

# Clinical Guideline

## **Hypertension in Adults**

Adult presenting for general preventive care:

- Annual screening for BP
- Review <u>Primary Prevention of ASCVD</u> guideline for other recommendations

Correctly measure blood pressure (see Box 1) and review prior BP readings in chart.

BP ≥ 140/90?

### A note on definitions:

There is not consensus on a single reading that defines hypertension. Some groups use 140/90, others use 130/80. Others use ASCVD risk score or presence of comorbidities. Clinical judgment and shared decision making are the way to go.

#### Box 1: How to measure blood pressure

- Patient should be sitting for 5 minutes. Not fully reclined.
- · Use the appropriate sized cuff.
- · Verify elevated readings on other arm or by auscultation.

#### Box 2: Potentially modifiable contributors to hypertension

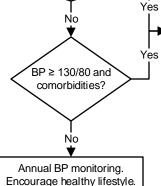
- Tobacco use
- Obesity
- · High sodium diet
- Excess alcohol use
- Stress
- Poor sleep
- · Certain medications: OCPs, NSAIDs, steroids, decongestants, some antidepressants

#### Box 3: Lifestyle interventions for hypertension

- Quit tobacco and alcohol
- Exercise
- Weight loss
- DASH or Mediterranean diet
- Mindfulness based stress reduction

Box 4: Secondary causes of hypertension, and/or conditions that should be co-managed with specialist

- Primary aldosteronism
- Renovascular hypertension
- Obstructive sleep apnea
- Congestive heart failure
- · Chronic kidney disease



Box 2).

Diagnose and discuss hypertension.

Address modifiable contributors (see

Discuss lifestyle interventions (Box 3).

Shared decision making and clinical

judgment whether to start medication.

person's BP be managed by specialist? See Box 4. · Check BMP, CBC, A1c, lipids,

· Review problem list. Should this

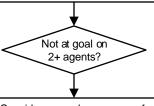
Pharmacotherapy

- TSH, ECG, UA. Manage abnormalities as indicated.
- Choose a medicine in table 1.

goal, then every 3-12 months. Not at goal?

Reassess BP monthly until at

- Readdress modifiable contributors and lifestyle interventions.
- Assess adherence and barriers/side
- Add agent from another drug class.
- Titrate to max dose tolerated.



- · Consider secondary causes of hypertension if not done already (see Box 4).
- · Consider consult/referral to nephrology or internal medicine.

#### Severe hypertension ≥180/120

- Confirm measurement using other arm, different cuff, auscultation
- Inquire for emergent symptoms: Worst headache of your life, acutely altered mental status, acute chest or back pain, stroke symptoms. If present, contact Emergency RMT or ER physician.
- If there are not symptoms of hypertensive emergency, continue to follow this guideline, with closer interval follow up during med titration.

#### Table 1: Initial pharmacotherapy for hypertension Class Drugs and doses Notes · Must be on birth control if any chance of pregnancy Losartan 25-100mg ARB/ACEi Preferred if diabetic, CKD Lisinopril 2.5-40mg Check BMP 1 week after starting and every 3-12 months Calcium May have more potent effect on BP channel Amlodipine 2.5-10mg · Common side effect leg swelling blocker Chlorthalidone 12.5- Warn patients about increased urination Thiazide 25mg · Check BMP 1 week after starting and diuretic HCTZ 12.5-25mg every 3-12 months

Note: If untreated BP is greater than 160/90, consider starting two agents simultaneously, e.g. ARB + CCB.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 8/2/24. Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact clinical\_guidelines@ykhc.org