EVALUATION OF HYPERTENSION

CLASSIFICATION OF BLOOD PRESSURE (BP)

<table>
<thead>
<tr>
<th>Category</th>
<th>Systolic BP mmHg</th>
<th>Diastolic BP mmHg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;120</td>
<td>and &lt;80</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120 – 139</td>
<td>or 80 – 89</td>
</tr>
<tr>
<td>Hypertension, Stage 1</td>
<td>140 – 159</td>
<td>or 90 – 99</td>
</tr>
<tr>
<td>Hypertension, Stage 2</td>
<td>≥160</td>
<td>or ≥100</td>
</tr>
</tbody>
</table>

See Blood Pressure Measurement Techniques (below).

DIAGNOSTIC WORKUP OF HYPERTENSION

- Assess risk factors and comorbidities.
- Reveal identifiable causes of hypertension.
- Assess presence of target organ damage.
- Conduct history and physical examination.
- Do ECG.

- Obtain laboratory tests: urinalysis, blood glucose, hematocrit and lipid panel, serum potassium, creatinine, and calcium.
  Optional: urinary albumin/creatinine ratio.

ASSESS FOR MAJOR CARDIOVASCULAR DISEASE (CVD) RISK FACTORS

- Hypertension
- Obesity (body mass index ≥30 kg/m²)
- Dyslipidemia
- Diabetes mellitus
- Cigarette smoking
- Physical inactivity
- Microalbuminuria, estimated GFR <60 mL/min
- Age (>55 for men, >65 for women)
- Family history of premature CVD (men age <55, women age <65)

ASSESS FOR IDENTIFIABLE CAUSES OF HYPERTENSION

- Sleep apnea
- Drug induced/related
- Chronic kidney disease
- Primary aldosteronism
- Renovascular disease
- Cushing’s syndrome or steroid therapy
- Pheochromocytoma
- Coarctation of aorta
- Thyroid/parathyroid disease

BLOOD PRESSURE MEASUREMENT TECHNIQUES

<table>
<thead>
<tr>
<th>Method</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-office</td>
<td>Two readings, 5 minutes apart, sitting in chair. Confirm elevated reading in other arm.</td>
</tr>
<tr>
<td>Ambulatory BP monitoring</td>
<td>Indicated for evaluation of “white coat hypertension.” Absence of 10–20% BP decrease during sleep may indicate increased CVD risk.</td>
</tr>
<tr>
<td>Patient self-check</td>
<td>Provides information on response to therapy. May help improve adherence to therapy and is useful for evaluating “white coat hypertension.”</td>
</tr>
</tbody>
</table>

NOTES

*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 Treatment of Hypertension chart also located in this section.