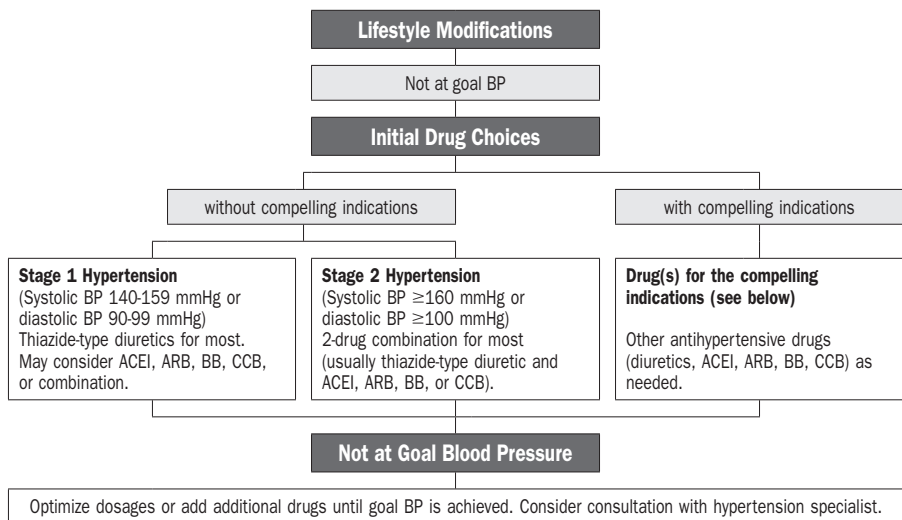


TREATMENT of HYPERTENSION

PRINCIPLES of HYPERTENSION TREATMENT

- Treatment goal is BP <140/90 mmHg (BP <130/80 mmHg in patients with diabetes or chronic kidney disease).
- Most patients will need two medications to reach goal.

HYPERTENSION TREATMENT



COMPELLING INDICATIONS for INDIVIDUAL DRUG CLASSES

Compelling indication	Initial therapy options
Heart failure	thiazide diuretic, beta blocker, ACEI, ARB, aldosterone antagonist
Post myocardial infarction	beta blocker, ACEI, aldosterone antagonist
High CVD risk	thiazide diuretic, beta blocker, ACEI, calcium channel blocker
Diabetes	thiazide diuretic, beta blocker, ACEI, ARB, calcium channel blocker
Chronic kidney disease	ACEI, ARB
Recurrent stroke prevention	thiazide diuretic, ACEI

STRATEGIES for IMPROVING ADHERENCE to THERAPY

- Clinician empathy increases patient trust, motivation, and adherence to therapy.
- Clinicians should consider patients' cultural beliefs and individual attitudes in formulating therapy.

CAUSES of RESISTANT HYPERTENSION

- Improper BP measurement
- Excessive sodium intake
- Inadequate diuretic therapy
- Excessive alcohol intake
- Identifiable causes of hypertension
- Medication:
 - Inadequate doses
 - Drug actions and interactions (eg, nonsteroidal anti-inflammatory drugs (NSAIDs), illicit drugs, sympathomimetics, oral contraceptives)
 - Over-the-counter drugs and dietary supplements

Key: CVD=cardiovascular disease; ARB=angiotensin II receptor blocker; ACEI=angiotensin converting enzyme (ACE) inhibitor; BB=beta blocker; CCB=calcium channel blocker

*For Adults age 18 years and older. Adapted from the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) 5/03 (NIH Publication No. 03-5231). (Rev. 12/2003)

Refer to Evaluation of Hypertension chart also located in this section.