Why You Should Never Wave Off White-Coat Hypertension

7 MIN READ

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BY JULIE STEWART

White coat hypertension is often dismissed. Here’s why blood pressure spikes at the doctor’s office aren’t always benign.

When a nurse wraps a blood pressure cuff around your arm, it’s rarely the most relaxing moment of your day. The stress of a medical appointment and the test itself can send your numbers soaring — a phenomenon so common that it has its own name: white-coat hypertension, coined in the 1980s after the coats doctors wear.

For years, many clinicians **dismissed** these temporary spikes as benign, provided a second in-office reading or a home monitor came back normal. But modern research tells a more complicated story. White-coat hypertension, it turns out, may not be something to wave off.

A **meta-analysis** of studies including 50,437 people found that white-coat hypertension was linked with a 38% risk of cardiovascular disease and a 20% risk of early death in people not treated for high blood pressure. One theory: White-coat hypertension isn’t an isolated incident. If your BP spikes in the doctor’s office, it probably spikes during other stressful moments, too.

“I don’t see white-coat hypertension as any different from freeway hypertension, ‘I’m mad at my spouse’ hypertension, ‘my kids are bugging me’ hypertension, ‘I have a project due’ hypertension, ‘I have to pay my taxes’ hypertension, or ‘I’m just a stressed and anxious person’ hypertension,” says Dr. **Cynthia Thaik**, MD, a board-certified integrative cardiologist based in Northern California.

Over time, repeated blood pressure elevations can harm your heart, blood vessels, and other organs. That’s why experts say you should always pay attention if your blood

pressure creeps over the hypertension threshold of 120 over 80 milligrams of mercury (mmHg) – even if it happens at a doctor's office.

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White-Coat Hypertension as a Warning Sign

Your blood pressure increases when your **blood uses more force** to move through your arteries. For an **estimated** 15% to 40% of older adults, those highs occur at the doctor's office.

"Blood pressure is not a static number," explains Dr. Thaik. "It is a dynamic number, which means that at any given time and any given day, you're going to have highs, and you're going to have lows."

Research suggests it's a classic stress response: When you're upset, your levels of the stress hormone cortisol rise, kicking your hypothalamic pituitary adrenocortical axis into gear. Then, cortisol and adrenaline, the drivers of the famous fight-or-flight response, increase your heart rate while stiffening your blood vessels. Your heart is pumping harder, but your vessels can't contract as well, so blood pressure increases.

"When someone comes in with white-coat hypertension, the fact that they elevate to that level is already a sign to me that they have a vascular issue, such as vascular stiffness, or an autonomic dysregulation," says Dr. Thaik.

Your doctor might give you a chance to relax or put on music for a few minutes to see whether your BP falls before checking it again. But Dr. Thaik isn't a fan of this approach.

“You can always make it come down, without a doubt, but it doesn’t make the reading from 10 minutes ago false,” she warns. Unless you sit and meditate after every stressful moment, it’s simply not a reflection of your day-to-day life.

So what should you do when your blood pressure reads high? Start by treating it as one data point in a larger picture.

“Rather than trying to define one reading as ‘correct’ and another as ‘false,’ it serves everyone — doctors and patients alike — to treat all readings as valid and look for patterns, whether pressures are elevated 5%, 10%, or 20% of the time, and so forth,” advises Dr. Thaik.

Trends reveal how well you’re managing your blood pressure over time, and that’s what matters most. A study published in the journal ***Hypertension*** found that people with white-coat hypertension were significantly more likely to develop sustained high blood pressure over the following decade — suggesting the condition is neither stable nor benign. For many, it may be an early warning sign of what’s ahead.

It also carries its own risks in the near term. Over months or years, repeated pressure spikes can damage the heart, blood vessels, kidneys, brain, eyes, and other organs — even if each individual spike seems temporary.

What to Do About White-Coat Hypertension

Keep tabs on your blood pressure. If your BP is 120/80 mmHg or higher, your doctor may recommend home blood pressure monitoring. Dr. Thaik suggests taking your readings at different times of the day — and not just when you’re relaxed. “If you take a blood pressure reading at 9 a.m. every day, then all I know is that at 9 a.m. every day, your blood pressure is normal,” she said. “I don’t know what is going on at 4 p.m.”

After collecting a month’s worth of data, compile your morning, daytime, and evening

numbers to review with your doctor. If 10% or more readings are high, she recommends investigating further.

You may then need to take steps to keep blood pressure in check. If your blood pressure is mildly elevated, your doctor might recommend medication, lifestyle changes, or both. Besides statins and other blood pressure lowering drugs, here's what works:

An anti-inflammatory diet. You know the drill: **more whole foods**. **Research** suggests that both the Mediterranean Diet and the Dietary Approaches to Stop Hypertension (DASH) diet can reduce blood pressure in people with high-normal or early hypertension. Both diets are rich in vegetables, fruits, whole grains, and lean meats, and low in salty, sugary, processed ingredients.

Staying hydrated. Dr. Thaik recommends drinking at least three liters of fluid per day and limiting alcohol. Research published in ***Frontiers in Public Health*** suggests that the more plain water people drink, the lower their risk of hypertension. One theory is that dehydration activates a hormone pathway that constricts blood vessels and retains water at the same time, resulting in increased blood pressure.

Making time to meditate. Mindfulness practices like meditation can reduce blood pressure, suggests a recent **study review**. One explanation: Relaxation reduces cortisol to prevent BP spikes.

Smart supplementation. A **recent review** of 144 studies suggests that docosahexaenoic acid and eicosapentaenoic acid (DHA and EPA in fish oil), inorganic nitrates (such as beet supplements), tart cherry juice, vitamin D, protein, and resveratrol had some BP-lowering benefits. That said, doubling up on BP-lowering supplements and medications could reduce your blood pressure to dangerously low levels. Talk to your doctor before trying them.

Sleeping soundly. If you snore or wake up unrefreshed in the morning, consider getting checked for sleep apnea. When sleep apnea deprives you of oxygen at night, your arterial health takes a hit. **Research** shows that when people with uncontrolled high blood pressure get treated for sleep apnea with continuous positive airway

pressure (CPAP), their BP improves.

Don’t settle for the bare minimum. When it comes to blood pressure, managing your numbers by even a few points can make a huge difference. While we tend to think of 120/80 mmHg as an ideal level, doctors are quick to emphasize that this is where the numbers tip into an unhealthy range. A chart from the **American Heart Association** shows how to interpret your readings:

- **Normal:** Less than 120 mmHg (systolic) and less than 80 mmHG (diastolic)
- **Elevated:** 120-129 mmHg (systolic) and less than 80 mmHg (diastolic)
- **Stage 1 Hypertension:** 130-139 mmHg (systolic) or 80-89 mmHg (diastolic)
- **Stage 2 Hypertension:** 140 mgHg or higher (systolic) and/or 90 or higher (diastolic)
- **Severe Hypertension:** Higher than 180 mmHg (systolic) and/or higher than 120 mmHg (diastolic)

Research published in the ***American Journal of Hypertension*** suggests that if you have white-coat hypertension at the doctor’s office, you should aim for even lower readings at home. People who kept their daily average below 125/75 mm Hg had roughly the same cardiovascular risk as those with consistently normal blood pressure, in and out of the doctor’s office. But those whose daily average crept between 125/75 and 130/80 mm Hg, still technically below the hypertension threshold, faced a 79% higher risk of heart attacks and strokes. That gap is striking. A few points on the gauge, and the risk nearly doubles.

Managing your blood pressure can be confusing, but you don’t have to do it alone. Talk to your doctor about any concerns you may have, even if your numbers only spike during appointments.

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