

Take Charge With the Latest BP Treatment Strategies

Conversations about **the best way to manage high blood pressure** will be spurred by new Am Coll of Cardiology/Am Heart Assn guidelines.

Almost half of adults in the US have hypertension...or a BP of 130/80 mm Hg or higher. Be relieved that BP categories haven't changed.

Tailor BP goals. For most patients, advise aiming for a goal of less than 130/80, and encourage a goal of less than 120/80 if practical.

But this may not be safe for everyone. For example, consider a looser goal of less than 140/90, or even 150/90, for patients with limited life expectancy or in a long-term care facility due to frailty.

Use this summary and your clinical judgement to treat high BP.

Blood Pressure (mm Hg)	ACC/AHA Guideline Treatment Recommendations
Normal: <120/80	-Maintain healthy lifestyle habits
Elevated: 120 - 129/<80	-Encourage lifestyle changes (exercise, weight loss, reduce dietary sodium, etc) -Check for meds (NSAIDs, decongestants, etc) or conditions (sleep apnea, etc) that can increase BP and address if needed
Stage 1 hypertension: 130 - 139/80 - 89	-Implement lifestyle changes -Advise starting a BP med for patients with CV disease (stroke, heart failure, etc), chronic kidney disease, diabetes, or 10-year PREVENT-CVD* risk $\geq 7.5\%$ -If 10-year PREVENT-CVD* risk $< 7.5\%$ and average BP remains 130/80 after 3 to 6 months of lifestyle changes, then recommend starting a BP med
Stage 2 hypertension: 140/90	-Reinforce lifestyle changes -Recommend starting 2 BP meds (ideally a single-pill combo) for most patients**

*Am Heart Assn's Predicting Risk of Cardiovascular Disease EVENTS (PREVENT) calculator – see *next article* for details

**Consider 1 BP med if patients are at high risk of hypotension-related adverse effects (advanced age, etc) and titrate prn

Start with BP meds that improve outcomes...thiazides, ACEIs or ARBs, or long-acting dihydropyridine calcium channel blockers (amlodipine, etc).

Recommend a generic single-pill combo for most patients with stage 2 hypertension...if you don't already. Most patients will need more than 1 med...and using combos may help boost adherence and offset side effects.

For instance, an ACEI or ARB may counteract peripheral edema due to CCBs...or an ACEI or ARB may reduce risk of hypokalemia due to a thiazide.

Expect to see single-pill combo Widaplik (telmisartan/amlodipine/ indapamide) touted to improve adherence later this year, but cost may be a barrier.

Encourage home BP monitoring with a properly sized arm monitor validated for accuracy...to evaluate BP control and limit overtreatment. For example, tell patients with significant weight reduction or improved exercise to watch BP closely...since they may need lower BP med doses.

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Stay tuned for more on managing primary hyperaldosteronism...since screening is now recommended for all adults with resistant hypertension.

Get our *Treatment of Hypertension* algorithm to guide med choice.

Key References:

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