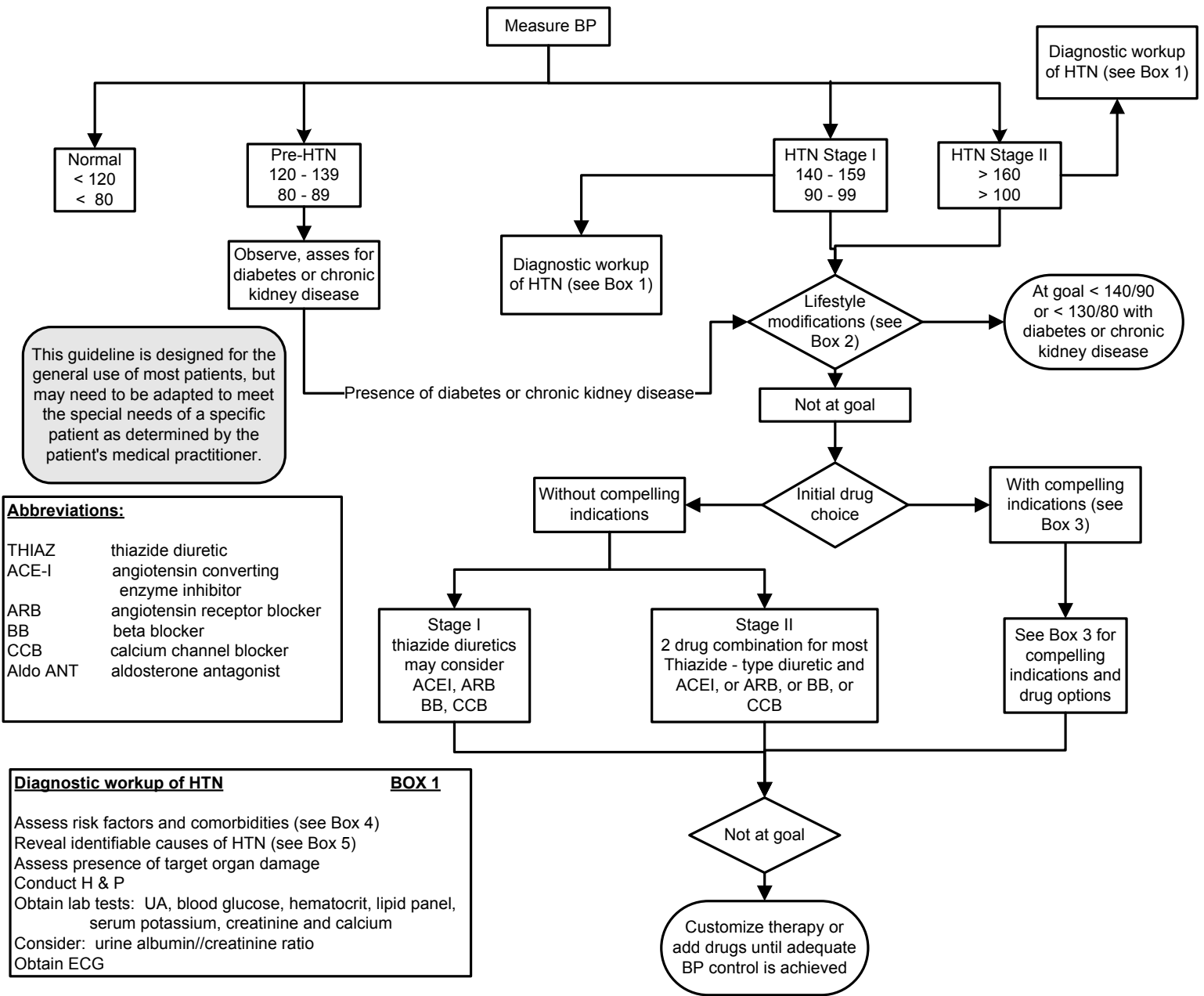


# Hypertension

MSEC reviewed and approved 06/22/11



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 patient's medical practitioner.

**Abbreviations:**

THIAZ	thiazide diuretic
ACE-I	angiotensin converting enzyme inhibitor
ARB	angiotensin receptor blocker
BB	beta blocker
CCB	calcium channel blocker
Aldo ANT	aldosterone antagonist

**Diagnostic workup of HTN BOX 1**

- Assess risk factors and comorbidities (see Box 4)
- Reveal identifiable causes of HTN (see Box 5)
- Assess presence of target organ damage
- Conduct H & P
- Obtain lab tests: UA, blood glucose, hematocrit, lipid panel, serum potassium, creatinine and calcium
- Consider: urine albumin//creatinine ratio
- Obtain ECG

**Lifestyle Modification Recommendations: BOX 2**

- Weight reduction
- Healthy eating plan
- dietary sodium reduction
- aerobic physical activity
- moderation of alcohol consumption

<u>Compelling Indication</u>	<u>Initial Therapy BOX 3</u>
Heart failure	THIAZ, BB, ACEI, ARB, Aldo, ANT
Post myocardial Infarction	BB, ACEI, Aldo ANT
High CVD risk (Box 4)	THIAZ, BB, ACEI, CCB
Diabetes	THIAZ, BB, ACEI, ARB, CCB
Chronic kidney disease	ACEI, ARB
Recurrent stroke prevention	THIAZ, ACEI

**Major cardiovascular disease (CVD) risk factors BOX 4**

- HTN
- Dyslipidemia
- Diabetes
- Cigarette smoking
- Physical inactivity
- Microalbuminuria
- Age (> 55 for men, > 65 for women)
- Family history of premature CVD (men <55, women <65)

**Identifiable causes of HTN BOX 5**

- Sleep apnea
- Drug induced/related
- Chronic kidney disease
- Primary aldosteronism
- Renovascular disease
- Cushing's syndrome or steroid therapy
- Pheochromocytoma
- Coarctation of aorta
- Thyroid/parathyroid disease