There has been a drop in BP control among American adults, signaling a dangerous trend in hypertension—the leading modifiable risk factor for heart attacks and strokes. Heart health is always essential, but it is especially important during the COVID-19 pandemic. This is because people with serious heart conditions are at increased risk for more severe outcomes if they acquire the SARS-CoV-2 infection. The same may be true for those with hypertension. As scientists and physicians continue to learn more about the virus, it is important for patients to maintain their cardiovascular health during the pandemic.

In a recent episode of the “AMA COVID-19 Update,” three physicians discussed the importance of maintaining heart health during the pandemic. They were:

- Michael Rakotz, MD, vice president of health outcomes at the AMA.
- David Goff, MD, PhD, director of the Division of Cardiovascular Science at the National Heart, Lung and Blood Institute.
- Rear Adm. Betsy L. Thompson, MD, MSPH, DrPH, director of the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention (CDC).

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients’ high BP. These resources are available to all physicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and American Heart Association.

Here are some ways physicians can help their patients improve BP control, especially during the COVID-19 pandemic.

Make hypertension control a priority
“Even before the pandemic, we considered hypertension control the number one priority in terms of the work that we’re doing in the Division for Heart Disease Prevention and Stroke,” said Dr. Thompson. “We had started this year thinking that this was going to be the year for hypertension control.”

“National trends in heart disease mortality were leveling off, even stagnating prior to this,” she said. “But right now, we’re particularly concerned because a serious heart condition is a major risk factor for COVID-19—for both hospitalization from COVID-19 as well as severe illness.”

“It’s really, really critical now—more than ever—that people are aware of their blood pressure and that they and their care teams are doing everything they can to control it,” said Dr. Thompson. “We know that we can get out of the basement of hypertension control rates.”

The U.S. Surgeon General Jerome Adams, MD, recently released a call to action on hypertension control.

**Use combination therapy**

“We know that using single-pill combination therapy is a fast and effective way to get blood pressure to control,” said Dr. Rakotz. “Yet, it seems that about 40% of people with uncontrolled high blood pressure continue to be on only monotherapy instead of combination therapy.”

“That’s a really important point because for people who need blood pressure medication, it often takes several different drugs because of the body’s system of preserving blood pressure,” said Dr. Goff. “These combination therapies are really important and that means people need to have access to health care.”

**Implement self-measured BP monitoring**

“One of the biggest concerns with COVID-19 and hypertension control is that so many people at high risk are limiting their travel to see their doctors because of the risk of acquiring the infection,” said Dr. Rakotz. “Telehealth visits have reduced that exposure risk for many people, but doctors everywhere immediately started to struggle with having to quickly figure out—how do I manage somebody with a chronic condition when I don’t have all the data that I’m used to having?”
“That’s where self-measured blood pressure monitoring, or SMBP, plays an extremely important role,” he said. “The more we can widely disseminate SMBP as a strategy with the ability to get SMBP data back to health care providers, the better off we’ll be.”

**Improve access to care**

Looking at the drop in BP control among adults, “access to health care was really important in determining who had blood pressure control and who didn’t,” said Dr. Goff. “We can do things inside the clinic and inside the practice, but many people don’t have access to care. We need to figure out how to take care of the patients where they are.”

For example, barbershops were able to help cut high BP among Black men, he said, adding that pharmacists were able “to improve control of hypertension in Black men from about one-third to about 90%.”

“This is the sort of thing that we need to test in more of an implementation and dissemination strategy and get it rolled out more widely across our country so that we can get care to the people where they are, when they need it,” said Dr. Goff.