Lifestyle modification is indicated for all patients with hypertension, regardless of drug therapy. It may reduce, or even abolish, the need for antihypertensive drugs.

Regular physical activity

- There is strong evidence that regular physical activity has an independent cardioprotective effect.24
- Regular aerobic exercise can lower systolic BP by an average of 4 mmHg and diastolic BP by an average of 2.5 mmHg.25

People with any of the following should defer physical activity until medical review:

- grade 3 hypertension (systolic BP ≥ 180 mmHg or diastolic BP ≥ 110 mmHg)
- unstable angina, uncontrolled heart failure, severe aortic stenosis, resting tachycardia or arrhythmias
- symptoms (e.g., chest discomfort, shortness of breath) on low activity
- diabetes with poor glycaemic control
- other acute illness.

Smoking cessation

- Smoking cessation may not directly reduce BP, but markedly reduces overall cardiovascular risk. The risk of myocardial infarction is 2–6 times higher27,28 and the risk of stroke is 3 times higher in people who smoke than in non-smokers.29,30
- Advice from health professionals is effective in increasing quit rates. Even 3–5 minutes taken to encourage smokers to attempt to quit can increase success rates.31
- Pharmacotherapy (nicotine replacement therapy, bupropion, varenicline) is effective. The risk of adverse effects is small and is generally outweighed by the significant risk of continuing to smoke.

Give all patients clear, unambiguous advice to stop smoking. Assess each person’s readiness to quit and provide appropriate counselling.

Refer to Quitline (13 QUIT). Consider referral to a smoking cessation program.
Dietary modification

- There is strong evidence that salt restriction can reduce systolic BP by approximately 4–5 mmHg in hypertensive individuals and 2 mmHg in normotensive individuals. Responses vary between individuals—generally greatest among the elderly and those with severe hypertension.
- (Suitable for patients with normal renal function only): Increasing dietary potassium can reduce systolic BP by 4–8 mmHg in hypertensive individuals and 2 mmHg in normotensive individuals.

Limit salt intake to ≤ 4 g/day (65 mmol/day sodium) by:

- choosing foods processed without salt, foods labelled ‘no added salt’ or ‘low salt’ (or ‘reduced salt’ products when other options are unavailable)
- avoiding high-salt processed foods, salty snacks, takeaway foods high in salt, salt added during cooking or at the table.

Patients with normal renal function only: increase potassium intake by eating a wide variety of fruits and vegetables, plain unsalted nuts (limit quantity and frequency to avoid excess kilojoules), and legumes (e.g. beans, lentils, dried peas).

Patients taking potassium-sparing diuretics must limit potassium intake to avoid severe hyperkalaemia.

Notes
Refer to a dietitian for initial review and follow up, where appropriate.
Dietary sodium intake can be monitored by periodical measurement of 24-hour urinary sodium excretion rate, which closely approximates intake. The results can be discussed with the patient.

Weight reduction

- Every 1% reduction in body weight lowers systolic BP by an average of 1 mmHg.
- Weight reduction by as little as 4.5 kg reduces BP and/or prevents hypertension in a large proportion of overweight people. Weight loss of 10 kg can reduce systolic BP by 6–10 mmHg.
- Sibutramine may increase BP in some patients, particularly those who are both obese and hypertensive – monitor BP regularly.

Assess waist circumference (preferable) and BMI. Targets are:

- waist circumference < 94 cm (males); < 80 cm (females)
- BMI < 25 kg/m² (see notes below).

Set achievable intermediate goals in consultation with patients and assess progress regularly.

Advise patients on how to reduce kilojoule intake as well as increase physical activity. Explain that energy input (kilojoules) from food and drinks must be less than the kilojoules expended in daily activities and planned regular physical activity in order to lose weight. To lose weight, most people will need to do more physical activity than the 30 minutes of moderate-intensity physical activity per day recommended for general health benefits.

Emphasise that there is no quick solution; lifestyle changes must be practical and able to be maintained for a lifetime.

Notes
Stated targets are based on data from European populations and may not be appropriate for all ages and ethnicultural groups. Compared with Europeans, the BMI cut-point associated with increased risk of type 2 diabetes and cardiovascular disease is typically higher for Polynesian populations and lower for Aboriginal and Torres Straight Islander populations and some Asian populations (e.g. Hong Kong Chinese, Indonesians and Singaporeans). A World Health Organization expert consultation has identified the cut-point of 23 kg/m² as an additional trigger for public health action in Asian countries.
Limiting alcohol

- Moderate drinking may increase BP\textsuperscript{38–40} and binge drinking may increase the risk of hypertension.\textsuperscript{38,41}
- Reducing alcohol consumption can substantially lower BP in some patients.\textsuperscript{42}

Advise patients with hypertension to limit their intake to:

- a maximum of two standard drinks per day for men
- a maximum of one standard drink per day for women.

Advis at least two alcohol-free days per week.

Supporting long-term lifestyle changes

- Tailor advice to individual patient’s needs and set realistic goals.
- Give regular encouragement. Respond positively to any incremental success, even if targets have not been achieved (e.g. reduction in smoking or weight).
- Provide specific written instructions.
- Review progress regularly.
- Refer to other health professionals (e.g. accredited practising dietitians or exercise professionals) for ongoing support and follow-up where appropriate.

More information

The Heart Foundation’s heart health information service: 1300 36 27 87 or www.heartfoundation.org.au.


Lifestyle – Recommendations

Manage identified lifestyle risk factors in all patients, whether or not BP is elevated.

Advise patients to aim for healthy targets:

- At least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week (daily total can be accumulated e.g. three 10-minute sessions). Advise patients of all ages to become more active.
- Smoking cessation. Refer patients to Quitline. Consider recommending nicotine replacement therapy and/or prescribing oral therapy (bupropion or varenicline) in patients who smoke more than 10 cigarettes per day and have no contraindications.
- Waist measurement < 94 cm for men and < 80 cm for women, body mass index (BMI) < 25 kg/m\textsuperscript{2}. When recommending weight loss, advise patients on reducing kilojoule intake as well as increasing physical activity.
- Dietary salt restriction: ≤ 4 g/day (65 mmol/day sodium). Recommend low-salt and reduced-salt foods as part of a healthy eating pattern.
- Limited alcohol intake: maximum of two standard drinks per day for men or one standard drink per day for women.