

HEALTH ENHANCEMENT PROGRAM (HEP)

HYPERTENSION - DID YOU KNOW?

CHRONIC CARE COMPLIANCE FORM



Please read the information below and complete the form to be compliant.

Hypertension is the medical term for high blood pressure. High blood pressure is called a “silent killer,” because it doesn’t usually cause symptoms while it is causing this damage.

Blood pressure is a measure of how hard the blood pushes against the walls of your arteries as it moves through your body.

When blood pressure is high, it starts to damage the blood vessels, heart, and kidneys. This can lead to heart attack, stroke, and other problems.

Your blood pressure consists of two numbers: systolic and diastolic. Someone with a systolic pressure of 120 and a diastolic pressure of 80 has a blood pressure of 120/80, or “120 over 80.”

- The systolic number shows how hard the blood pushes when the heart is pumping.
- The diastolic number shows how hard the blood pushes between heartbeats, when the heart is relaxed and filling with blood.

Untreated high blood pressure can lead to fatal heart attacks or stroke. The higher your blood pressure, the greater your risk. Hypertension is the most preventable risk factor for premature death worldwide.

67 million American adults (31%) have high blood pressure — that’s **1 in every 3** American adults.

High blood pressure costs the nation **\$47.5 billion annually** in direct medical expenses and **\$3.5 billion each year** in lost productivity.

About half (47%) of people with high blood pressure have their condition under control.

Making lifestyle changes can help you control or even prevent high blood pressure.

- Stay at a healthy weight or lose extra weight
- Eat less salt and salty foods
- Limit alcohol intake to 2 drinks a day for men and 1 drink a day for women
- Consume a diet rich in fruit and vegetables
- Exercise regularly.

Taking your blood pressure at home helps you track the effects of your medicine and lifestyle changes.

Sources: CDC Factsheet, CDC Stats, Healthwise Inc.

Name _____

Email Address _____

EID or Date of Birth _____

Day Time Phone Number _____

Relationship (circle one) - employee spouse dependent

Signature _____

Date _____

By signing, I attest that I have read the fact sheet

Return to CMS representative or fax: 877-687-1449

To learn more go to **CTHEP.com** or call **1-877-687-1448**