Lifestyle Changes for Managing Hypertension

Medscape UK X Guidelines
Primary Care Hacks

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Lifestyle Change	Recommendations	Approx. Effect on Systolic BP (mmHg)	Approx. Effect on Diastolic BP (mmHg)
Alcohol Consumption[1]	Current UK guidance[2] advises limiting alcohol intake to 14 units/week for women and men	–4.0	–2.5
Caffeine, Tea, and Energy Drinks[3]	Coffee intake is not associated with a higher risk of hypertension in the general population; increased coffee consumption may be associated with lower risk of hypertension The association between drinking tea and CVD is unclear; mechanistic trials have suggested benefits for BP lowering Energy drinks containing high concentrations of taurine and caffeine increase BP and may lead to cardiovascular complications in young adults	Unclear	
DASH (Dietary Approaches to Stop Hypertension)[4]	An evidence-based eating plan (see the *Useful Resources for Patients* section) rich in fruits, vegetables, and low-fat dairy products, with reduced salt and saturated/trans fat content	–11.0	–5.5
Maintaining a Healthy Weight[3,5]	Weight loss of 5 kg in adults living with overweight or obesity	–4.4 (for weight loss of 5 kg)	–3.6 (for weight loss of 5 kg)
Physical Activity[3,6–9]	In a systematic review and meta-analysis, aerobic exercise was suggested over alternative forms of exercise resistance training as the first-line exercise therapy for reducing BP[3,6] Adults should aim to:[3,7] • engage in strengthening activities that work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) on ≥2 days per week • engage in ≥150 minutes of moderate-intensity activity per week or 75 minutes of vigorous-intensity activity per week • spread exercise evenly over 4–5 days per week, or every day • reduce time spent sitting or lying down, and break up long periods of inactivity	–7.5 A recent network meta-analysis suggested the SBP-lowering effect of exercise among hypertensive populations appears similar to that of commonly used antihypertensive medications[9]	–4.5
Potassium Intake	Optimum dietary potassium intake can lower BP and may be linked to reduced CVD risk[3] Increase dietary potassium intake (e.g. tomato juice, bananas, potatoes, spinach, salmon, eggs; see the *Useful Resources for Patients* section) to 3.5–5.0 g daily[10] Be aware of individuals at higher risk of hyperkalaemia, for whom this recommendation should be individualised: those with advanced CKD, CHF, diabetes, and resistant hypertension • guidance on CKD recommends restricting dietary potassium intake to <2.4 g/day in advanced CKD[3]	–3.5	–2.0
Salt Intake	Long-term follow-up salt-reduction trials have illustrated that reducing salt by 2.5 g/day is associated with ≈20% reduction in CVD events[3,11] Adults should eat <6 g of salt, equivalent to 2.4 g sodium per day[12] (see *Useful Resources for Patients*, below); 1 tsp≈5 g salt Salt substitutes such as LoSalt contain potassium instead of sodium, so may not be suitable for all. See the above recommendation regarding potassium intake Soluble, dispersible, and effervescent preparations of analgesics have high sodium content, and studies have found a link between use of these sodium-containing medicines and increased CVD risk;[13] taking eight soluble paracetamol tablets exceeds the recommended sodium intake of 6 g daily Soluble preparations should be avoided unless the person has genuine swallowing difficulties	–5.4	–2.8
Smoking Cessation (and E-cigarettes)	Stopping smoking is one of the most effective interventions to prevent major CVD events[3,14] The BP effect of e-cigarettes is unclear, and data are sparse; growing evidence suggests that e-cigarettes can increase BP[3]	–5.0	–3.1

BIHS=British and Irish Hypertension Society; **BJGP**=British Journal of General Practice; **BP**=blood pressure; **CHF**=chronic heart failure; **CKD**=chronic kidney disease; **CVD**=cardiovascular disease; **DASH**=dietary approaches to stop hypertension; **ESC**=European Society of Cardiology; **SBP**=systolic blood pressure.

Notes

- The 2024 ESC guideline on hypertension offers practical information and guidance on lifestyle changes for managing elevated BP and hypertension
- The effects of implementing these modifications are of course individual, and combinations of two (or more) lifestyle modifications are synergistic
- For comparison, the average SBP reduction from one antihypertensive drug is **12.5–15.5 mmHg**[15] and around two-thirds of individuals with hypertension cannot be controlled on one drug and will require two or more antihypertensive agents from different drug classes[16]
- Blood Pressure UK and the BIHS provide information for supporting those with—and healthcare professionals managing patients with—hypertension, including home BP monitoring resources from the BIHS
- A useful clinical practice article was published recently in the BJGP, with a focus on measuring BP in primary care.

Useful Resources for Patients

- NHS Live Well: *Alcohol support*
- NHS website: *Hypertension prevention*
- US National Heart, Lung, and Blood Institute: *DASH eating plan*
- NHS Live Well: *Healthy weight*
- NHS Live Well: *Exercise*
- Blood Pressure UK: *Potassium and your blood pressure*
- Blood Pressure UK: *Salt and your blood pressure*.