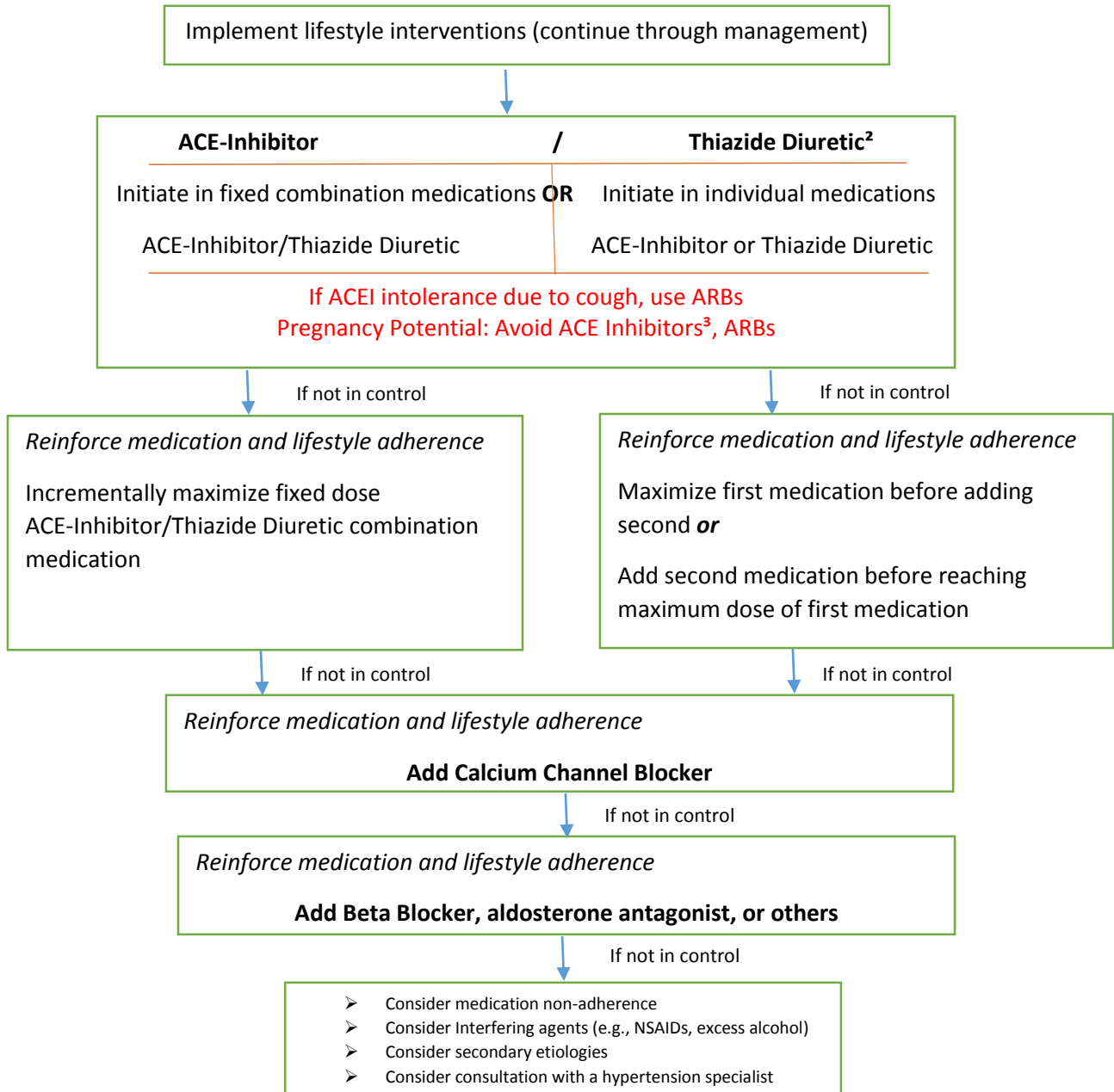# Hearts of Sonoma County

Management of Adult Hypertension

This algorithm includes general drug classes that are consistent with JNC8 and it is recommended that each practice/clinic adapt specific medications with titration dose ranges to list in the boxes. Studies have shown that implementation of these guidelines is most effective when specific medications and dosage options are provided to assist with clinical decision support of providers. These recommendations are not a substitute for clinical judgment, and decisions about care must carefully consider and incorporate the clinical characteristics and circumstances of each individual patient.

BP Goals: < 140/90 mm Hg – for age 18-59 & age 60 and over with Chronic Kidney Disease (CKD)[1] or Diabetes
< 150/90 mm Hg – for age 60 and over in the absence of CKD[1] or Diabetes

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Implement lifestyle interventions (continue through management)

ACE-Inhibitor	**/**	**Thiazide Diuretic[2]**
Initiate in fixed combination medications **OR**		Initiate in individual medications
ACE-Inhibitor/Thiazide Diuretic		ACE-Inhibitor or Thiazide Diuretic

If ACEI intolerance due to cough, use ARBs
Pregnancy Potential: Avoid ACE Inhibitors[3], ARBs

If not in control (left) / *If not in control* (right)

Left branch:
Reinforce medication and lifestyle adherence

Incrementally maximize fixed dose ACE-Inhibitor/Thiazide Diuretic combination medication

Right branch:
Reinforce medication and lifestyle adherence

Maximize first medication before adding second *or*

Add second medication before reaching maximum dose of first medication

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If not in control

Reinforce medication and lifestyle adherence

Add Calcium Channel Blocker

If not in control

Reinforce medication and lifestyle adherence

Add Beta Blocker, aldosterone antagonist, or others

If not in control

- ➢ Consider medication non-adherence
- ➢ Consider Interfering agents (e.g., NSAIDs, excess alcohol)
- ➢ Consider secondary etiologies
- ➢ Consider consultation with a hypertension specialist

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[1] CKD is defined as albuminuria (>30 mg of albumin/g of creatinine) at any age and any level of GFR, or an estimated GFR or measured GFR < 60 mL/min/1.73 m² in people aged< 70 years. When weighing the risks and benefits of a lower BP goal for people aged 70 years or older with estimated GFR < 60 mL/min/1.73 m², antihypertensive treatment should be individualized, taking into consideration factors such as frailty, comorbidities, albuminuria, and estimation of non-age related eGFR decline (for example eGFR + ½ age <85)

[2] In the Black hypertensive population, including those with diabetes, a calcium channel blocker or thiazide-type diuretic is recommended as initial therapy. In Black patients with CKD and proteinuria, an ACEI or ARB is recommended as initial therapy because of the higher likelihood of progression to ESRD. In Black patients with CKD but without proteinuria, the choice for initial therapy is less clear and includes a thiazide-type diuretic, CCB, ACEI, or ARB.

[3] Pregnancy risk categories for CCB (to be listed here)

Updated: 6/22/2015