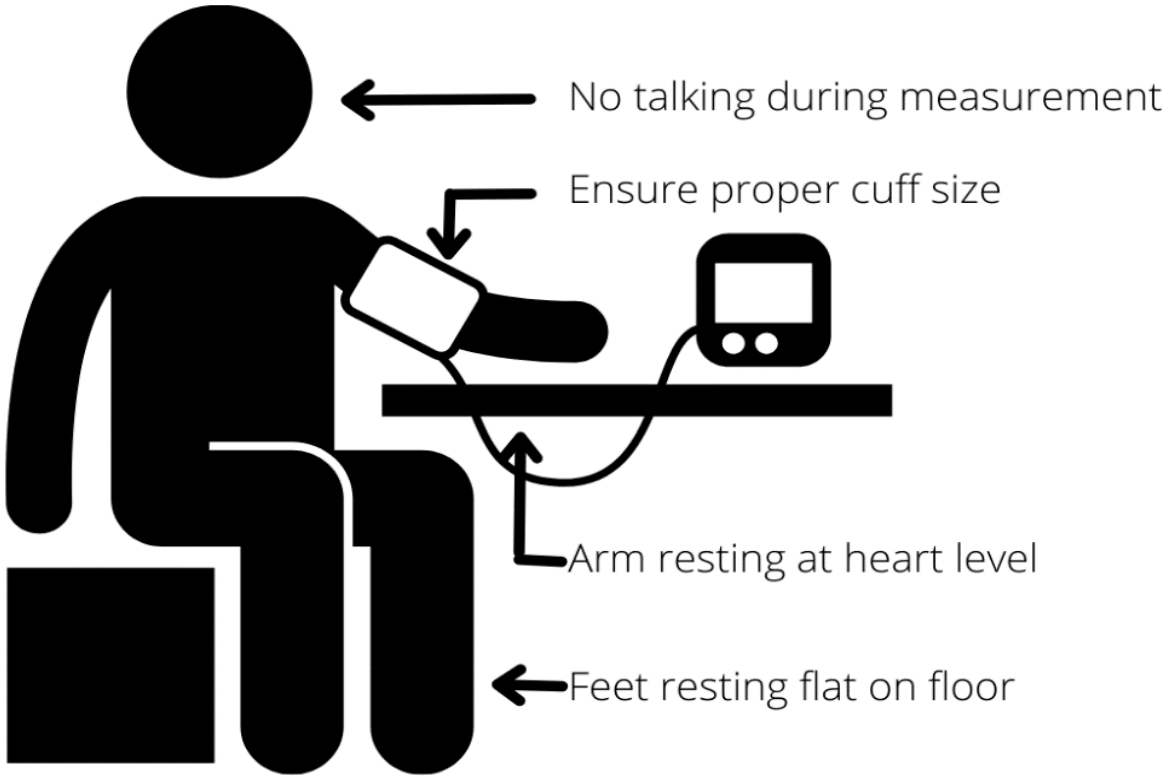
Hypertension Management STEP 1: Correct Assessment

Optimal Measurement of Blood Pressure

Proper technique essential	Verify office BP with home BP (if available)	Document home BP in chart note (if available)

- Relax for 3-5 min prior to inflating cuff
- No smoking, exercise, coffee for 30 min prior
- Ensure patient has empty bladder



