Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Hypertension in Adults

Adult presenting for general preventive care:

- Annual screening for BP
- Review **Primary Prevention of ASCVD** guideline for other recommendations

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

BP ≥ 140/90?

Yes

- Diagnose and discuss hypertension.
- Address modifiable contributors (see Box 2).
- Discuss lifestyle interventions (Box 3).
- Shared decision making and clinical judgment whether to start medication.

No

BP ≥ 130/80 and comorbidities?

Yes

No

Annual BP monitoring. Encourage healthy lifestyle.

Pharmacotherapy?

- Review problem list. Should this person's BP be managed by specialist? See Box 4.
- Check BMP, CBC, A1c, lipids, TSH, ECG, UA. Manage abnormalities as indicated.
- Choose a medicine in table 1.

Reassess BP monthly until at goal, then every 3-12 months.

Not at goal?

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

Not at goal on 2+ agents?

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

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

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