

CLINICAL PRACTICE GUIDELINE (CPG)

General Principles for the Diagnosis and Management of Hypertension

The following guideline recommends general principles and key clinical activities for the diagnosis and management of Hypertension Eligible Population 18 years and older

<p>Recommendations</p>	<p>It is recommended that hypertension be diagnosed when a person's systolic blood pressure (SBP) in the office or clinic is ≥ 140 mm Hg and/or their diastolic blood pressure (DBP) is ≥ 90 mm Hg following repeated examination. Whenever possible, the diagnosis should not be made on a single office visit. Usually 2-3 office visits at 1-4 week intervals. If possible and available, the diagnosis of hypertension should be confirmed by out-of-office BP measurement</p>
<p>Evaluation</p>	<ul style="list-style-type: none"> • History and Physical Exam. Exclude drug-induced hypertension, evaluation for organ damage, consider additional CV risk factors, assess total cardiovascular risk, and search for symptoms/signs of secondary hypertension. • Laboratory Tests. Serum sodium, potassium and creatinine, uric acid, lipid profile and glucose, urine dipstick, 12 lead ECG. • Additional Tests. If necessary for suspected organ damage or secondary hypertension.
<p>Treatment</p>	<p>Grade 1 HTN: 140-159/90-99mmHg</p> <ul style="list-style-type: none"> • Start lifestyle interventions • Start drug treatment in: <ul style="list-style-type: none"> - High -risk patients (CVD, CKD, DM, organ damage, or age 50-80 years) - All others with persistent BP elevation after 3-6 months of lifestyle intervention. <p>Grade 2 HTN: > 160/100 mmHg</p> <ul style="list-style-type: none"> • Start drug treatment immediately • Start lifestyle intervention.
<p>Drug Therapy Steps</p>	<ol style="list-style-type: none"> 1. Low dose ACEI/ARB + DHP-CCB 2. Increase to full dose 3. Add thiazide/thiazide-like diuretic 4. Add spironolactone or, if not tolerated or contraindicated, amiloride, doxazosin, eplerenone, clonidine or beta-blocker. <p>* No ACEI/ARB in women with or planning pregnancy. * In black patients, DHP-CCB + thiazide/thiazide -like diuretic can be used as first step</p>

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Lifestyle Interventions

- Stop smoking
- Regular exercise
- Lose weight
- Salt reduction
- Healthy diet and drinks
- Lower alcohol intake

Monitor

- BP control
- Adverse effects
- Long-term adherence

This guideline is based on recommendations of the 2020 International Society of Hypertension Journal.
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