

## VA/DoD DIAGNOSIS AND MANAGEMENT OF PATIENTS WITH HYPERTENSION IN THE PRIMARY CARE SETTING

### INITIAL ASSESSMENT/INTERVENTION

- HTN is defined as SBP  $\geq$  140 or DBP  $\geq$  90.
- *If SBP > 210 or DBP > 120: Treat or refer immediately.*
- *If SBP  $\geq$  180 or DBP  $\geq$  110: Evaluate or refer to source of care immediately or within 1 week; initiate/continue drug therapy; prescribe diet and lifestyle modification.*
- Perform history, physical exam, laboratory and other diagnostic procedures.
- If secondary cause suspected: Continue evaluation and treatment as indicated; manage secondary cause and/or consider referral to specialist.
- If SBP 160-179 or DBP 100-109: Evaluate or refer to source of care within 1 month; drug therapy is preferred; consider aggressive lifestyle modification alone in selected patients.
- If SBP 140-159 or DBP 90-99: Confirm BP within 2 months; initiate diet and lifestyle modification and patient education; drug therapy if end organ damage or diabetes or if inadequate control.
- If control adequate (SBP < 140 and DBP < 90; goal may be lower in patients with diabetes or renal disease with proteinuria): Continue current treatment; reinforce lifestyle modification; follow-up at next regular visit.

### GENERAL PRINCIPLES FOR MANAGEMENT OF HTN

- The primary objective in HTN management is to attain goal BP.
- Lifestyle modifications should be instituted in all patients (e.g., weight reduction, limiting alcohol intake, dietary modifications including limiting sodium intake, aerobic exercise, smoking cessation).
- If drug therapy is indicated, thiazide diuretics and blockers should be considered first-line therapy. Agents from other classes may be considered for selected pre-existing conditions.
- Emphasize adherence to the medication regimen.
- If control not achieved, continue a once a day regimen by increasing drug dose as tolerated OR substituting another drug OR adding an agent from a different class.
- Multi-drug regimens should include a thiazide diuretic for synergy, unless contraindicated.
- If BP control is not achieved with three drugs in compliant patients, further evaluation or referral should be considered.
- Regular follow-up is important to assess long-term response to therapy, reassess for side effects, monitor development of target organ damage, and reinforce lifestyle modifications.

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>

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DoD access to full guideline: <http://www.cs.amedd.army.mil/Qmo>

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