

HEALTH & FITNESS

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MY PIE IN THE SKY

noun phrase: *an unrealistic enterprise or prospect of prosperity* - merriam-webster

In previous columns, I have discussed my baking skills (or lack thereof.)



Jennifer Wing

Oh – I can bake, for sure - easy things, like peanut butter blossom cookies or lasagna. I can even bake a turkey, a fact that was just reinforced a mere three weeks or so ago on Thanksgiving. I guess you don't bake a turkey, right? You roast it. Anyways, I pretty much nailed it this year – the dark meat was cooked through and the breast meat was moist, not dry, as I feared. Not bad for having cooked a 24-pound turkey.

I even tried a “new-to-me” method of basting while I was cooking. I previously would rely upon the juices that had pooled in the pan below the turkey, using a – what else – turkey baster. Pretty simple, right? I mean it's the name of the cooking utensil, for goodness' sake!

This year I melted butter into a large glass measuring cup, added powdered garlic, onion and some herbs, and brushed the mixture on every 30 minutes or so. It made



JENNIFER WING

Above, from left, are the stages of my apple pie. Note the butter “dotted” in the filling. I had to make sure to have plenty of dough to cover the high mound of apples.

the skin much crisper and added a richness to the aforementioned broth at the bottom of the pan.

As much as I'd like to just stop here, with me patting myself on the back for a turkey well roasted, I need to confess a fear of mine, a fear so great that, last year, it made me give up the fight and do store-bought rather than homemade for turkey day. Looking back, that was a mistake, as the store version was not well received. People weren't complaining about it, but it certainly wasn't a high point of the meal.

What baked item is it that inspires dread in my heart, or, as my mother-in-law would call it,

“agita?”

That all-American confection that can make any gathering special, but is certainly a tradition on the day we give thanks.

That's right – my culinary nemesis is what some may call “basic” or “simple” – the apple pie, which, for me, is neither.

Two years ago I brashly felt that the pie was something you could just whip up. The result? Applesauce for innards. I don't want to dwell too much on that failure, and instead will tell you that my research has shown the issue to be the kind of apples I used. Bottom line was – I'm not even sure what variety I did use. And that was a problem.

My defense – “I followed the recipe” doesn't hold up, in retrospect. I was unmanned, outmaneuvered by my own overblown confidence.

Two years later, and I was ready to do battle yet again. But this time I had reinforcements. My daughter was in town and had agreed to help me in my quest to bake a pie that was worthy of our Thanksgiving table.

And I also turned to a culinary queen for help; someone who is the voice of reason in a chaotic kitchen, who is a modern-day icon on or close to the level that Julia Childs was in her day. I figured I needed all the help I could get.

I, am, of course, referring to Martha Stewart, and her “Mile High Apple Pie.” (see page 4 for recipe)

That's right – I was going big or going home. (Well, I was home already, but you know what I mean.) The nice thing about her recipe is that she doesn't dwell on the crust, which is fine by



me, since a store-bought dough – and I say this without any shame – is the only kind I have ever used.

The apples she suggests are Empire or Granny Smith for their sweet-yet-tart taste and ability to stay somewhat firm during the bake. Having done additional research, I also mixed the Granny Smiths with sweeter apples in order to add to the depth of flavor.

Her recipe calls for – unbelievably – 16 apples. Sky high, indeed. The Granny Smiths I used were huge, so I went with eight, paired with six McIntosh apples.

I asked Cassidy to help cut up the apples I already peeled, as well as whisk together the “sauce” for the apples. I then rolled out the dough, as I had purchased not one, but two two-packs of refrigerated pie dough. I combined two for the top and two for the bottom – the discs of dough had to be large in order to cover all of those apples!

Cassidy helped me get the dough centered and then crimped the edges perfectly.

A few slits cut and egg wash brushed onto the top along with a light dusting of sanding sugar (known at Wegman's as turbinado sugar) and we slid the pie into the oven, fingers crossed. We checked on it often, staring at it through the little window in my oven door, realizing we needed to cover it with foil as it was starting to brown too quickly.

Our concerns mounted as the hour and 15 minutes of cooking time in the recipe came and went and we saw no “bubbling” of juices as promised. In fact, we saw no juices, just slices of apple through the slits in the top.