Hypertension Management: Step 3: Medication Management

Drug selection Pearls

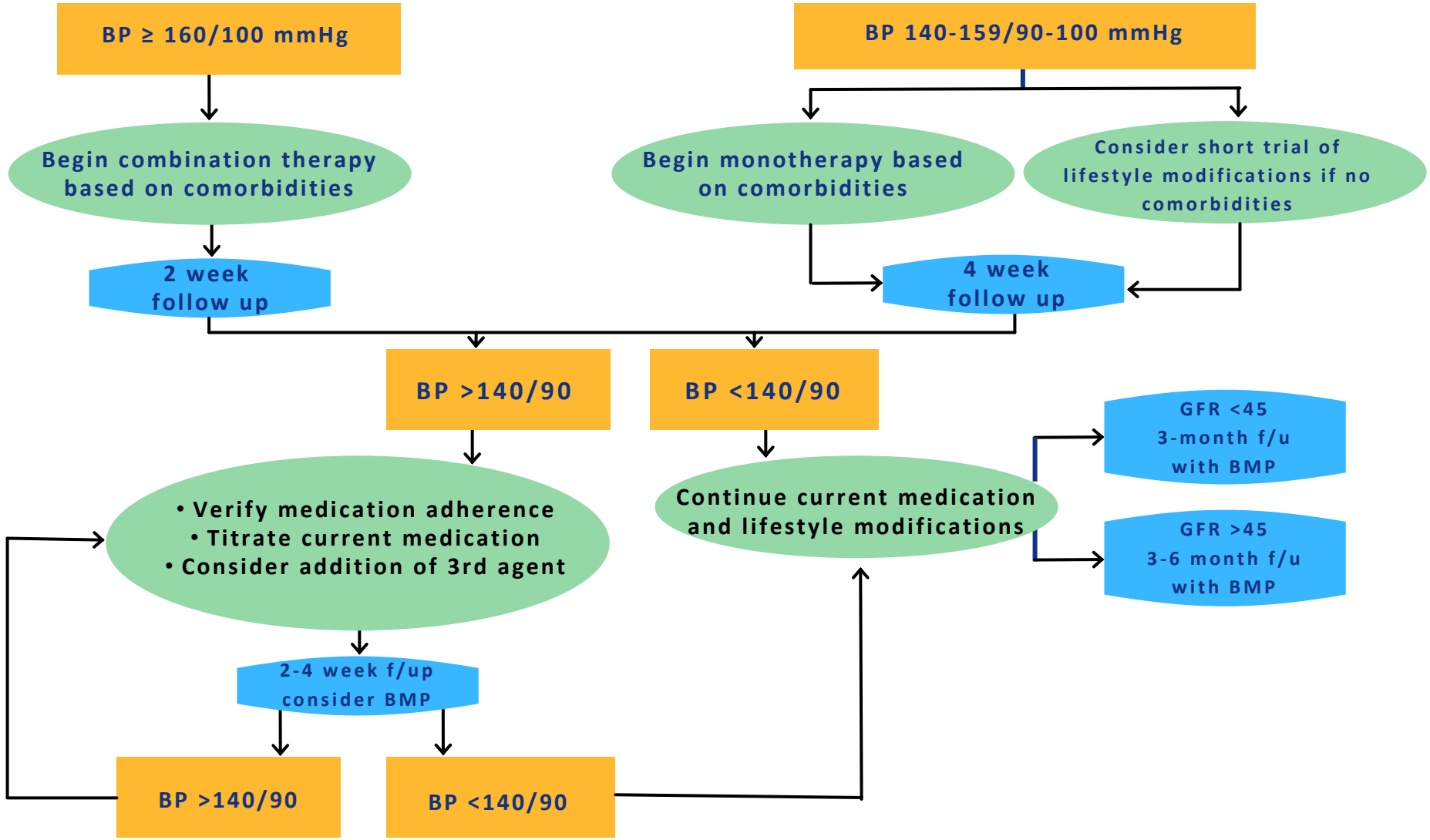
- ACE/ARB, thiazide/thiazide-like diuretic or DHP-CCB are all reasonable first line therapies
  - For patients with DM, ASCVD, CKD give preference to ACE or ARB as first line (do not use ACE/ARB together)
  - For African American patients without CKD give preference to DHP-CCB
  - Thiazides are less effective if GFR<30
- Role of Beta Blockers in HTN is limited to those with LV dysfunction and/or post-MI
- Many patients require 2-3 medications to reach goal
- Med Adherence reports from MA plans (prior year at risk of non-adherence list)

Key Medication Classes

Angiotensin Converting Enzyme (ACE) Inhibitors	Angiotensin Receptor Blockers (ARB)	Thiazide/ Thiazide-like diuretic	Dihydropyridine Calcium Channel Blocker (DHP-CCB)
Benazepril	Azilsartan	Chlorthalidone	Amlodipine
Captopril	Candesartan	Chlorothiazide	Felodipine
Enalapril	Eprosartan	Hydrochlorothiazide	Isradipine
Fosinopril	Irbesartan	Indapamide	Nicardipine
Lisinopril	Losartan	Metolazone	Nifedipine
Moexipril	Olmesartan		Nisoldipine
Perindopril	Telmesartan		
Quinapril	Valsartan		
Ramipril			
Trandolapril			

Journal of Clinical Hypertension. 2014;16:14-2
Hypertension. 2015;65:1372-1407
Diabetes Care 2017;40(suppl 1):S75-87
Kidney Int Suppl 2012;2
JAMA. 2014;311(5):507-20.

Hypertension Pharmacologic Treatment Pathway Guidelines



- If BP remains elevated with 3 medications optimized, consider addition of spironolactone for resistant hypertension
- Additionally, consider workup for secondary hypertension

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Hypertension Management: Medication Management Pearls

- Recommended safety monitoring for key medication classes:
  - Consider labs at 2 week follow up BP check if needed based on medication initiated/adjusted
  - More frequent labs may be clinically warranted if patient has CKD or other co-morbidities

Angiotensin Converting Enzyme (ACE) Inhibitors	Angiotensin Receptor Blockers (ARB)	Thiazide/Thiazide-like diuretic	Dihydropyridine Calcium Channel Blocker (DHP-CCB)
•BMP 1-2 weeks after initiation, then minimum of q3 months -Hyperkalemia -Increase SCr/decr eGFR •Angioedema •Cough •Hypotension •Contraindicated in pregnancy	•BMP 1-2 weeks after initiation, then minimum of q3 months -Hyperkalemia -Increase SCr/decr eGFR •Angioedema •Cough •Hypotension •Contraindicated in pregnancy	•BMP 1-2 weeks after initiation/titration -Hypokalemia -Efficacy diminished if GFR <30 •Increases calcium, uric acid, glucose	•Headache •Flushing •Pedal edema •Gingival hyperplasia