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NEW STANDARDS ESTABLISHED FOR HIGH BLOOD PRESSURE/HYPERTENSION CASES

By Scott O'Mara

Before high blood pressure/hypertension can be controlled through treatment, it must first be detected and diagnosed. Traditionally, that diagnosis has not been made for individuals with a reading below 140/90, even though, technically speaking, they may have "high blood pressure". Now, however, as of 11/13/17, a much more realistic evaluation as to what constitutes elevated blood pressure has been made by the American Heart Association (AHA) and the American College of Cardiology (ACC), who have determined that anyone with a blood pressure reading higher than 130/80 will be considered to have high blood pressure or hypertension.

This determination is very significant. First of all, it will provide motivation for people with borderline readings to be more proactive regarding their blood pressure. Secondly, and most importantly, it will enable people with systolic/diastolic readings between 130/80 and 140/90 (who previously would not have been considered in need of medical treatment) to receive the care necessary to reduce their risk of end organ damage (such as enlargement or other structural changes involving the heart) and potentially more serious events — such as heart attacks, strokes and kidney failure — any of which can result when their blood pressure is not under control. It is important to recognize that these conditions impact the lives of individuals who have high blood pressure.

The evaluation of high blood pressure/hypertension is discussed by the *AMA Guides to the Evaluation of Permanent Impairment, 5th Edition*. However, whereas this source has traditionally used the old standard of 140/90 as the defining point for high blood pressure/hypertension, the American Heart Association and American

College of Cardiology now indicate that a reading between 130/80 and 139/89 is to be considered stage 1 hypertension, and readings of 140/90 and above are considered to be stage 2. The new standard further reflects that anyone with a reading of 180/120 or higher is to be regarded as being in "hypertensive crisis" and is in need of immediate treatment or hospitalization.

Individuals with stage 1 hypertension are encouraged to consider lifestyle changes — particularly such options as getting more exercise and eating less salt and more fruit, vegetables and whole grains. These changes alone should help to reduce their blood pressure. If these changes are not successful in achieving that result, consideration should be given to medication, which in some cases may be a necessity. The medications typically utilized for treatment are diuretics, beta blockers and ACE inhibitors.

The new standards for evaluating high blood pressure will result in quicker diagnoses, which hopefully will enable at-risk individuals to gain more control over their health, thereby lessening the risk of end organ damage to the heart and possible heart attacks, strokes and kidney problems.

Regarding the Workers' Compensation parameters as to evaluating cases, the new standards will place an additional mandate to identify when workers in careers which create hypertension have elevated blood pressure and are in need of medication to control this problem — a problem which clearly is related to stress in their employment situation.

Therefore, when you interact with your doctor, it is important to obtain an accurate blood pressure reading and evaluation so you will have access to treatment and medication as needed, and a proper determination can be made as to your eligibility for Workers' Compensation benefits in light of the extraordinary stressors to which safety officers are exposed on a daily basis.



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NOTICE

Making a false or fraudulent Workers' Compensation claim is a felony subject to up to 5 years in prison or a fine of up to \$50,000 or double the value of the fraud, whichever is greater, or by both imprisonment and fine.

