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Four principles to help control the high cost of high blood pressure

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We already know that high blood pressure can cost us our heart and brain health, productivity and quality of life. Now we know it can also be costly to our wallets.

In a report published today in the *Journal of the American Heart Association*, people with high blood pressure:

- Paid almost $2,000 more for annual healthcare costs.
- Had two-and-a-half times the inpatient costs and almost double the outpatient costs.
- Spent nearly three times more on prescription medications.

Researchers also estimated $131 billion in higher annual healthcare costs nationwide for those with high blood pressure compared to those without it, based on the U.S. prevalence of hypertension.

Researchers used 2003-14 Medical Expenditure Panel Survey data that included nearly 225,000 adults to measure trends and calculate estimated annual healthcare costs for people with hypertension. They adjusted for other medical reasons that would contribute to their expenses, such as a history of stroke or diabetes.

In November 2017, a new guideline from the American Heart Association and the American College of Cardiology lowered the definition of high blood pressure from ≥140/90 mm Hg to ≥130 mm Hg systolic or ≥ 80 mm Hg diastolic. The new threshold raised the prevalence of high blood pressure from about one in three to 46 percent of U.S. adults. The addition of adults with lower blood pressure levels to the hypertensive population may decrease the average cost of hypertension for individuals, but increase its overall cost burden to the nation.

Aggressive action is needed

This monumental public health issue in the United States and worldwide is amplified by its high prevalence and far-reaching adverse effects on health – especially heart disease and stroke – and spending.

The AHA is committed to improving the prevention, detection, evaluation, and management of high blood pressure. This is no small task, but here are four principles to guide us:

1. **We must aggressively help people lower their blood pressure to healthier levels.**

   Early intervention can help prevent problems, slow damage that has already started, lower the risk for a cardiac event or stroke, and help control healthcare costs.

2. **Once blood pressure is in a healthy zone, we need to keep it there.**

Controlling blood pressure is not a one-time event; it requires close monitoring and regular communication between patients and healthcare providers.

3. **Intervention must involve collaboration among multiple stakeholders in various sectors.**

   AHA programs that integrate community and clinical health resources and leverage technology platforms have improved blood pressure control. These programs bring care out of the hospital system and into locations that are more accessible to many patients.

4. **We must recognize and address the factors that influence the development and management of high blood pressure, particularly in certain populations.**

   Access to care is one of many influences on the development and management of high blood pressure. Other complex, interrelated factors include social support and characteristics of the residential or built environment that influence individuals' health behaviors. Social and economic disadvantages also affect health behaviors and contribute to increased cardiovascular risk among lower-income populations and racial/ethnic minorities.

AHA efforts to change systems, environments and policies to help make healthier choices more affordable, accessible and attractive for all Americans is a steep investment of resources. But the potential net result – improved health equity – is priceless.

Related Resources

- *Add link to JAHA report when available*
- Check. Change. *Control* High Blood Pressure Program Resources
- Target: BP
- Social Determinants of Risk and Outcomes for Cardiovascular Disease