

Lifestyle Changes for Managing Hypertension

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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 per week for women and men	-4.0	-2.5
Caffeine Consumption	Drinking >4 cups of coffee per day may increase blood pressure	Unclear, but a recent study ^[3] suggests that heavy coffee consumption was associated with an increased risk of CVD mortality among people with severe hypertension, but not in those without hypertension or stage 1 hypertension	
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	Weight loss of 3–9% in individuals living with overweight or obesity ^[5] ^[6]	-3–8 Each kg of weight loss is associated with an average reduction in SBP of 1–2.4 mmHg	-2.4
Physical Activity	Adults should aim to: ^[7] <ul style="list-style-type: none">engage in strengthening activities that work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) on at least 2 days per weekengage in at least 150 minutes of moderate intensity activity per week or 75 minutes of vigorous intensity activity per weekspread exercise evenly over 4–5 days per week, or every dayreduce time spent sitting or lying down, and break up long periods of inactivity	-5.0 A recent network meta-analysis suggested the SBP-lowering effect of exercise among hypertensive populations appears similar to that of commonly used antihypertensive medications ^[8]	-4.0
Potassium Intake	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 ^[9] Be aware of individuals at higher risk of hyperkalaemia, where this recommendation should be individualised: those with advanced CKD, CHF, DM, and resistant hypertension	-3.5	-2.0
Salt Intake	Adults should eat <6 g of salt, equivalent to 2.4 g sodium per day ^[10] (see the Useful Resources for Patients section); 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 and effervescent preparations of analgesics have high sodium content; 8 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	Stop smoking ^[11]	-5.0	-3.1

BP=blood pressure; CHF=chronic heart failure; CKD=chronic kidney disease; CVD=cardiovascular disease; DM=diabetes mellitus; SBP=systolic blood pressure.

- Notes**
- The effects of implementing these modifications are of course individual, and combinations of 2 (or more) lifestyle modifications are synergistic
 - For comparison, the average SBP reduction from one antihypertensive drug is **12.5–15.5 mmHg**^[12] and around two-thirds of hypertensive individuals cannot be controlled on 1 drug and will require 2 or more antihypertensive agents from different drug classes^[13]
 - [Blood Pressure UK](#) and the [British and Irish Hypertension Society](#) (BIHS) provide information for supporting those with—and healthcare professionals managing patients with—hypertension, including home BP monitoring resources from the BIHS.

- Useful Resources for Patients**
- [NHS UK Live Well: Alcohol Support](#)
 - [NHS UK: Hypertension Prevention](#)
 - [US National Heart, Lung, and Blood Institute: DASH Eating Plan](#)
 - [NHS UK Live Well: Healthy Weight](#)
 - [NHS UK Live Well: Exercise](#)
 - [Blood Pressure UK: Potassium and Your Blood Pressure](#)
 - [Blood Pressure UK: Salt and Your Blood Pressure](#)

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