

Hypertension and Serious Mental Illness

Hypertension (high blood pressure) is a common condition—affecting 1 in 5 Americans—in which blood does not flow easily through the body's blood vessels to vital organs such as the kidneys, heart, eyes, and brain. If high blood pressure is untreated, the heart and arteries may become damaged and no longer work as well as they should. People can live with hypertension for many years without having any symptoms, which is why this condition is often called "the silent killer." Having high blood pressure puts a person at greater risk for stroke, heart attack, kidney failure, loss of vision, and hardening of the arteries (atherosclerosis).

RISK FACTORS

Hypertension commonly develops as people age and can also develop due to long-term smoking, obesity, fatty diets, physical inactivity, too much alcohol, or stress. High blood pressure also runs in families and is more common in African Americans. It is more likely among individuals with serious mental illness. Medications used to treat mental illness symptoms (e.g., quetiapine, risperidone, aripiprazole, olanzapine, and ziprasidone) can lead to obesity and increase the risk of developing high blood pressure.

WATCH OUT FOR

Hypertension is a largely symptomless condition; however, a person with extremely high blood pressure may experience:

- ✓ Severe headache
- ✓ Fatigue or confusion
- ✓ Vision problems
- ✓ Chest pain
- ✓ Difficulty breathing
- ✓ Irregular heartbeat
- ✓ Blood in the urine
- ✓ Pounding in the chest, neck, or ears

Clients need to get their blood pressure checked regularly to diagnose hypertension.

DIAGNOSIS

Blood Pressure Measurement: A single reading showing high blood pressure doesn't mean that someone has hypertension, but it is an indication that it should be watched carefully. Some people have "white coat hypertension," meaning that their blood pressure rises at the doctor's office because they are anxious, and their blood pressure usually decreases once they feel more relaxed. Sometimes blood pressure needs to be checked several times over a period of days or weeks to determine if someone has hypertension.

	<u>Systolic (mmHg)</u>		<u>Diastolic (mmHg)</u>
Normal:	< 120		<80
Pre-hypertensive:	120-139	or	80-89
Hypertensive (stg I):	140-159	or	90-99
Hypertensive (stg II):	≥ 160	or	≥ 100

SUPPORTING CLIENTS WITH HYPERTENSION AND MENTAL ILLNESS

- Try to understand the client’s perspective. Managing high blood pressure can require changes in every aspect of one’s life, which can be overwhelming.
- Ask directly about barriers that might hinder clients in their attempt to manage their overall health (e.g., financial challenges, lack of experience cooking healthy meals, availability of physical activity opportunities and healthy foods, home environment, difficulty in understanding doctors’ instructions, etc.).
- Reach out to clients to remind them of clinically recommended screenings and check-ups using a schedule like the one outlined in this tip sheet.
- Ask clients to demonstrate how they check their own blood pressure, and provide support to encourage them to complete this task on a regular basis. Remind clients that a person’s blood pressure rises normally in response to a salty meal, pain, stress (e.g., sudden noise, fight), or anxiety. If you or your clients measure blood pressure, it is best to have the client seated for 3-5 minutes resting comfortably in a quiet space before checking their blood pressure.
- Encourage clients to bring blood pressure readings that they take at home to their doctors and care team—these measures taken in daily life are just as important as blood pressures taken in a mental health center or doctor’s office.
- Discuss strategies with clients for remembering to take medications, dealing with common side effects, and what clients should do if they miss a dose.
- Use motivational interviewing techniques and support clients in self-management goals.
- Help clients identify questions they should ask their physician about management of hypertension.
- Link clients to resources such as assistance with meal planning and shopping, nutritional counseling, exercise groups targeted to those with serious mental illness, peer support groups, and health education workshops.

WATCH OUT FOR

- **Fainting episodes or lightheadedness.** These symptoms may be signs that the blood pressure is too low or fluctuating. In this situation, you may help connect clients with their providers to review medicine and make adjustments.
- **Lower extremity swelling.** This may be a sign that high blood pressure has progressed and possibly caused damage to the heart. Ensure that you work with the primary care team for follow-up.
- **Severe headaches, severe anxiety, shortness of breath, and/or nosebleeds,** as these may be signs of a hypertensive crisis requiring immediate medical attention.

