Lower Your Blood Pressure by Eating Healthier Foods

The silent killer, it’s often called. High blood pressure has no signs or symptoms. Its presence often goes unnoticed until the sudden onset of a stroke or heart attack. What can you do to protect yourself from the devastating effects of high blood pressure?

Blood pressure (also known as hypertension) increases as we age. In fact, half of all Americans over age 60 have high blood pressure. Ideally, your blood pressure should be 120/80. If yours is 140/90 or higher, you need to do something to lower it. If you have diabetes, you should keep it less than 130/85 to reduce the risk of heart disease and stroke. What can you do?

The best thing you can do is to prevent high blood pressure. Studies have shown that what we eat can affect our blood pressure. A few years ago, a diet low in saturated fat, total fat, and cholesterol, and rich in fruits, vegetables, and low-fat dairy foods was found to lower blood pressure in people who had high blood pressure. The diet, called the DASH (Dietary Approaches to Stop Hypertension) diet, is rich in magnesium, potassium and calcium. It’s similar to the Food Guide Pyramid which recommends lean meats and low-fat or fat-free dairy products. It also recommends 8-10 servings of fruits and vegetables each day and 4-5 servings a week of nuts, seeds, and dry beans. The high levels of magnesium, potassium, and calcium are thought to contribute to the beneficial effects on blood pressure.
At first, you’re going to say you couldn’t possibly eat 8-10 servings of fruit and vegetables each day! Well, give it a try! Try to eat two servings each meal plus a fruit for one snack and a vegetable for another snack. An example for breakfast might include one small banana and 6 ounces of orange juice along with a bowl of whole grain cereal and skim milk to give you two servings of fruit. A small apple and a cup of salad greens would give you two servings of fruits/vegetables for lunch. It’s not as difficult as it sounds at first. Try to gradually increase your intake of fruits and vegetables to get your body used to the increased fiber. We know we get a lot of benefits from fruits and vegetables. We’re only beginning to understand what all these benefits are. That’s why supplements aren’t a good substitution for whole fruits and vegetables.

In addition to eating healthier foods, try making some other lifestyle changes to help prevent high blood pressure. Weight loss, if you’re overweight, can lower blood pressure. Try to get at least 30 minutes of some type of moderate physical activity every day like walking, housework, gardening, or swimming. You’ll be amazed at the effect exercise has on your blood pressure. Eating foods with less salt or sodium can lower the blood pressure in people who are salt-sensitive. Studies are being done now to determine how much sodium and salt is advisable to prevent or control high blood pressure. Be sure to limit alcohol intake. And, lastly, take high blood pressure pills if your doctor prescribes them.

Copies of the DASH diet are available from the DASH Website at www.dash.bwh.harvard.edu.

Creamed Spinach

3 cups water
2 10-ounce bags fresh spinach, washed, stems removed and chopped
2 teaspoons margarine
2 tablespoons flour
1 cup skim milk
2 tablespoons grated Parmesan cheese
1/8 teaspoon white pepper
Ground nutmeg

1. Bring water to boil in large saucepan; add spinach. Reduce heat and simmer, covered, about 5 minutes or until spinach is wilted. Drain well. Set aside.
2. Melt margarine in medium saucepan; stir in flour and cook over medium-low heat 1 minute, stirring constantly. Whisk in milk; bring to a boil. Cook, whisking constantly, 1 to 2 minutes or until mixture thickens. Stir in cheese and pepper.
3. Stir spinach into sauce; heat thoroughly. Spoon into serving bowl;
sprinkle lightly with nutmeg.
Makes 4 servings
Exchanges: 1 vegetable, ½ starch, ½ fat
Nutrition Information:
Calories 95
Fat 3 grams
Carbohydrate 11 grams
Cholesterol 3 grams
Sodium 212
Fiber 4 grams

Recipe printed with permission from Diabetic Cooking, April 2000

Your Resources

Credit in Later Life

Have you always paid with cash for all of your expenses? If so, you might have a problem if you need a loan for a bigger expense, like a medical bill or a repair to your house. Many older people, especially older women, may find it hard to get credit in their later years. There are some things you can do to get credit so it won’t be a problem down the road.

Apply for credit in your own name. If a woman has credit only on accounts she holds jointly with her husband, she might find that creditors will try to close accounts held jointly if her husband dies because they assume her income will be reduced.