What to do? Take it out? Keep it in longer? We knew that cooking times vary by oven, so we opted to keep the pie in – for another 15 minutes, to be exact. I cheated, grabbing part of an apple wedge

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SAMPLE
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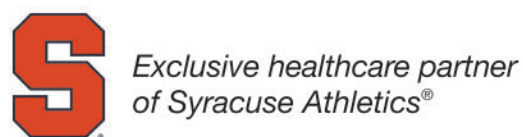


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St. Camillus launches CareFlow Program

Offers on-site hemodialysis

St. Camillus recently announced the addition of CareFlow – a new on-site hemodialysis program to its current array of services. CareFlow is designed to provide residents with convenient, high-quality renal care without the need to leave the facility while participating in the facility's short-term rehabilitation program.

CareFlow is a strategic partnership with Dialyze Direct, the nation's largest provider of staff assisted on-site hemodialysis services in skilled nursing facilities, and local nephrology groups including Nephrology Hypertension Associates of CNY and Nephrology Associates of Syracuse.

Together, the teams are committed to deliver personalized treatment plans tailored to each resident's medical needs.

This groundbreaking initiative reflects the facility's commitment to advancing healthcare delivery and improving quality of life for residents with chronic and acute

kidney disease. By offering hemodialysis services within the comfort and safety of the skilled nursing environment, the program eliminates the stress and logistical challenges of transportation to off-site dialysis centers.

"We are thrilled to bring this level of specialized care directly to our residents through these strategic partnerships," said Michael Schafer, President/CEO of St. Camillus. "This program is a testament to our mission of delivering compassionate, innovative healthcare solutions that support the evolving needs of our community."

Key Benefits of the CareFlow Program Include:

- ✓ **Enhanced experience:** The technology uses a shorter dialyzing time to promote an enhanced patient experience and aims to transform the traditional hemodialysis model into a more convenient, person-centered care treatment.

- ✓ **Improved Continuity of Care:** En-

PROGRAM • PAGE 5



SUBMITTED PHOTO

St. Camillus recently announced the addition of CareFlow, designed to provide residents with convenient, high-quality renal care without the need to leave the facility while participating in the facility's short-term rehabilitation program.

Pie • FROM PAGE 2

with a knife and maneuvering it through the slit in order to see its level of doneness. It was soft enough that I felt the pie was done, so we brought it out to cool.

And it was beautiful, in our eyes, at least. The crust was golden brown and the scent of cinnamon and apples filled the air.

I wanted to cut into it, to test it in case I was faced with another disaster and forced to buy another store-bought "imposter."

But my daughter calmed me down, telling me that our efforts would bear "fruit" so to speak; that we had done our best to give our friends and family the perfect bite of Thanksgiving dessert. To be honest, we both didn't want to ruin the beauty of our creation by hacking into it.

And two days later, after our Thanksgiving dinner was over and it was time for dessert, the pie was a success, although maybe

some of the apples were a little firmer than I would have liked. Next year, perhaps, we'll be brave enough to keep it in a bit longer if our more-confident eyes feel it is not yet done.

Although this was certainly a success story for me, I think my favorite part was sharing this experience with my daughter.

We laughed over her difficulties with the apple peeler, tended to and worried about the pie as it baked and marveled at this wonderful masterpiece that we created together.

As I get older, I realize time together with my family is what matters, and that the gift of time in the kitchen with my daughter is immeasurably more precious than any brightly-wrapped gift.

And when she came back a few weeks later it was time to get those Christmas cookies done!

Compared to apple pie, peanut butter blossoms are a piece of ... cake.

Martha Stewart's Mile-High Apple Pie Recipe

Ingredients

¼ cup plus 2 Tbsp all-purpose flour, plus more for dusting
One recipe basic pie dough (enough for top and bottom crust)
5½ lbs of firm tart apples (about 16) such as Empire or Granny Smith

Directions

Preheat oven to 450 degrees. On a lightly floured work surface, roll out pie dough (for the bottom crust) into a 12-inch round, about 1/8 inch thick, dusting surface with flour as needed to prevent sticking. Brush off excess flour.

Fit dough into a deep-dish, 9-inch pie plate. Trim to a ¼-inch overhang; reserve trimmings. Cover with plastic wrap; refrigerate 30 minutes.

Meanwhile, roll out dough (for the top crust) into a 14-inch round. Transfer to a parchment-lined baking sheet; cover with plastic wrap and refrigerate 30 minutes.

