Information for Re-entry Providers

2020 AMBULATORY CARE HYPERTENSION GUIDELINES



Presentation: An adult patient presents to the clinic with multiple readings of blood pressure >130/80

Screening: A non-hypertensive adult should be screened once a year for HTN

Diagnosis: Confirm with out-of-office measurement of BP to rule out white coat HTN. If not available, perform 3 serial in office measurements.

SYSTOLIC BLOOD PRESSURE (mm Hg)	AND/ OR	DIASTOLIC BLOOD PRESSURE (mm Hg)	JOINT NATIONAL COMMITTEE 7	2017 GUIDELINES
< 120	and	< 80	Normal blood pressure	Normal blood pressure
120-129	and	< 80	Prehypertension	Elevated blood pressure
130-139	or	80-89	Prehypertension	Stage 1 hypertension
140-159	or	90-99	Stage 1 hypertension	Stage 2 hypertension
≥ 160	or	≥ 100	Stage 2 hypertension	Stage 2 hypertension

Blood pressure should be based on an average of more than 2 careful readings on more than 2 occasions. Adults with systolic blood pressure or diastolic blood pressure in 2 categories should be designated to the higher blood pressure category.

The NC AHEC Program would like to acknowledge the valuable contributions of Henry Stiepel and Caleb Smith.

- TREATMENT

- Non-Pharmacological: DASH diet, salt restriction, weight loss, K+ supplementation, exercise
- Pharmacological Therapy:
 - Ace-Inhibitors (Ex. lisinopril)
 - Aldosterone Receptor Antagonists (Ex. valsartan)
 - Thiazide/Thiazide-like diuretics (Ex. hydrochlorothiazide)
 - Long acting Ca2+ channel blockers (Ex. amlodipine)

DRUG	INITIAL DOSING	TYPICAL DOSING RANGE
lisinopril	10 mg PO QD	20-40 mg per day
valsartan	80 mg PO QD	80-320 mg per day
hydrochlorothiazide	12.5 mg PO QD	12.5-50 mg per day

- If >15 mmHg above goal BP, combination therapy should be initiated (combination therapy has much greater effects than doubling dose of single agent)
- If BP remains uncontrolled after initial medication, consider one of the medications not yet prescribed, e.g. ACE inhibitor or ARB with a Ca2+ channel blocker or a thiazide-like diuretic
- If BP uncontrolled after starting 2 medications, consider further consultation resources such as phone consultation.

References

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