

# Diagnosis: High Blood Pressure

## What is it?

Blood pressure is a measure of the force of the blood on the walls of the arteries. Blood pressure is a combination of **systolic blood pressure** (measured when blood is being sent through the body, it is the maximum pressure during each heartbeat) and **diastolic blood pressure** (measured when the blood is filling the heart, it is the lowest pressure between heartbeats).

It is presented as systolic over diastolic, so, for example, your healthcare provider (HCP) might say your blood pressure is “140 over 90” and it can be written as 140/90.

## What causes it?

Though hypertension is often blamed on weight, the cause of hypertension is actually poorly understood. However, we do know that hypertension has a strong genetic component, and that people with one or two parents with hypertension have double the typical risk of hypertension.

Additionally, some people have “secondary hypertension”, which is high blood pressure caused by another medical condition, such as a thyroid problem, obstructive sleep apnea, a kidney problem, or an adrenal problem. It is important to be tested for these conditions if your high blood pressure begins at a young age or if it is difficult to manage with medication. There are also some medications that can cause hypertension, including oral contraceptive pills, some anti-depressants, anti-inflammatories, and decongestants.

## How is it diagnosed?

Many things can affect your blood pressure reading on any given day, so a true diagnosis of high blood pressure requires at least three readings on separate occasions.

On each occasion you should:

- Wait more than 30 minutes from the last time you drank caffeine, smoked, or exercised
- Be allowed to rest quietly for at least 5 minutes
- Have your arm supported at heart level, your back supported, and your feet flat on the floor
- Be given a proper sized cuff (more on this later)
- Have the cuff placed around your bare arm (not over your clothes)
- Not be talking

According to the American Medical Association, procedural errors can affect the accuracy of blood pressure readings in the following ways:

- Putting the cuff over clothing, rather than a bare arm, can add 10-40 mm Hg to a measurement
- Having a full bladder can mean an additional 10-15 mm Hg
- Talking or having a conversation can cause an increase of 10-15 mm Hg
- Failing to support the arm at heart level can add 10 mm Hg
- An unsupported back or dangling feet can increase a measurement by 5-10 mm Hg
- Crossed legs can cause an extra 2-8 mm Hg

The American Heart Association categorizes diagnoses as follows:

Category	Systolic Measurement		Diastolic Measurement
Normal	Less than 120 (<120)	and	Less than 80 (<80)
Elevated	120-129	and	Less than 80 (<80)
High Blood Pressure- Stage 1	130-139	or	80-89
High Blood Pressure- Stage 2	140 or higher ( $\geq 140$ )	or	90 or higher ( $\geq 90$ )
Hypertension Crisis (consult your doctor right away)	Higher than 180 ( $>180$ )	or	Higher than 120 ( $>120$ )

## Fatphobia and Body Weight in Diagnosis

Medical fatphobia can affect your diagnosis in a number of ways:

### Stress

The more stressed out you are, the higher your blood pressure can be. If you've experienced medical fatphobia and/or you fear that you might, then you may go into the HCP's office already stressed out. If that's the case, then your blood pressure may always read higher in the office of your HCP than it is day to day (this is also known as "white coat hypertension").

One option is to get an at-home set up and bring your readings in during your HCP visits. You can also request that your HCP order an ambulatory blood pressure monitor, which measures your blood pressure at home periodically over a 24 hour period.

In addition, experiencing weight stigma over time may be a cause of true hypertension due to chronic elevations in levels of cortisol, the stress hormone.

### **Blood Pressure Cuff Size**

This is an important factor that often is overlooked. A blood pressure cuff that is too small will always give a reading that is too high. Far too often, HCPs use too small a cuff (mistakenly thinking that if it can fit around your arm then it's the correct size--this is absolutely incorrect). This error can result in a significantly elevated blood pressure reading.

To figure out which cuff you need, measure around your upper arm with a cloth measuring tape:

- 7-9 inches = adult size "small"
- 9-13 inches = adult size "regular" or "standard"
- 12-17 inches = adult size "large"

If your arm is more than 17 inches around, then your choices are to use what is known as a "thigh cuff" on your upper arm, or to have it taken on your wrist. Neither of these is as accurate as a correctly sized upper arm cuff, but unfortunately, due to fatphobia, the correct cuff may not be available.

Often HCPs will try to talk fat people into using whatever cuff they have around, whether or not it's correct. If your HCP doesn't have the correct cuff size, you are allowed to refuse, and ask them to note in your chart that they did not have the appropriate equipment for you.

### **HCP Fat Panic**

Because HCPs are also living in a fatphobic world, even the most well-meaning provider can be susceptible to stereotypes about fat people's health. Thus, they may treat a fat patient differently than they would treat a thin patient with the same diagnosis.

For example, if a thin person's blood pressure ends up in the "elevated" category, the HCP may suggest that they get it tested a couple more times before worrying about it too much. But a fat person with the exact same numbers might have medication suggested on the spot, often without an appropriate discussion of side effects or other options.

Remember that you have every right to ask and be informed about side effects and other options available to you, and to be sure that your doctor is fairly assessing your condition and not your body size.