Peel and core apples. Then, cut into 1/3-inch-thick slices. Place in a large bowl; sprinkle with lemon juice to prevent discoloration. In a small bowl, combine flour, granulated sugar and cinnamon; add to apple slices and toss to coat.

Remove dough from refrigerator; place

Juice of two lemons

1 cup granulated sugar

2 tsp ground cinnamon

3 Tbsp cold butter, cut into pieces

1 large egg yolk

2 Tbsp water

Sanding sugar, for sprinkling

apple mixture in pie shell, mounding it into a tall pile; dot filling with butter pieces. Whisk egg yolk with the water; using a pastry brush, lightly coat edge of dough with egg wash. Center and place another dough round over the apples; tuck edge of top dough between bottom dough and rim of pan. Using your fingers, gently press both layers of dough along the edge to seal, and crimp as desired.

Using a paring knife, cut several steam vents in the top of the dough. Lightly brush the surface with egg wash; sprinkle with sanding sugar. Bake on a baking sheet for 10 minutes (crust will begin to turn golden).

Reduce oven to 350 degrees, rotate pie and continue baking until crust is golden brown and juices are bubbling, about 1¼ hours (tent with foil if crust is turning too dark). Transfer to a wire rack to cool completely before serving.

Local physician authors book on healthcare access

BY JASON KLAIBER

Dr. Sarah Matt of Fayetteville, a surgeon turned health technology strategist, has authored a new book titled “The Borderless Healthcare Revolution: The Definitive Guide to Breaking Geographic Barriers Through Technology.”

A practicing physician, Matt has held leadership roles at Oracle Health, Next-Gen, Sovato and multiple health tech start-ups. She also teaches at SUNY Upstate Medical University and works at the Mary Rose Clinic in Oneida, which provides free primary healthcare services.

She has also found the time to be a mom of four, a firefighter with the Fayetteville Fire Department over the last 20 years, and the president of her roller derby league.

Matt has designed and deployed systems that reach patients around the world, including hard-to-serve and underserved populations.

Published by Wiley and available wherever books are sold, including online, “The Borderless Healthcare Revolution” breaks the topic of healthcare access into five pillars: Geographic, Financial, Cultural, Trust in Knowledge, and Digital.

The book also draws from Matt’s own experiences practicing medicine and the perspectives of people she interviewed, from executives of medical institutions both large and small, current and former colleagues of hers locally and all over the United States, and an expert in microscopic surgery to patients telling about their difficulties receiving necessary care and fellow doctors who have entered the realm

of tech.

Matt said the same trends, themes and obstacles are being seen in other places in New York State, other parts of the country and other corners of the world.

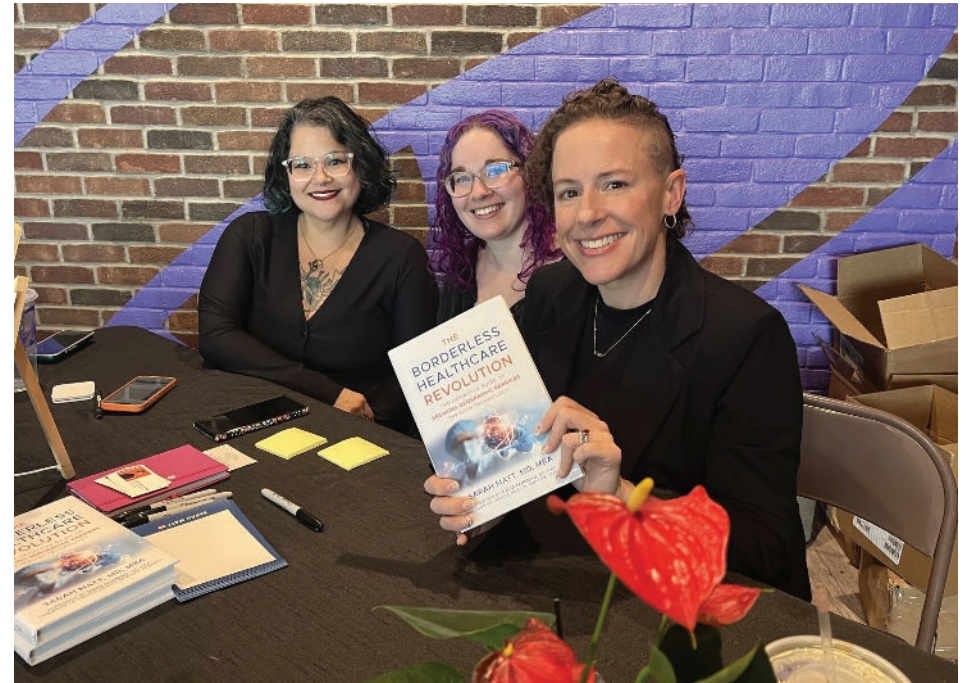
She said the complexity of patient needs is increasing, and there are barriers and borders anywhere—even around here—when it comes to having the means to make it to appointments, having high-speed internet connection and proper cell phone service enough to do a televisit, and potentially having lead in your pipes depending on where exactly you live.

