Stage 1 Hypertension

Systolic 140-159 or diastolic 90-99
Lifestyle modification as a trial of therapy.

(In patient with 2 or more CV risk factors, consider treating as stage 2)

Stage 2 Hypertension

Systolic ≥ 160 or diastolic ≥ 100
Ongoing lifestyle modifications and Medication therapy

Blacks	Non Black	*Compelling indications	
Thiazide	ACE/ ARB	Diabetes	CHF
CCB	Thiazide	CAD	Post MI
	CCB	Stroke prevention	

***Baseline BMP prior to starting medication**

Recheck and review BP readings in 3 months

Recheck and review BP readings in 4-6 weeks; f/u BMP if ACE/ ARB or diuretic started

BP at goal?

No

If stage 1, start meds based on race and compelling indications. Start low and go slow.

If stage 2, decide on treatment strategy:
1. Maximize first med before adding second or
2. Add second medication before reaching maximum dose of first

*For stage 2, Start with mid range dosing

Re-check in 4-6 weeks; **f/u BMP** if started on ACE/ARB or diuretic
Or
if patient had dose increase of 50% or more of same medication

BP at goal?

Yes

No

Optimize dosage or add medications

Assess for compliance with treatment plan. Encourage home readings if not already being done. Consider secondary causes as reason for failure to reach goal

Yes

Reinforce lifestyle modifications and or medication compliance.

F/u at 3 months, then 6 months, then twice a year as long as patient remains controlled. BMP every 6 months if patient is taking ACE, ARB or diuretic.

Reminders:
-If Bp is not at goal after 4 weeks on 3 drug therapy, referral is warranted
-Patients started on ACE/ ARB or diuretic therapy or pts with 50% increase in dose will need f/u BMP at 4-6 weeks to ensure stability
-Patients with an alert value of SBP≥180 or DBP≥110, MUST BE RE-EVALUATED WITHIN 7 DAYS; if pt has s/s of end organ damage refer to ER
-Consults are not a last resort