## **So you have High Blood Pressure. How is it treated?**

After all of the above have been considered, and you and your HCP agree that it is certain you have high blood pressure, they may proceed by suggesting weight loss to improve your condition.

Though dieting and weight loss are often prescribed by HCPs as a treatment for high blood pressure, this is a harmful, unethical, and non-evidence-based intervention. You can read more about why we don't recommend weight loss here: <https://haeshealthsheets.com/why-we-dont-recommend-intentional-weight-loss/>

Here are some options for HAES interventions. Please note that you do not have to do all of these, and you certainly don't have to do all of them at once!

### **Nutrition/Supplementation**

We definitely recommend that you work with a HAES dietitian on these. You can find a list of HAES providers on our Resources page: <https://haeshealthsheets.com/resources/>

#### Increase your potassium intake

Eat more of high potassium foods like:

- Vegetables, including tomatoes, sweet potatoes, potatoes, and leafy green vegetables
- Dairy
- Seeds, nuts, and legumes (beans)
- Tuna fish and salmon
- Fruit, especially bananas, apricots, oranges, avocado and melon

#### Eat more cocoa and dark chocolate

These help with dilation of blood vessels, which corresponds with a drop in blood pressure. Non-alkalized cocoa powder has an especially powerful effect.

#### Eat more berries

Berries have compounds called polyphenols that have been shown to lower blood pressure.

#### Reduce your salt intake

It was previously believed that this was important for everyone, but more and more studies are showing that this only has a big pay-off for people who are salt sensitive. Black Americans tend to be more salt sensitive than other races, but salt sensitivity can occur in people of any race or ethnicity.

#### Be mindful about alcohol consumption

Most research shows that keeping to no more than one alcoholic drink per day for cis-gendered women and two per day for cis-gendered men can help control blood pressure. Unfortunately, as is so often the case, data does not exist for transgender and non-binary folks.

#### Increase your calcium intake

When we think of calcium we often think of dairy, which is true, but you can also get calcium from broccoli, okra, cabbage, soya beans and drinks, tofu, nuts, fish whose bones you eat (sardines, pilchards, etc.) and any food made with flour fortified with calcium (like bread) or foods fortified with calcium. Consuming calcium through dietary sources is preferable to supplementation, as excessive calcium supplementation has been associated with an increased risk of cardiovascular disease.

### Get more Magnesium

Magnesium can assist your blood vessels in relaxing, which supports lowered blood pressure. Eat magnesium-rich foods like:

- Dark Chocolate
- Avocado
- Nuts (almonds, Brazil nuts, cashews)
- Leafy Greens (spinach, greens, kale)
- Bananas
- Legumes (peas, beans, lentils, chickpeas, soybeans)
- Seeds (flax, pumpkin, chia)
- Tofu
- Whole Grains (oats, barley, wheat, buckwheat and quinoa)
- Fatty Fish (salmon, halibut, mackerel)

### Try Supplementation

If supplements are your thing, there are some you may find helpful. Be sure to check with your HCP to make sure that they are safe to take with your current medications:

- Fish Oil
- Hibiscus
- Whey protein
- Aged garlic extract
- Berberine

If you feel like you could use support around food and supplementation, don't hesitate to reach out to a HAES-based dietitian. You can find a list of HAES-based dietitians on our Resources page: <https://haeshealthsheets.com/resources/>

## **Behaviors**

### Consider meditation and/or deep breathing

This is believed to work by activating the parasympathetic nervous system, which in turn lowers blood pressure. This doesn't have to take a lot of time, research shows that just 6 deep breaths in 30 seconds can have a positive effect, and that yoga with meditation and breathing decreases blood pressure.

### Move Your Body

Regular movement, including cardiovascular and resistance training, has been shown to have positive effects on blood pressure.

The trick here is to find types of movement that you really enjoy. Cardiovascular activity could include swimming, walking, chair dancing, rocking out around your living room in your underwear, or anything that gets you breathing harder and your heart rate up. Resistance could mean lifting weights, playing around with resistance bands, or body weight strength workouts (like squats or push-ups.)

## **Medication**

There is absolutely no shame in taking medications for your high blood pressure. If you feel confident that your HCP is providing them because you need them and not because of their fatphobia.

On the other hand, if you are noticing persistent elevated blood pressure readings and you are not being prescribed medication due to your HCP's inappropriate focus on weight loss for treatment of hypertension, it may be helpful to ask about medication.

There are several options for high blood pressure medications, which may be chosen depending on your other medical conditions. Be sure to ask about possible side effects and laboratory monitoring that may be needed while on these medications.

The most commonly prescribed medications for high blood pressure and their specific mode of action are:

- **Diuretics** increase excretion of sodium and water in the kidneys
- **Beta Blockers** decrease both the force of each contraction and the heart rate
- **Calcium Channel Blockers** relax the muscles in blood vessels, thereby reducing resistance in the blood vessels
- **Angiotensin-Converting Enzyme (ACE) Inhibitors** cause expansion of blood vessels and decrease water and sodium retention through lowering of angiotensin II and aldosterone
- **Angiotensin II Receptor Blockers (ARBs)** cause expansion of blood vessels and decrease water and sodium retention by blocking the angiotensin II receptor