



Summary of Guideline: Hypertension – Diagnosis and Management

Effective Date: April 15, 2020

For full guideline, go to: www.BCGuidelines.ca.

When to take BP measurements

- Record BP in all adults at every appropriate visit.
- Use an automated office BP measuring electronic device when taking an office BP.

When is BP considered elevated

- 135/85 or less measured using AOBP is the desirable BP reading for an adult with no co-morbid conditions, diabetes, chronic kidney disease or other target organ damage.
- Individual's desirable BP is influenced by their age, presence of target organ damage, CVD risk level and/or the presence of other CVD risk factors.
- If at any time diastolic BP is > 130 or BP is > 180/110 with signs or symptoms, seek immediate treatment.

How to diagnose hypertension

- If an elevated BP is detected, schedule an office visit.
- If BP is elevated again - assess target organ damage and CVD risk: family history, physical examination, urinalysis, blood chemistry, FBG or A1c, lipids, ECG, and CVD risk assessment (e.g., Framingham).
- If white-coat hypertension is suspected or unusual fluctuating office-based BP readings, consider ambulatory or home BP monitoring.

When a consultation with a specialist is indicated

- Hypertensive emergency; sudden onset in the elderly; abnormal nocturnal BP differences; signs or symptoms suggesting of secondary causes of hypertension; and if BP is difficult to control, more than 15 mm Hg difference between arms.

When to implement health behaviour change

- Recommended for all hypertensive patients.
- It includes: smoking cessation, increasing physical activity, obtaining or maintaining a healthy body composition, eating a well-balanced diet, moderate alcohol consumption and monitoring sodium intake.

When to initiate antihypertensive pharmaceutical management

- Initiate pharmaceutical management in context of the patient's overall CVD risk (e.g., not solely on their BP) and in conjunction with health behaviour change. Engage the patient to set goals towards achieving the desired BP levels.
- Pharmacologic management may be considered if: 1) average BP is > 135/85 and with target organ damage or CVD risk > 15%; 2) average BP is > 135/85 with 1+ co-morbidities; 3) average BP is \geq 160/100; or desirable BP is not reached with lifestyle management.

Which antihypertensive drug to use when treating without a specific indication

- When prescribing, take into account cost of the drug, any potential side-effects and any contraindications
- Consider monotherapy with a first-line drug: low-dose thiazide diuretic, calcium channel blocker, ACE-I, or ARB.
- If desirable BP is not achieved with standard-dose monotherapy, use combination therapy by adding one or more of the first-line drugs. **For more information on which antihypertensive drug to use when treating with a specific indication refer to Table 4 in the guideline.**