

NEED TO KNOW?

YOUR QUESTIONS ANSWERED

Balancing pressures

Q My blood pressure is 160/70. Can I lower the systolic pressure to 120 and keep the diastolic at 70?

Dr. Curnew responds: Yes, it's possible to lower the systolic (upper number) pressure and keep the diastolic number stable. Your heart is a powerful muscle that pumps freshly oxygenated blood through your arteries to the rest of your body. When the heart contracts, the pressure in your arteries increases, resulting in systolic blood pressure. When your heart relaxes and fills with blood, diastolic blood pressure is recorded.

Blood pressure, especially systolic, tends to increase with age, while diastolic values tend to fall. This widens the difference between systolic and diastolic blood pressure, called pulse pressure. For most people, reducing

both systolic and diastolic blood pressure is important. In your case, to reduce your risk of stroke and heart disease, your goal should be a systolic blood pressure less than 140 mmHg. If you have diabetes, aim for a systolic value less than 130 mmHg.

It can be challenging to lower your values, but it's possible with effort, motivation and persistence. Lifestyle changes can help get you to your target levels. If these changes aren't enough for you, your doctor may recommend the use of medication.

Dr. Gregory Curnew is an Associate Clinical Professor of Internal Medicine and Cardiology at McMaster University in Hamilton, Ontario, and Director of the Coronary Care Unit of the Hamilton Health Sciences Corp. He participates in cardiovascular research and patient education.

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H. pylori: friend or foe

Q I don't have GERD yet, but test positive for *helicobacter pylori* in my stomach. Should I have the *H. pylori* treated? I heard it protects against esophageal cancer.

Dr. Chiba responds: *Helicobacter pylori* is a bacteria that can develop in your stomach. It's a risk factor for ulcers in the stomach and duodenum (the first part of the small intestine) and it could cause stomach cancer and lymphoma. If you take non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen, these drugs and *H. pylori* can substantially increase your risk of ulcers and severe complications like bleeding.

H. pylori's declining prevalence in many societies has been associated with an increase in GERD and esophageal cancer. But the risk of getting esophageal cancer is still very low. Even among people with Barrett's esophagus, when the lining of the esophagus is permanently damaged by acid reflux, esophageal cancer develops in only about 0.5% of patients per year. As well, while GERD is the main recognized risk factor for esophageal cancer, up to 40% of people who have esophageal cancer have no history of GERD. Trying to protect against a cancer you are unlikely to get by not treating something that could cause you ulcers or stomach cancer doesn't make any sense. If you know you have *H. pylori*, get rid of it! 

Naoki Chiba, MD, MSc, FRCPC, is Associate Clinical Professor at McMaster University in Hamilton, Ontario and Director of Surrey GI Research in Guelph.

Running out of air

Q How can I prevent exercise-related symptoms?

Dr. Cockcroft responds: Some people experience asthma symptoms like wheezing and shortness of breath when they exercise. Known as exercise-induced bronchoconstriction (EIB), it's a symptom of underlying or uncontrolled asthma. The first thing you need to do to prevent EIB is make sure your asthma is well managed, identify and avoid allergens (like house pets, if applicable) and take controller medications as prescribed by your physician.

When you exercise in cold, dry environments, the heat and water loss from the airway can produce EIB, so try covering your mouth with a scarf to warm up the air going into your lungs. When possible, exercise in a warm and moist environment, like the swimming pool. Start your exercise session slowly and be sure to include a warm-up period.

Short-acting inhaled β_2 agonists are effective in relieving acute symptoms and short-term prevention of EIB. Long acting inhaled β_2 agonists are effective at reducing EIB over the long term, but they should be used in combination with inhaled corticosteroids. Other drugs like inhaled sodium cromoglycate or nedocromil can also reduce EIB and may be a good addition to salbutamol. An anti-leukotrine like montelukast can also be effective in reducing EIB, and tolerance will not develop. Talk to your doctor about what medication is right for you. If nothing helps, the underlying problem may be something other than asthma. It's worth finding the cause and dealing with it so you don't have to abandon your fitness regimen; regular exercise improves physical fitness, overall health and may itself reduce EIB over the long term.

Dr. Don Cockcroft, FRCP(C) is a respirologist at the Royal University Hospital/University of Saskatchewan.