Summary of Guideline: Hypertension – Diagnosis and Management

Effective Date: TBD
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 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.

When to assess for hypertension
- If an elevated BP is detected, schedule an office visit.
- If BP is elevated again - assess target organ damage and CVD risk:
  - medical history (rule out exogenous factors), physical examination, urinalysis, blood chemistry, FBG or A1c, lipids, ECG, and CVD risk assessment (e.g., Framingham).

When to consider ambulatory or home BP monitoring
- If white-coat hypertension is suspected or unusual fluctuating office-based BP readings, consider ambulatory or home BP monitoring.
- Ambulatory BP monitoring is considered the most accurate to confirm a hypertension diagnosis.

When to diagnosis hypertension
- A diagnosis can be confirmed, if:
  - ambulatory or home BP monitoring indicates an elevated BP; or
  - elevated BP at a 3rd office visit.

When a consultation with a specialist 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 after treating with 3 antihypertensive medications.

When to implement lifestyle management
- Recommended for all hypertensive patients low-risk for CVD and have no co-morbidities.
- It includes: smoking cessation, increasing physical activity, obtaining or maintaining a healthy body composition, eating a well-balanced diet, moderate alcohol consumption and monitoring salt 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 lifestyle management. 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 > 20%; 2) average BP is > 135/85 with 1+ co-morbidities (refer to table below); 3) average BP is ≥ 160/100; or desirable BP is not reached with lifestyle management.

Which antihypertensive drug to use when treating without a specific indication
• In general, antihypertensive medications are equally effective in lowering BP at a population level but individual response is unpredictable. When prescribing one, take into account cost of the drug, any side-effects and any potential contraindications.
• Consider monotherapy with a first-line drug: 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.