Exercise and Hypertension



Blood pressure classification for adults aged ≥ 18

| BP category | SBP (mm | Hg) | DBP (mmHg) |
|----------------------|-----------|-----|------------|
| Optimal | < 120 | and | < 80 |
| Normal | 120 – 129 | and | 80 - 84 |
| High normal | 130 – 139 | or | 85 - 89 |
| Stage 1 hypertension | 140 – 159 | or | 90 - 95 |
| Stage 2 hypertension | 160 – 179 | or | 100 – 109 |
| Stage 3 hypertension | ≥ 180 | or | ≥ 110 |

Risk stratification and treatment

| Blood pressure stages (mmHg) | Group A(No RF, No TOD/CCD) | Group B(at least 1 RF, No DM, No TOD/CCD) | Group C (DM, TOD and/or CCD,± RF) |
|--------------------------------|-------------------------------------------------|--------------------------------------------------|-----------------------------------------|
| High normal (130-139/85-89) | Life style modification | Life style modification | Drug therapy |
| Stage 1 (140-159/90-99) | Life style modification (up to 12 months) | Life style modification (up to 6 months) | Drug therapy |
| Stage 2&3 (≥160/≥100) | Drug therapy | Drug therapy | Drug therapy |

Lifestyle interventions

- Keep low dietary sodium intake
- Stop smoking
- Regular exercise



Exercise and blood pressure benefits



- Dynamic aerobic training reduces resting BP in individuals with normal BP and in those with HT (acute and chronic effects)
- ↓ ambulatory BP, and BP at fixed submaximal work load
- Decrease in BP appears in HT > normal BP subjects,
 in HT subjects ↓ BP ≈ 5-7 mmHg
- Acute endurance effect (post exercise hypotension)
 persist for up to 22 hr

Resistance exercise

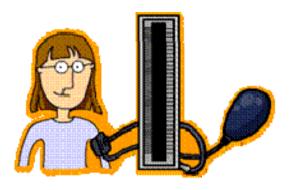


- Chronic concentric and eccentric effect
- "resistance training performed according to ACSM guidelines reduces BP in normotensive and hypertensive adults"

Exercise → primary prevention, treatment and control HT

Potential mechanism for reduction BP after exercise

- Neurohormonal, vascular, structural adaptation
- ↓ TPR, ↓ catecholamines, improve insulin sensitivity



Exercise recommendation

Evaluation

- History taking
- Physical examination
- Screening test





- Major risk factors
- Target organ damage
- CVD complications

Need exercise test

- Engage in hard or very hard exercise
- Stage 3 HT (Group C), no
 CVD : moderate intensity (40%-60% VO₂R)



No need for exercise test

- Stage 1 or 2, Group A or B: light to moderate exercise (< 60% VO₂R)
- Stage 3 (Group C): light or very light intensity (< 40% VO₂R)



Exercise prescription



- Type: primarily aerobic activity supplemented by resistance exercise
- Intensity: moderate intensity (40%-60% VO₂R)
- **Duration :** 30 minutes or more continuous or intermittent exercise per day (minimum of 10 minutes intermittent bouts), **total 30-60 minutes**
- **Frequency**: on most, preferable all, days of the week

Safety and special considerations



- Strenuous physical activity(abrupt ↑ HR & BP) can trigger acute MI
 : latent or known case of heart disease, sedentary
- Medication :
- β blocker : abnormal HR response \rightarrow use RPE
- Diuretics : abnormal regulation of temperature
 → dehydration, heat illness

hypoglycemia

- Antihypertensive medication + PEH : hypotension → extend cool down
- Normal BP response : 8-12 mmHg / 1 METs, during exercise keep BP
 ≤ 220/105 mmHg
- HT with exercise test: intensity training set safety below ischemic ECG, angina threshold ≥ 10 bpm