“Just because there’s healthcare around doesn’t mean you can actually get to it easily,” Matt said. “If the bus doesn’t stop near your house and you need to go to the doctor’s office, can you get there?”

Matt said her book released earlier this month, which is the first she has written, is “story-driven” but also well-researched and based in the facts.

She said the subject matter within “The Borderless Healthcare Revolution” is very timely in today’s age as it delves into how technology solutions can decrease barriers to care at every level—from the C-suite down to the lead nurse on the floor—while still retaining the humanity of healthcare delivery.

“We are in a very polarized time, but one thing we can all come together on is healthcare access,” Matt said. “If I ask people about access to healthcare, they all have stories where they themselves, their parents or their children have had a difficult time getting the care they needed. Everyone is a patient someday, whether they



JASON KLAIBER

Dr. Sarah Matt of Fayetteville has authored a new book on access to care called “The Borderless Healthcare Revolution: The Definitive Guide to Breaking Geographic Barriers Through Technology.”

want to be or not.”

Matt held the launch party for her book at the newly opened Taco Bell Cantina on Stickley Drive in Manlius, where she chatted with people in line and signed copies. Fittingly for a firefighter like Matt, the restaurant was converted from the old Manlius firehouse.

Though similar healthcare issues carry over from place to place, Matt said that means everyone can band together to focus

on fixing those barriers, until eventually bringing healthcare access to people is just as easy as ordering tacos.

Matt will be holding another author event at the Barnes & Noble on Erie Boulevard in DeWitt on Saturday, Jan. 10 from 2 to 4 p.m.

More information on “The Borderless Healthcare Revolution” can be found by going to drsarahmatt.com.

Program. FROM PAGE 4

hanced integration between the facility’s clinical team the clinical partners ensures coordinated treatment plans and better health outcomes; including the potential to reduce rehospitalizations.

✓ Enhanced Comfort and Safety: Residents receive dialysis in a familiar setting, reducing exposure to external environments and minimizing risk. They are able to keep daily routines in balance with more time for activities, therapy & relaxation.

“True to St. Camillus’ mission to enrich the lives of the people we serve, it is our focus to add the personal touch and

the communal spirit of an on-site dialysis program. With a compassionate and highly-skilled staff, we are confident that we can deliver quality and person centered care as they go on with their daily lives,” said Dr. Renato Ignacio, St. Camillus medical director, geriatric and palliative care specialist.

“This partnership reflects our shared commitment to delivering compassionate, quality kidney care in a convenient setting,” said Dr. Salil Gupta, president of Nephrology Hypertension Associates of CNY. “Together, we’re redefining renal care in the post-acute space. The program provides hemodialysis five times a week, which enables the patients the opportu-

nity to have a better overall experience and supports their recovery process. For example, improved blood pressure and fluid management, less medications, a more liberal diet and more time physical therapy which allows our patients to expedite their recovery.”

“We’re excited to bring a more gentle, more efficient dialysis experience right to where residents live and feel most comfortable, their home at St. Camillus. Treatments are designed with their day and therapy goals in mind, allowing recovery from dialysis treatments in as little as 30 to 60 minutes. This means patients can fully participate in their rehab programs and focus on what truly mat-

ters, their recovery and quality of life,” said Joey Horowitz, Regional Director of Business Operations, Dialyze Direct.

For more information on St. Camillus’s CareFlow Program contact 315-488-1500.

About St. Camillus

St. Camillus is a skilled nursing facility specializing in short-term rehabilitation and long-term care and provides a wide array of valuable programs and specialty services including a New York State-certified Brain Injury program, Restore and Regain Amputation program, CareFlow on-site hemodialysis, respite and palliative Care services and transportation.

