

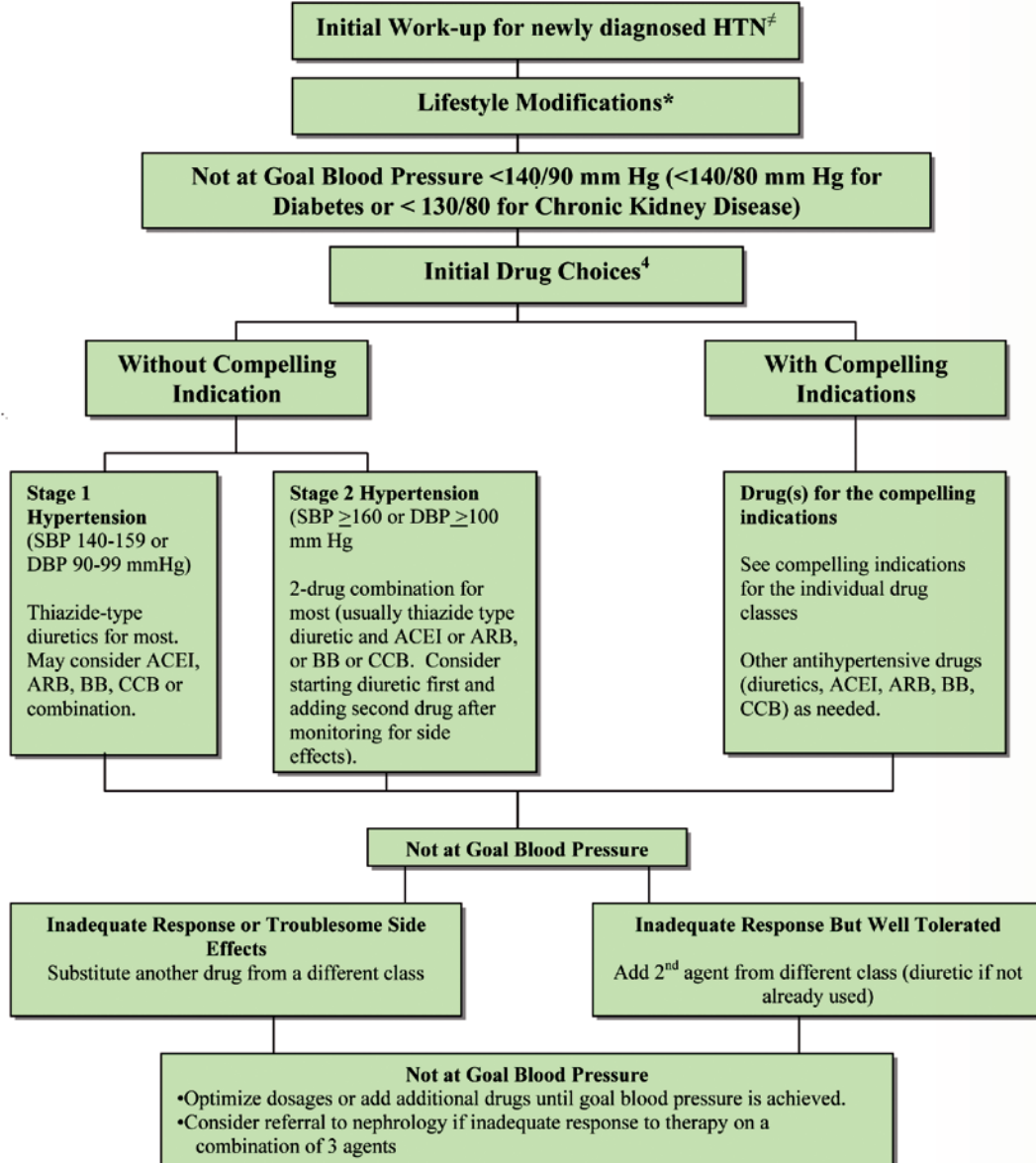
PLANK 2

TOOL: Treatment Guidelines for Hypertension (Sharp Rees-Stealy Medical Group)

SHARP REES-STEALY CLINICAL GUIDELINES COMMITTEE

Title: Guideline for the Treatment of Hypertension (Page 1 of 2)	Approval Date: 10/12/01 Revision Date: 6/22/2010
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Disclaimer: Sharp Rees-Stealy clinical guidelines are designed to assist clinicians in the evaluation and treatment of the more common medical problem. They are not intended to replace clinical judgment or establish a protocol for all patients. The clinical approach described by this guideline will not fit all patients and will rarely establish the only appropriate approach to a problem.



Note:

- Start with a low dose of a long-acting, once-daily drug and titrate dose.
- Low-dose combinations may be appropriate (ACEI + HCTZ or ACEI + CCB)



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Initial Work-Up for Newly Diagnosed HTN

Thorough History and physical including BMI, BP in both arms, listening for subclavian and renal bruits, retinal exam etc. If not done within the past year, check CBC, fasting BMP, LFT, lipid panel, TSH, UA, ECG. There is no need for an echocardiogram unless the ECG is abnormal or there is a physical exam abnormality such as an S3, murmur etc.

Compelling Indication	Initial Therapy options
<ul style="list-style-type: none"> Diabetes Mellitus (type 1) with proteinuria or >1 CV risk factor¹ 	ACEI ⁺
<ul style="list-style-type: none"> Heart Failure 	<p><i>Asymptomatic:</i> ACEI⁺ or BB (Carvediolol, Metoprolol Succinate) <i>Symptomatic or End stage heart disease:</i> ACEI⁺, BB (Carvediolol, Metoprolol Succinate) or Aldosterone antagonist ± loop</p>
<ul style="list-style-type: none"> Post Myocardial infarction 	BB ACEI ⁺
<ul style="list-style-type: none"> Chronic Kidney disease Recurrent Stroke prevention 	ACEI ⁺ Diuretic or ACEI ⁺

⁺ Use ARB if ACEI not tolerated

*Lifestyle Modification Recommendations⁴

- Lose weight if overweight. (Target BMI 18.5 – 24.9 kg/m²)
- Limit alcohol intake. Men ≤ 2 drinks/day or 30 ml (1 oz) of ethanol as contained in 720 ml (24 oz) of beer, 300 ml (10 oz) of wine), or 90 ml (3 oz) of 80-proof whiskey. Amount should be reduced by one-half in women and lighter weight men.
- Regular aerobic physical activity – at least 30 minutes per day, most days of the week.
- Reduce dietary sodium intake to ≤ 100 mmol/day (2.4 g of sodium or 6g of sodium chloride).
- Adopt a diet rich in fruits, vegetables and lowfat dairy products with reduced content of saturated and total fat.
- Smoking cessation.

References:

1. HOPE study Lancet. 2000;355:253-259
2. SHEP Cooperative Research Group, JAMA 1991; 265:3255
3. ALLHAT trial JAMA. 2000;283:1967-1975. *J Clin Hypertens* 2(3): 222-224, 2000.
4. The Seventh Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure. (JNC7)

