

SASH Participation as a Factor In Lowering High Blood Pressure

It's a fact: Blood pressure increases as we age. In the U.S., adults over 40 can expect their systolic blood pressure to increase about 7 mmHg per decade, and more than 75% of those over age 70 will have dangerously high blood pressure (Stage 1 or Stage 2 hypertension).*

SASH works to turn these statistics on their head by providing regular blood-pressure clinics, one-on-one and group education about

hypertension prevention and management, and communicating with primary-care physicians to ensure participants' medications and related interventions are on track and up to date.

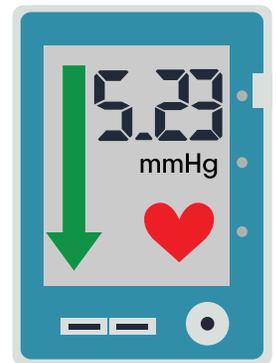
And it is working. A January 2021 analysis of SASH data found that:

- ▶ Of the 3,610 Vermont SASH participants with a documented Stage 2 blood-pressure reading anytime in their history, the first Stage 2 reading

averaged 148.8 mmHg systolic. The average reading for this same group today is 132.7 mmHg systolic — **a reduction in blood pressure of 16.1 mmHg systolic.**

- ▶ Looking at all Vermont SASH participants, the SASH database contains about 10 documented blood-pressure readings per person. By comparison, those with a Stage 2 reading at any time in their medical record have received more than 14 blood-pressure readings. This suggests that **SASH more closely monitors and intervenes with those who have Stage 2 hypertension.**

- ▶ There are 2,064 Vermont SASH participants whose first documented blood-pressure reading was in the Stage 1 range of hypertension. As of January 2021, that same group has realized an average **5.23 mmHg reduction in their systolic blood pressure reading.**




Blood Pressure Categories

heart.org/bplevels

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

* ahajournals.org/doi/10.1161/hypertensionaha.111.189100