

WHY IS IT IMPORTANT TO GET YOUR BLOOD PRESSURE CHECKED?

High blood pressure is the #1 risk factor for death¹

It increases your risk of:²

Heart attack



Stroke

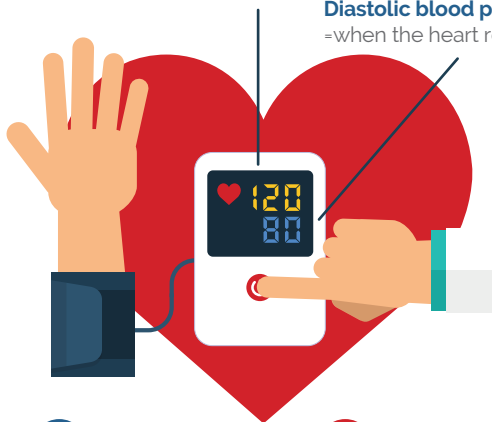


This involves a **simple, rapid, non-invasive test**.

The blood pressure level will be shown as two numbers:

Systolic blood pressure
=when the heart contracts

Diastolic blood pressure
=when the heart relaxes



✓ **Normal BP**
120-129/70-79

! **Hypertension**
≥ 140/90

Please listen to your loved ones
to continue sharing great life moments



#TakeYourMedicine
#BecauseIsayso



HIGH BLOOD PRESSURE IS THE #1 RISK FACTOR FOR DEATH, AND 1 OUT OF 2 PATIENTS ARE NOT AWARE OF THEIR CONDITION^{1,2} - **IT IS TIME TO ACT**



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1. Poulter N et al. Hypertension. *Lancet*. 2015; 386:801-812.
2. World Health Organisation. <https://www.who.int/publications/i/item/a-global-brief-on-hypertension-silent-killer-global-public-health-crisis-world-health-day-2013>. Published April 2013. Accessed June 22, 2021.

WHAT IS DYSLIPIDEMIA?

Presence of lipids in the blood is physiological. Their levels vary depending on daily habits such as diet, physical activity, smoking, and alcohol consumption.

Unhealthy blood levels of one or more kind of lipids/lipoproteins lead to dyslipidemia.

Lipid abnormality profiles of dyslipidemias:

- Raised plasma concentrations of:
 - Low-density lipoprotein (LDL)
 - Triglycerides (TG)
 - Total cholesterol (LDL+TG)
- Low plasma concentration of high-density lipoprotein (HDL)
- A combination of these features

♥ RISK FACTORS

Development of dyslipidemias is affected by inherited and acquired factors:



nutrition



genetics



diseases



medicines

♥ DETECTION

In most of the cases, dyslipidemia is silent, it does not cause symptoms, and is detected in routine blood tests.

Dyslipidemia puts you at a higher risk for cardiovascular diseases (CVDs).^{1,2}

In 2017, high non-HDL cholesterol was responsible for an estimated **3.9 million deaths worldwide.^{2*}**

♥ COMORBIDITY

Dyslipidemia and hypertension are both risk factors for CVDs.³

- Prevalence of co-existence of these 2 diseases is estimated in the range of 15 to 31%.⁴
- Their interaction occurs at the vascular endothelial level, with proven adverse outcomes.⁴
- CVD risk is more multiplicative for patients with both diseases than the sum of the individual risk factors.⁵

WHAT IS THE RISK?



Dyslipidemias and hypertension are major risk factors for **CARDIOVASCULAR DISEASES (CVDs).**¹

CVDs are the leading cause of death worldwide: An estimated 17.9 million people died from CVDs in 2019, representing 32% of deaths globally in 2019.¹

HOW CAN YOU PROTECT YOURSELF?

♥ ADOPT A DURABLE HEALTHY LIFESTYLE

1st recommendation to prevent CVDs



diet, weight control, exercise, adherence to treatment

♥ GET A LIPID SCREENING

Assessment of lipid levels is recommended in men 40+ years of age and in women 50+ years of age.²

Risk-level-based screening might be considered depending on various risk factors (eg, diabetes, established CVD, hypertension, smoking, body mass index >30 kg/m², family history of premature CVD and familial dyslipidemia, chronic inflammatory disease, chronic kidney disease).²

♥ TAKE YOUR TREATMENT

If diagnosed, remember that your treatment is only effective if you take it every day.

Against the risk of CVDs, treatment adherence gives you a better chance.

WHAT CAN YOU DO?

♥ TALK

To your doctor for more information on dyslipidemia and what you can do about it.

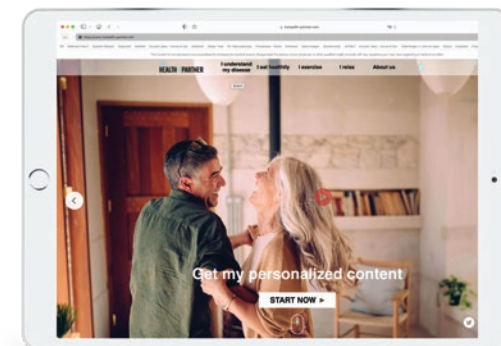
♥ EXPLORE

Our website to find information on dyslipidemia and this initiative.

♥ FOLLOW-UP

You can receive daily support by visiting our website or downloading digital applications developed for dyslipidemic patients.

My Health Partner
www.myhealthpartner.com



And follow the campaign live through Servier pages on Instagram, Facebook, and LinkedIn.



Encourage your parents and loved ones to get their BP checked!

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*7-4.2 millions, from ischemic heart disease (IHD) and ischemic stroke.²

1. Pirillo A et al. *Nat Rev Cardiol* 2021;18(10):689-700. 2. NCD Risk Factor Collaboration (NCD-RisC). *Nature* 2020; 74(582):74-77 3. World Health Organization. Noncommunicable diseases. 4. Dalal JJ et al. *Indian J Endocr Metab* 2012;16:240-245. 5. Stamler J et al. *Am J Med* 1986;80:33-39.

1. World Health Organization. Cardiovascular diseases. Published June 11, 2001. 2. European Association for Cardiovascular Prevention & Rehabilitation; Reiner E et al. *Eur Heart J*. 2021;42(34):3227-3337.