Best Proven Nonpharmacologic Interventions for Prevention and Treatment of Hypertension*

<table>
<thead>
<tr>
<th>NEW BP CATEGORIES</th>
<th>Normal: &lt;120/80</th>
<th>Elevated: 120-129/80</th>
<th>Hypertension Stage 1: 130-139/80-89</th>
<th>Stage 2: &gt;140/&gt;90</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEIGHT LOSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTHY DIET</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REDUCED INTAKE OF DIETARY SODIUM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENHANCED INTAKE OF DIETARY POTASSIUM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICAL ACTIVITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MODERATION IN ALCOHOL INTAKE</td>
<td></td>
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<td></td>
</tr>
</tbody>
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### DOSE

- **Ideal body weight** is the best goal but at least 1 kg reduction in body weight for most adults who are overweight is recommended. Expect about 1 mm Hg for every 1 kg reduction in body weight.

- Diet rich in fruits, vegetables, whole grains, and low-fat dairy products with reduced content of saturated and trans fat.

- <1,500 mg/d is optimal goal but at least 1,000 mg/d reduction in most adults.

- 3,500-5,000 mg/d preferably by consumption of a diet rich in potassium.

- **AEROBIC**
  - • 120–150 min/wk
  - • 65%–75% heart rate reserve
  - APPROXIMATE IMPACT ON SBP: -5/8 mm Hg, -2/4 mm Hg

- **DYNAMIC RESISTANCE**
  - • 90–150 min/wk
  - • 50%–80% 1 rep maximum
  - • 6 exercises, 3 sets/exercise, 10 repetitions/set
  - APPROXIMATE IMPACT ON SBP: -4 mm Hg, -2 mm Hg

- **ISOMETRIC RESISTANCE**
  - • 4 x 2 min (hand grip), 1 min rest between exercises, 30%-40% maximum voluntary contraction, 3 sessions/wk • 8–10 wk
  - APPROXIMATE IMPACT ON SBP: -5 mm Hg, -4 mm Hg

- In individuals who drink alcohol, reduce alcohol† to:
  - • Men: ≤2 drinks daily
  - • Women: ≤1 drink daily
  - APPROXIMATE IMPACT ON SBP: -4 mm Hg, -3 mm Hg

*Type, dose, and expected impact on BP in adults with a normal BP and with hypertension.

†In the United States, one "standard" drink contains roughly 14 grams of pure alcohol, which is typically found in 12 ounces of regular beer (usually about 5% alcohol), 5 ounces of wine (usually about 12% alcohol) and 1.5 ounces of distilled spirits (usually about 40% alcohol).