

Controlling High Blood Pressure

Hypertension Protocol



Measure accurately

Screening checklist

When screening patients for high Blood Pressure (BP):

- Use a validated, automated device to measure BP¹
- Use the correct cuff size on a bare arm²⁻¹⁰
- Ensure patient is positioned correctly^{2,3,11-19}

Confirmatory checklist

If screening BP is $\geq 140/90$ mm Hg, obtain a confirmatory measurement:

- Repeat screening steps above
- Ensure patient has an empty bladder^{2,3,20}
- Ensure patient has rested quietly for at least five minutes^{2,3,21,22}
- Obtain the average of at least three BP measurements^{2,3,23}

Evidence-based tips for correct positioning

Ensure patient is seated comfortably with:

- Back supported
- Arm supported
- Cuff at heart level
- Legs uncrossed
- Feet flat on the ground or supported by a foot stool
- No one talking during the measurement

Act rapidly

If a patient has BP $\geq 140/90$ mm Hg confirmed:

- Use evidence-based protocol to guide treatment²⁴⁻²⁶
- Re-assess patient every 2-4 weeks until BP is controlled²⁷⁻²⁹
- Whenever possible, prescribe single-pill combination therapy³⁰⁻³²

Evidence-based protocols typically include

- Counsel on and reinforce lifestyle modifications
- Ensure early follow-up and add preferred medications in a stepwise fashion, until BP is controlled
- For most patients, give preference to:
 - Thiazide diuretics
 - Dihydropyridine calcium channel blockers
 - ACE inhibitors (ACEI) or
 - Angiotensin receptor blockers (ARB)
- Do not prescribe both ACEI and ARB to same patient
- If BP $\geq 160/100$ mm Hg, start therapy with two medications or a single pill combination

These checklists are not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Partner with patients, families and communities

To empower patients to control their BP:

- Engage patients using evidence-based communication strategies³³⁻³⁵
- Help patients accurately self-measure^{36,37}
- Direct patients and families to resources that support medication adherence and healthy lifestyles

Evidence-based communication strategies include

- Begin with open-ended questions about adherence, including recent medication use
- Explore reasons for possible non-adherence or a single pill combination
- Elicit patient views on options and priorities to customize a care plan for each patient
- Remain non-judgmental at all times
- Use teach-back to ensure understanding of the care plan

For citation references and more materials visit:

<http://www.ama-assn.org/ama/pub/about-ama/strategic-focus/improving-health-outcomes/improving-blood-pressure-control.page>

Evidence-based tips for patient self-measurement of BP

- Instruct patient to measure BP accurately using a validated, automated device and correct positioning for measurement
- Ask patient to record ≥ 2 morning BP measurements and ≥ 2 evening BP measurements for ≥ 4 consecutive days between office visits
- Develop a systematic approach to ensure patients can act rapidly to address elevated BP readings between office visits
- Counsel patients that self-measured BP $\geq 135/85$ mm Hg is considered elevated

Evidence-based lifestyle changes to lower BP include

- Following the DASH diet, which is rich in fruits, vegetables and whole grains; low-fat dairy, poultry, fish and plant-based oils; and limits sodium, sweets, sugary drinks, red meat and saturated fats
- Engaging in moderate physical activity, such as brisk walking, for 40 minutes a day at least four days a week
- Maintaining a healthy body mass index (BMI)
- Limiting alcohol to ≤ 2 drinks/day in men, ≤ 1 drink/day in women

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