FROM THE AMERICAN HEART ASSOCIATION

New guidelines released for high blood pressure

New PREVENT calculator estimates risk of cardiovascular disease

Preventing and managing high blood pressure with healthy lifestyle behaviors, such as following a heart-healthy diet including reducing salt intake, staying physically active, maintaining a healthy weight and managing stress—combined with early treatment with medication to lower blood pressure if necessary—are recommended to reduce the risk of heart attack, stroke, heart failure, kidney disease, cognitive decline and dementia, according to a new clinical guideline published recently in the American Heart Association's peer-reviewed journals *Circulation* and *Hypertension*, and in *JACC*, the flagship journal of the American College of Cardiology.

This replaces the 2017 guideline and includes new or updated recommendations for blood pressure management based on the latest scientific evidence to achieve the best health outcomes for patients.

The new guideline reflects several major changes since 2017, including use of the American Heart Association's PREVENT (Predicting Risk of cardiovascular disease EVENTS) risk calculator to estimate cardiovascular disease risk. It also provides updated guidance on medication options, including the early treatment for high blood pressure to reduce the risk of cognitive decline and dementia; use of specific medications including the possible addition of newer therapies such as GLP-1 medications for some patients with high blood pressure and overweight or obesity, and recommendations for managing high blood pressure before, during and after pregnancy.

High blood pressure (including stage 1 or stage 2 hypertension) affects nearly half (46.7%) of all adults in the U.S., is the leading cause of death in the U.S. and around the world. The blood pressure criteria remain the same as the 2017 guideline:

- ✓ Normal blood pressure is less than 120/80 mm Hg;
- ✓ Elevated blood pressure is 120-129/80 mm Hg;
- ✓ Stage 1 hypertension is 130-139 mm Hg or 80-89 mm Hg; and
- ✓ Stage 2 hypertension is ≥ 140 mm Hg or ≥ 90 mm Hg.

"High blood pressure is the most common and most modifiable risk factor for heart disease," said chair of the guideline writing committee Daniel W. Jones, M.D., FAHA, dean and professor emeritus of the University of Mississippi School of Medicine who was a member of the writing committee for the 2017 high blood pressure guideline. "By addressing individual risks earlier and offering more tailored strategies across the lifespan, the 2025 guideline aims to aid clinicians in helping more people manage their blood pressure and reduce the toll of heart disease, kidney disease, Type 2 diabetes and dementia."

"This updated guideline is designed to support health care professionals—from primary care teams to specialists, and to all clinicians across health systems—with the diagnosis and care of people with high blood pressure. It also empowers patients with practical tools that can sup-

port their individual health needs as they manage their blood pressure, whether through lifestyle changes, medications or both," Jones said.

Importance of a healthy lifestyle

The new guideline reaffirms the critical role healthy lifestyle behaviors play in preventing and managing high

blood pressure, and it encourages health care professionals to work with patients to set realistic, achievable goals. Healthy behaviors such as those in Life's Essential 8, the American Heart Association's metrics for heart health, remain the first line of care for all adults.

BLOOD PRESSURE • PAGE 7

CNY unites against women's No. 1 killer

Go Red for Women Luncheon raises awareness, funds for women's cardiovascular health

Cardiovascular disease (CVD) is the No. 1 killer of women, yet women remain underdiagnosed and undertreated. Women also experience unique life stages, like pregnancy and menopause, that increase their risk of heart disease and stroke. The American Heart Association's Go Red for Women movement is committed to ensuring women are no longer disproportionately affected by CVD. The annual Syracuse Go Red for Women Luncheon invited the community to learn about women's heart health and help fund critical, lifesaving research to address the unique risk factors and needs of women.

Late this fall, hundreds of guests dressed in red attended the 2025 Syracuse Go Red for Women Luncheon to unite against women's greatest health threat. The luncheon honored survivors, celebrated advancements in heart health and raised funds to continue to better identify, diagnose, treat and prevent CVD in women.

"Cardiovascular disease remains the leading cause of death in women, and events like this year's Go Red for Women Luncheon are crucial for raising awareness and providing education to help all women better understand



SUBMITTED PHOTO

The annual Syracuse Go Red for Women Luncheon was held Thursday, Oct. 24..

their risks for heart disease and stroke and how to reduce it," said Heather Drake Bianchi, Syracuse Go Red for Women chairwoman and CEO of Drakos Dynamics. "Together, we can ensure every woman is supported and that no one has to go it alone."

