reading 2			
		Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	G	Reading 1			
lack of sleep):	MORNING	Reading 2		Ì	
	) MO	Reading 3			
	EVENING	Reading 1			
		Reading 2		Î	
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	[G	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	G	Reading 1			
	EVENING	Reading 2			
	(i)	Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	\G	Reading 1			
lack of sleep):	G MORNING	Reading 2			
		Reading 3			
		Reading 1			
	EVENING	Reading 2			
	Ш Ш	Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):		Reading 1			
	MORNING	Reading 2	Ì	Î	
	MC	Reading 3			
	[G	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	MORNING	Reading 1			
lack of sleep):		Reading 2		Î	
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	Ğ	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	[]	Reading 1			
	EVENING	Reading 2			
		Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	G	Reading 1			
lack of sleep):	MORNING	Reading 2		Ì	
	) MO	Reading 3			
	EVENING	Reading 1			
		Reading 2		Î	
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	[G	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	G	Reading 1			
	EVENING	Reading 2			
	(i)	Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	\G	Reading 1			
lack of sleep):	G MORNING	Reading 2			
		Reading 3			
		Reading 1			
	EVENING	Reading 2			
	Ш Ш	Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):		Reading 1			
	MORNING	Reading 2	Ì	Î	
	MC	Reading 3			
	[G	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	MORNING	Reading 1			
lack of sleep):		Reading 2		Î	
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	Ğ	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	[]	Reading 1			
	EVENING	Reading 2			
		Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	G	Reading 1			
lack of sleep):	MORNING	Reading 2		Ì	
	) MO	Reading 3			
	EVENING	Reading 1			
		Reading 2		Î	
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	[G	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	G	Reading 1			
	EVENING	Reading 2			
	(i)	Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	\G	Reading 1			
lack of sleep):	G MORNING	Reading 2			
		Reading 3			
		Reading 1			
	EVENING	Reading 2			
	Ш Ш	Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):		Reading 1			
	MORNING	Reading 2	Ì	Î	
	MC	Reading 3			
	[G	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	MORNING	Reading 1			
lack of sleep):		Reading 2		Î	
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	Ğ	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	[]	Reading 1			
	EVENING	Reading 2			
		Reading 3			

Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	G	Reading 1			
lack of sleep):	MORNING	Reading 2		Ì	
	) MO	Reading 3			
	EVENING	Reading 1			
		Reading 2		Î	
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	[G	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	G	Reading 1			
	EVENING	Reading 2			
	(i)	Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	\G	Reading 1			
lack of sleep):	G MORNING	Reading 2			
		Reading 3			
		Reading 1			
	EVENING	Reading 2			
	Ш Ш	Reading 3			

Date:	Treatment:		Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):		Reading 1			
	MORNING	Reading 2	Ì	Î	
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	9	Reading 1			
lack of sleep):	MORNING	Reading 2		Î	
	MC	Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Tre	eatment:	Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	Ğ	Reading 1			
lack of sleep):	MORNING	Reading 2			
	M	Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			

Date:	Treatment:		Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):	<u>6</u>	Reading 1			
	MORNING	Reading 2			
		Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Treatment:		Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	\delta \	Reading 1			
lack of sleep):	MORNING	Reading 2			
		Reading 3			
	G	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Treatment:		Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	76	Reading 1			
lack of sleep):	MORNING	Reading 2			
	Σ	Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			

Date:	Treatment:		Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress, lack of sleep):	MORNING	Reading 1			<u>'</u>
		Reading 2	Ì	Î	
	Ŭ U	Reading 3			
	ဗ	Reading 1			
	EVENING	Reading 2			
		Reading 3			
Date:	Treatment:		Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	MORNING	Reading 1			
lack of sleep):		Reading 2	Ì	Î	
	) MO	Reading 3			
	EVENING	Reading 1			
		Reading 2			
		Reading 3			
Date:	Treatment:		Systolic	Diastolic	Pulse
Particular events you need to record (high levels of stress,	] [G	Reading 1			
lack of sleep):	MORNING	Reading 2			
	Ŭ	Reading 3			
	[ 5]	Reading 1			
	EVENING	Reading 2			
		Reading 3		Ĭ	

## My upcoming consultations

At home, **you measure** your blood pressure, but **your physician interprets the results.** It is therefore essential that you record your readings accurately.

Μv	uncoming	consultations	with	the	physician
IVIY	upcoming	CONSULTATIONS	WILLI	uic	pilysiciali

Date:	Time:	Any questions I want to ask:
	<u> </u>	

In order to monitor your hypertension, your physician may order further investigations, such as blood tests or metabolic tests, in addition to the physical exam performed during your consultation.

My monitoring investigation diary				
Date:				
Type of investigation:				
Any comments:				
Date:				
Type of investigation:				
Any comments:				
Date:				
Type of investigation:				
Any comments:				

## **Changing my habits**



#### **BEING ACTIVE**

Regardless of your age, exercise is useful for lowering your blood pressure, even if you are taking blood pressure-lowering medication.

### How do I go about it?

- **Get enough exercise:** at least 30 minutes, 3 times a week.
- What counts is regular physical activity, not just its intensity.
- To achieve this, take every opportunity in your everyday life to be active:
  - use the stairs instead of the lift,
  - walk as much as possible (rather than driving or using public transport),
  - get off the bus or subway one stop or one station before your destination.

As a general rule, avoid very intense physical effort and do not hesitate to ask your physician if you want to resume a sport, to help you choose the right sport for you.



#### **QUITTING SMOKING**

Simply smoking a cigarette raises your blood pressure for about 30 minutes.

- How do I go about it?
  - It is never too late to quit!
  - There are many methods to help you quit smoking, but if you encounter any difficulties, discuss them with your physician.

#### **EATING A HEALTHY DIET**

**Healthy eating** means adopting a varied, balanced diet, i.e. eating all kinds of food but in appropriate amounts. It will help you lose weight if you need to.



### How do I go about it?

#### · eat more fruit and vegetables

#### • reduce your fat intake:

- choose lean meat (e.g. chicken, turkey, veal, rabbit)
- cook in vegetable oil (e.g. sunflower or olive oil) rather than butter,
- choose fat-free cooking methods: braising, steaming, grilling, in foil,
- eat less mayonnaise, cured meats, etc.

#### • reduce your salt intake:

- avoid salty food (e.g. cured meats, crisps and other salty snacks, certain types of cheese, ready meals, pizzas, quiche, sauces and condiments, etc.),
- taste your food before adding more salt,
- reduce the amount of salt added to cooking water,
- leave the salt shaker in the kitchen. It is not always necessary to bring it to the table.

#### limit your alcohol consumption