CLINICAL RECOMMENDATIONS FOR CLIENTS WITH HYPERTENSION

FREQUENCY	SCREENING	GOAL	CHECKLIST	NOTES
Daily	Blood Pressure (if recommended by provider)	Systolic: <120mmHg Diastolic: <80mmHg If over age 65, goal is <140/90mmHg	Client is checking values daily? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not checking values daily (or as recommended by provider), support them in checking blood pressure.
Ongoing	Healthy Meal Plan	DASH (Dietary Approaches to Stop Hypertension): <ul style="list-style-type: none"> Rich in fruits/vegetables Low-fat dairy < saturated & total fats < sodium intake to 2.5g or 6g Sodium Chloride 	Client is following healthy meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not adhering to a healthy meal plan, direct them to resources to support nutrition.
Ongoing	Physical Activity: As recommended by provider	As recommended by provider, but in general aim for at least 30 minutes/day, 5 days of the week	Client is following exercise plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not meeting physical activity goal, direct them to resources to support physical activity.
Ongoing	Blood Pressure and Medication Review	Systolic: <120mmHg Diastolic: <80mmHg If over age 65, <140/90mmHg	Date checked: _____ BP reading: _____ List of current medications: _____ _____ _____	If client is not checking values as directed, support them in checking blood pressure. Refer client to provider if not at goal.
Ongoing	Smoking and Alcohol Consumption	Smoking cessation is strongly recommended for all clients with hypertension. Reduced or no alcohol consumption is recommended for all clients with CHF: no more than 2 drinks per day for men; no more than 1 drink per day for women.	Smoker? Yes <input type="checkbox"/> No <input type="checkbox"/> Drinks alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of drinks per day: _____	Discuss smoking cessation strategies and ways to reduce alcohol consumption. <i>Refer to the Smoking and Serious Mental Illness tip sheet in additional resources.</i>
Ongoing	Body Mass Index (BMI)	Underweight = <18.5 kg/m ² Normal weight = 18.5–24.9 kg/m ² Overweight = 25–29.9 kg/m ² Obesity = 30 kg/m ² or greater	Date checked: _____ BMI reading: _____	Note any BMI changes and refer client to health care provider in the case of a large or progressive change.
Annually	CBC (Complete Blood Count) w/Hematocrit	Men: 40.7%-50.3% Women: 36.1%-44.3%	Date checked: _____ CBC: _____	Provide reminders for appointments (in an appropriate timeframe) to complete labs.

FREQUENCY	SCREENING	GOAL	CHECKLIST	NOTES
Annually	Lipid Panel	Cholesterol: <200mg/dL HDL: Men (>40mg/dL); Women (>50mg/dL) LDL: <100mg/dL Triglycerides: <150mg/dL	Date checked: _____ Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____	If not at goal, discuss ways to improve health indicators through diet and physical activity. Provide reminders for appointments (in an appropriate timeframe) to complete labs.
Annually	CMP (Complete Metabolic Panel / include Fasting Glucose)	Some blood pressure medications (diuretics) may affect kidneys and electrolyte balance. It's important to check kidney function and electrolyte balance yearly.	Date checked: _____ CMP: _____	Provide reminders for appointments (in an appropriate timeframe) to complete labs.
Annually	Urine Sample for Protein/Microalbumin	< 30mg	Date checked: _____ Protein/Microalbumin: _____	Provide reminders for appointments (in an appropriate timeframe) to complete labs.
Annually	Flu Vaccine	Receipt of annual flu vaccination	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.
One-Time	Pneumonia Vaccine	For adults 65+ or persons with diabetes 50+, receipt of vaccine	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.

Clinical recommendations are based on guidelines for hypertension care and input from clinical experts. Please see additional resources for links to clinical recommendations. **You can help your client use this list as a starting point to prioritize and individualize these goals and activities.**

ADDITIONAL RESOURCES

- American Heart Association, *High Blood Pressure Resources For Professionals*: http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/HighBloodPressureToolsResources/High-Blood-Pressure-Resources-For-Professionals_UCM_461722_Article.jsp#.Vux8HulrLct
- American Heart Association, *Conditions: High Blood Pressure*: http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure_UCM_002020_SubHomePage.jsp
- Medline Plus, *High Blood Pressure*: <http://www.nlm.nih.gov/medlineplus/highbloodpressure.html>
- CDC, *Facts About High Blood Pressure*: http://www.cdc.gov/bloodpressure/docs/ConsumerEd_HBP.pdf
- Heart and Stroke Foundation, *Patient Registration Visit Form*: <http://www.heartandstroke.on.ca/atf/cf/%7B33C6FA68-B56B-4760-ABC6-D85B2D02EE71%7D/HSFOflowhseet%20-%20Final%20-%20pdf.pdf>
- Resources for Integrated Care, *Smoking Cessation and Serious Mental Illness Tip Sheet for Navigators*: https://www.resourcesforintegratedcare.com/Smoking_Cessation_and_Serious_Mental_Illness

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