Since 2004, the Go Red for Women movement has raised awareness and addressed clinical care gaps of CVD for women. As the movement celebrates more than 20 years of making an impact, the Association, a global force for healthier lives for all for more than 100 years, calls on all women to take charge of their health and make a lasting impact on the health and well-being of their community.

"Through Go Red for Women, we're funding re-

search to advance innovative solutions specific to women's unique health experiences and needs," said Heather Evans, executive director of the American Heart Association in Central New York. "Today we heard from local experts in our panel discussion about how women can support each other and help prevent heart disease. Go Red for Women is there for women's health and well-being at every age, stage and season of their lives."

As women grow and change so does their risk for cardiovascular disease. CVD is the leading cause of death in women, claiming more lives than all cancers combined. Nearly 45% of women over age 20 are living with some form of CVD. It's also the leading cause of maternal death

in the U.S., and pregnancy-related deaths are on the rise. ^[2] Yet, according to an American Heart Association special report, younger generations of women, Gen Z and Millennials, are less likely to be aware of their greatest health threat, including knowing the warning signs of heart attacks and strokes. That's why it's important for all women to advocate for their heart health and encourage others to do the same.

Go Red for Women is nationally sponsored by CVS Health and locally sponsored by St. Joseph's Health, Belden, ConstantCare24/7, National Grid and media sponsors 93Q, NBC3/CBS5/CW6 and CNYCentral.com, Eagle Newspapers and *Syracuse Woman Magazine*.

St. Joseph's Health receives grant to support cardiovascular care

St. Joseph's Health recently received a \$37,044 grant to be used to support the purchase of six cardiovascular point-of-care ultrasound (POCUS) devices, which will help reduce hospital readmission rates for heart failure patients.

The funds come from the Syracuse Dispensary Fund, a field-of-interest fund at the Central New York Community Foundation.

Heart disease remains the leading cause of death in New York State. St. Joseph's Health discharges 650–800 heart failure patients each year, with many admitted through the Emergency Department.

By equipping providers with POCUS devices, clinicians can assess fluid status at the bedside before discharge and diagnose heart failure earlier in the Emergency De-

partment, both critical factors in reducing readmission risk and improving outcomes.

"These devices will empower our cardiovascular and emergency teams with real-time diagnostic capabilities, allowing us to make faster, more accurate care decisions," said Meredith Price, senior vice president of acute care at St. Joseph's Health. "We're grateful for this investment in technology that directly impacts patient

care."

The grant was provided through the Central New York Community Foundation's Community Grant program, which funds innovative projects in Onondaga and Madison counties that focus on the areas of arts and culture, civic affairs, education, health, human services and the environment.

Blood pressure

● FROM PAGE 6

Specific blood pressure-related guidance includes:

- ✓ Limiting sodium intake to less than 2,300 mg per day, moving toward an ideal limit of 1,500 mg per day by checking food labels (most adults in the U.S. get their sodium from eating packaged and restaurant foods, not the salt shaker);

- ✓ Ideally, consuming no alcohol or for those who choose to drink, consuming no more than two drinks per day for men and no more than one drink per day for women;

- ✓ Managing stress with exercise, as well as incorporating stress-reduction techniques like meditation, breathing control or yoga;

- ✓ Maintaining or achieving a healthy weight, with a goal of at least a 5% reduction in body weight in adults who have overweight or obesity;

- ✓ Following a heart healthy eating pattern, for example the DASH eating plan, which emphasizes reduced sodium intake and a diet high in vegetables, fruits, whole grains, legumes, nuts and seeds, and low-fat or nonfat dairy, and includes lean meats and poultry, fish and non-tropical oils;

- ✓ Increasing physical activity to at least 75-150 minutes each week including aerobic exercise (such as cardio) and/or resistance training (such as weight training); and

- ✓ Home blood pressure monitoring is recommended for patients to help confirm office diagnosis of high blood pressure and to monitor, track progress and tailor care as part of an integrated care plan.

Addressing each of these lifestyle factors is especially important for people with high blood pressure and other major risk factors for cardiovascular disease because it may prevent, delay or treat elevated or high blood pressure.

