

May 7, 2014

Memorandum

To: UMHS Physicians, Nurse Practitioners, and Physician Assistants

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Subject: **UMHS Clinical Care Guideline: Essential Hypertension [2014 update]**

What's New!



- Options for preferred initial drug treatment have expanded beyond thiazide diuretics to include calcium channel blockers and ACE inhibitors.
- Earlier initiation of dual antihypertensive medications is emphasized, particularly with calcium channel blocker and renin/angiotensin system inhibitor (e.g., ACE inhibitor).
- Systolic and diastolic BP control for patients with diabetes and chronic kidney disease is less strict, with the target systolic BP now < 140 mmHg (instead of < 130) and diastolic BP < 90 mmHg, although diastolic BP < 80 mmHg may still be considered.

Key Aspects of Care

Key points include:



- Diagnosis is best using mean BP levels over several visits, with careful calibration of the BP monitor.
- Target BP is:
 - < 140/90 mm Hg for patients
 - Age 18 to 59 years without diabetes or renal insufficiency
 - Age ≥ 18 years with diabetes, renal disease, cardiovascular disease or cerebrovascular disease
 - < 150/90 for patients aged 60 years or older without diabetes, renal disease, cardiovascular disease or cerebrovascular disease.
- Thiazide diuretics, calcium channel blockers and ACE inhibitors are generally the preferred initial drug treatment.
- Add second and third agents as needed. The combination of calcium channel blocker and renin/angiotensin system inhibitor (e.g., ACE inhibitors, angiotensin receptor blocker) is increasingly viewed as the drug combination of choice.
- Patient education and self-management are fundamental to successful therapy.

Patient education material.



- [Smart Goals for Hypertension](#)
- [Hypertension \(High Blood Pressure\)](#)
- [Home Blood Pressure Monitoring](#)
- [Home Blood Pressure Chart](#)