If you don’t have any credit history, ask your bank to open a secured credit card account for you. This means that the bank issues you a credit account that is secured by a savings account. If you fail to pay on time, the bank can take the money from the savings account to make the payment. Paying on time builds a good credit record for you. Just make sure the bank reports your timely payments to the credit bureau.

A creditor is not allowed to deny you credit or terminate existing credit simply because of your age. However, the creditor can consider age as it relates to how you can repay a debt. For example, if you are 70 years old and apply for a 30-year mortgage, a lender might be concerned that you may not live to repay the loan. However, if you apply for a shorter loan term or increase your down payment, you might satisfy the creditor’s concerns.

Until now, you might have always paid in cash, in full, because that’s how your parents did it. However, cash payment in full does not show your ability to pay over time, which is what creditors look at. Establishing credit does not mean that you must always buy over time if you are not comfortable with it. But it does mean that as long as you maintain a good record of payment, you should have access to credit if you need it.
For example, suppose you need a new refrigerator, which costs $500. You can either take the time to save $500 at, say, $50 per month, which means you will have to go 10 more months without a new refrigerator. Or you can apply for credit, either with a bank or directly with a merchant, and if approved, you can put that $50 per month towards the purchase of the refrigerator, but take it home today. Many stores even have plans that will allow you to buy items over time with no interest as long as you make your payments on time.

So consider establishing credit in your name, even if you never have before. Ask the people you’ve made cash payments to all your life to serve as financial references, and try to work with a local creditor. As long as you continue to pay on time and keep the rest of your financial house in order, your increased access to credit will benefit you on into your twilight years.

**Your Relationships**

**Tips on Talking with a Doctor**

The business of health care is changing. It is less common to have a family doctor who has been a family friend for years. Today, many doctors are pressured to see lots of patients in a short time. When communicating with a doctor, remember that as an older adult you are the consumer of her or his services. You have the right to a clear diagnosis, the right to have conditions explained, and the right to know all risks involved in medical procedures such as surgery or diagnostic tests.

Many persons feel that the doctor is responsible for their health. Nothing could be further from the truth! The doctor and the patient form a team. The patient is responsible for informing the doctor of a condition and following the course of treatment prescribed. The physician is responsible for diagnosing the condition correctly and prescribing an effective and reasonable course of treatment.

The following can help the doctor/patient team work better:

- Be frank with your doctor. He or she needs to know exactly why you are in the office. This is no time for being embarrassed.
- Stick to the problem at hand. Do not confuse the doctor with irrelevant details. (Example of what not to do: “The pain started when I went shopping with my daughter. You know, my daughter just bought this beautiful new car...”)
• Tell the doctor up-front that you intend to ask questions about your condition. Often, asking questions slows a physician down, but he or she should take the time with you that you need.
• Ask the doctor for any written information on your condition. Often, booklets will answer and reassure you about what you need to do.
• Have the doctor write down, in medical terms, just what your condition is called. The medical names can be checked later in medical reference books, which are available in most public libraries, or online. Also, make sure the medical term used by the doctor is explained in layman’s terms before you leave the office.
• If a doctor appears impatient with your questions, tell the doctor that you want to understand precisely what is wrong with you and how you can best follow the recommended care plan. Do not apologize to the doctor for taking up time.
• If your doctor wants diagnostic testing done, always have the test explained to you. The doctor should be able to tell you why the test is to be run, what he or she will learn from the test, what risks are associated with the test, and why the test is justified.
• Have your prescriptions explained to you before you leave the doctor’s office. You should clearly know when to take the medicine, how much to take, and any precautions (for example, causes sleepiness) or recommendations (for example, needs to be taken with food) associated with the medication.
• Doctors may prescribe medications because patients want “something” done for their condition. In many cases, medications are not necessary. Drugs always have an effect on the human body.
• Be polite but persistent. Remember you and your doctor form a team based on mutual respect and trust. Nothing is more important than your health, so make sure you are an informed consumer.

Adapted from Ohio State University Extension “Senior Series.”

An error was printed in the Volume 8, Number 3 issue in the article “Are Antioxidant Vitamin Supplements Helpful or Harmful?” The recommended daily intake for Selenium should read 15 mcg instead of 15 mg. We apologize for the error.
Dear Friend:

SENIOR SENSE is a quarterly publication provided by your local county Extension Service office. It is prepared by Extension Family & Consumer Sciences specialists at The University of Georgia specifically for the educational needs of older Georgians.

Please contact your local Extension Service office for more information on these and related topics.

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