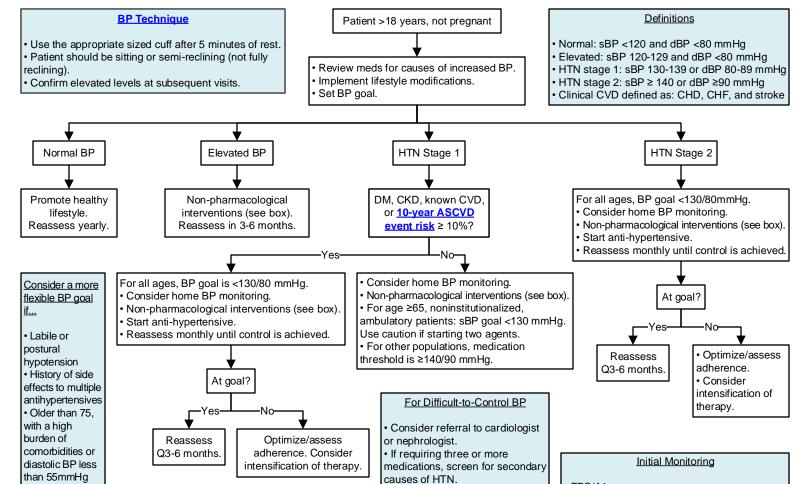


Clinical Guideline

Hypertension, Adults



Initial Drugs of Choice

- Thiazide diuretic (chlorthalidone is recommended first-line)
- CCB
- ACE-I
- ARB

Beta-blocker NOT first line except in pregnancy or women who may become pregnant.

Compelling Indications for Certain Drug Classes

- DM: thiazide diuretic, CCB, ACE-I, or ARB
- DM with albuminuria: ACE-I or ARB
- CKD with albuminuria: ACE-I or ARB
- Heart failure with reduced ejection fraction: GDMT βB (carvediolol or metoprolol succinate) and ACE-I or ARB, then spironolactone
- \bullet Heart failure with preserved ejection fraction: βB and ACE-I or ARB
- Stable ischemic heart disease: GDMT βB (carvedilol, metoprolol succinate, nadolol, or propranolol; avoid βB with intrinsic sympathomimetic activity; do not use atenolol), ACE-I or ARB (CCB if angina)
- Secondary stroke prevention: thiazide diuretic, ACE-I or ARB
- · Pregnancy: methyldopa, nifedipine, and/or labetalol
- Race and ethnicity: black patients without HF or CKD (with or without DM): Thiazide diuretic or CCB. Of note, two or more BP lower medications are recommended in most black adults with hypertension to reach a goal of <130/80 mmHg.

GDMT: guideline-direct management and therapy

References

- Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Hypertension. 2018 Jun;71(6):e13-e115.
- James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-20.
- Wald DS, Law M, Morris JK, Bestwick JP, Wald NJ. Combination therapy versus monotherapy in reducing blood pressure: meta-analysis on 11,000 participants from 42 trials. Am J Med. 2009 Mar;122(3):290-300.

With ACE-I, ARB, and thiazides, check BMP 2-4 weeks after initiating treatment, 2-4 weeks after dose increases, and at least yearly if stable.

Non-Pharmacological Interventions

- Smoking cessation
- Control blood glucose and lipids
- Diet

• FBS/A1c

Na. K

• TSH

• EKG

Urinalysis

Lipid profile

· Complete blood count

Serum creatinine with eGFR

- Weight loss in adults who are overweight or obese
- Healthy diet (e.g., DASH) that facilitates achieving desirable weight
- Reduce sodium intake <1500 mg/day or aim for at least a 1000 mg/day reduction in most adults
- Potassium supplementation (3500-5000 mg/day) preferably in diet, unless contraindicated
- Limit alcohol to two drinks/day for men and one drink/day for women
- Physical activity: increase physical activity with a structured exercise program 90-150 minutes/week

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 MSEC 7/6/21. Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact Jason_Barrett@ykhc.org or

Marsha_Dunkley@ykhc.org.