

DRE. CAROLINE RHÉAUME, ELISA MARIN-COUTURE AND THEIR RESEARCH TEAM PRESENT

SYSTEMIC HYPERTENSION

LIFESTYLE INTERVENTIONS TO THE RESCUE?

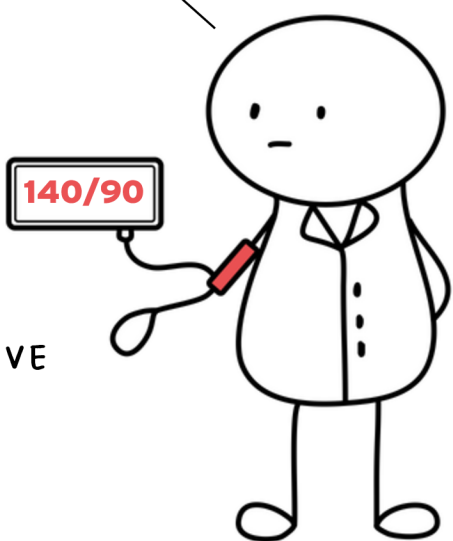
CURRENT CANADIAN GUIDELINES FOR MANAGING SYSTEMIC HYPERTENSION FOCUS ON **LIFESTYLE MEDICINE INTERVENTIONS**, WHETHER OR NOT COMBINED TO ANTIHYPERTENSIVE MEDICATION. ADOPTING A HEALTHY LIFESTYLE ALSO SERVES AS A PREVENTIVE AND NON-PHARMACOLOGICAL TREATMENT MODALITY AGAINST SYSTEMIC HYPERTENSION.

PROFESSOR VICTOR WAS DIAGNOSED WITH STAGE 1 SYSTEMIC HYPERTENSION (HTN) TODAY, AFTER HIS GENERAL PRACTITIONER RAN SOME TESTS.

OH OH.

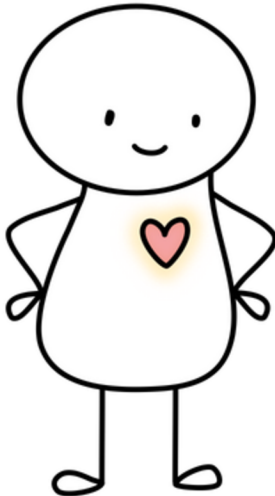
140/90

25 % OF CANADIANS LIVE WITH THE SAME DIAGNOSIS.




KNOWING THAT HTN HAS BEEN IDENTIFIED AS THE WORLD'S LEADING MODIFIABLE RISK FACTOR FOR CARDIOVASCULAR DISEASE AND MORTALITY, HE WONDERS...

WHAT CAN I DO TO BETTER MANAGE THAT CONDITION ?



CAROLINE RHÉAUME AND D'ELISA MARIN-COUTURE'S RESEARCH TEAM HAVE JUST COMPLETED A STUDY ON THAT SUBJECT !


THIS IS A RANDOMIZED CLINICAL TRIAL, WHICH MEANS THAT PARTICIPANTS WERE RANDOMLY ASSIGNED TO DIFFERENT GROUPS SO THAT THE EFFECT OF EACH INTERVENTION COULD BE PROPERLY MEASURED.





THE GOAL OF THIS PROJECT WAS TO EVALUATE:

- 1 THE FEASIBILITY OF IMPLEMENTING LIFESTYLE MEDICINE INTERVENTIONS IN PRIMARY CARE FOR PATIENTS WITH HTN
- 2 THE EFFECTS OF THOSE INTERVENTION ON ARTERIAL BLOOD PRESSURE AND CARDIAQUE HEALTH MARKERS

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FOR 6 MONTHS, PARTICIPANTS FOLLOWED RECOMMENDATIONS FROM ONE OF THESE GROUPS:

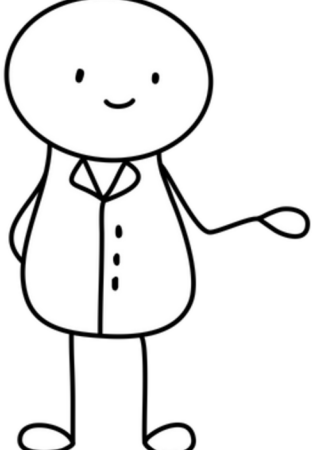
 1) STANDARD MEDICAL CARE	 3) NUTRITION (DASH DIET)
 2) PHYSICAL ACTIVITY	 4) 2 AND 3 COMBINED

THE RESEARCH TEAM MEASURED SEVERAL OUTCOMES, INCLUDING BLOOD PRESSURE, BODY FAT LEVELS AND HEART HEALTH MARKERS.

DRE RHÉAUME AND HER TEAM DEMONSTRATED THAT IT IS FEASIBLE TO IMPLEMENT LIFESTYLE INTERVENTIONS IN PRIMARY CARE FOR PATIENTS WITH HTN, BECAUSE:

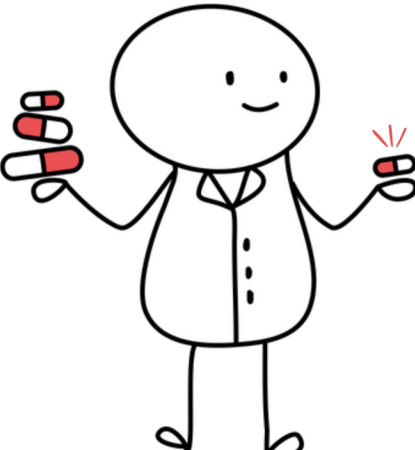
89 %

OF PARTICIPANTS IN THE PROJECTS COMPLETED THE 6 MONTHS OF THE PROGRAM!

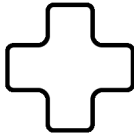




LIFESTYLE MEDICINE INTERVENTIONS ALL LED TO POSITIVE EFFECTS ON BLOOD PRESSURE AND CARDIOMETABOLIC HEALTH MARKERS IN GENERAL.

SOME PARTICIPANTS WERE ABLE TO SIGNIFICANTLY REDUCE OR EVEN ELIMINATE ANTIHYPERTENSIVE MEDICATION FROM THEIR ROUTINE!



WHILE NONE OF THE APPROACHES STUDIED STOOD OUT SIGNIFICANTLY FROM THE OTHERS AS THE BEST APPROACH FOR MANAGING HTN, THESE RESULTS DEMONSTRATE THE IMPORTANCE OF PERSONALIZING THE APPROACH IN PRIMARY CARE TO PROPERLY IDENTIFY AND BETTER ANSWER PEOPLE'S NEEDS.

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CONSIDERING THE LARGE NUMBER OF CANADIANS WITH HTN AND THE HEALTHCARE COSTS IT GENERATES, ITS PREVENTION AND MANAGEMENT SHOULD BE A PRIORITY. CHALLENGES REMAIN WHEN IT COMES TO **INTEGRATING LIFESTYLE MEDICINE INTERVENTIONS INTO ROUTINE MEDICAL PRACTICE**. FURTHER STUDIES ARE NEEDED TO BETTER UNDERSTAND THE IMPACT OF THESE INTERVENTIONS IN PRIMARY CARE SETTINGS.