New risk calculator and earlier intervention

The new guideline recommends that

health care professionals use the PREVENT risk calculator to estimate a person's risk of a heart attack, stroke or heart failure. Developed by the American Heart Association in 2023, PREVENT is a tool to estimate 10- and 30-year risk of cardiovascular disease in people ages 30-79 years. It includes variables such as age, sex, blood pressure, cholesterol levels and other health indicators, including zip code as a proxy for social drivers of health. It is the first risk calculator that combines measures of cardiovascular, kidney and metabolic health to estimate risk for cardiovascular disease. More precise risk estimates can help guide treatment decisions personalized for each individual.

In addition to the use of the PREVENT risk assessment tool, the new guideline recommends two important changes to laboratory testing for initial evaluation.

The ratio of urine albumin and creatinine (a test that assesses kidney health) is now recommended for all patients with high blood pressure. It was recommended as an optional test in the 2017 guideline.

The guideline also expands the indication for use of the plasma aldosterone-to-renin ratio test as a screening tool for primary aldosteronism in more patients including those with obstructive sleep apnea. (Primary aldosteronism is a condition that occurs when the adrenal glands make too much aldosterone, leading to high blood pressure and low potassium levels.)

Screening for primary aldosteronism may also be considered in adults with stage 2 hypertension to increase rates of detection, diagnosis and targeted treatment.

Association of high blood pressure with cognitive decline and dementia

While high blood pressure is a leading cause of heart attack and stroke, the new guideline highlights other serious risks. More recent research confirms that blood pressure affects brain health, including cognitive function and dementia. High blood pressure

can damage small blood vessels in the brain, which is linked to memory problems and long-term cognitive decline. The guideline recommends early treatment for people diagnosed with high blood pressure with a goal of systolic blood pressure (top number) goal of <130 mm Hg for adults with high blood pressure to prevent cognitive impairment and dementia.

Tailored approaches to medication for high blood pressure

For many people with high blood pressure, especially those who have Type 2 diabetes, obesity or kidney disease, more than one medication may be needed to lower blood pressure. The guideline highlights several types of blood pressure medications to initiate treatment, including angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), long-acting dihydropyridine calcium channel blockers and thiazide-type diuretics. If blood pressure remains high after one medication, clinicians may individualize treatment to either increase the dose or add a second medication from a different medication class.

The guideline maintains the recommendation to begin treatment with two medications at once – preferably in a single combination pill – for people with blood pressure levels with stage 2 hypertension. The guideline also suggests possible addition of newer therapies such as GLP-1 medications for some patients with high blood pressure and overweight or obesity.

High blood pressure and pregnancy

High blood pressure during pregnancy can have lasting effects on the mother's health, including an increased risk of future high blood pressure and cardiovascular conditions. Without treatment, high blood pressure during pregnancy can lead to serious complications, such as preeclampsia, eclampsia, stroke, kidney problems and/or premature delivery. Women with high blood pressure who are planning a pregnancy or are pregnant should

be counseled about the potential benefits of low-dose aspirin (81 mg/day) to reduce the risk of preeclampsia.

For pregnant women with chronic hypertension (high blood pressure before pregnancy or diagnosed before 20 weeks of pregnancy), the new guideline recommends treatment with certain medications. This change reflects growing evidence that tighter blood pressure control for some individuals during pregnancy may help to reduce the risk of serious complications.

In addition, postpartum care is especially important because high blood pressure can begin or persist after delivery. The guideline urges continued blood pressure monitoring and timely treatment during the postpartum period to help prevent complications. Patients with a history of pregnancy-associated high blood pressure are encouraged to have their blood pressure measured at least annually.

"It is important for people to be aware of the recommended blood pressure goals and understand how healthy lifestyle behaviors and appropriate medication use can help them achieve and maintain optimal blood pressure. Prevention, early detection and management of high blood pressure are critical to long-term heart and brain health, which means longer, healthier lives," said Jones.

This guideline was prepared by a volunteer writing committee on behalf of the American Heart Association and the American College of Cardiology Joint Committee on Clinical Practice Guidelines, and in collaboration with and endorsed by the American Academy of Physician Associates, the American Association of Nurse Practitioners, the American College of Clinical Pharmacy, the American College of Preventive Medicine, the American Geriatrics Society, the American Medical Association, the American Society of Preventive Cardiology, the Association of Black Cardiologists, the National Medical Association, the Preventive Cardiovascular Nurses Association and the Society of General Internal Medicine.

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