Andaman and Nicobar Islands

Hypertension Protocol

Measure blood pressure of **all adults** over 30 years

**High BP:** SBP ≥ 140 or DBP ≥ 90 mmHg

Check for compliance at each visit before titration of dose or addition of drugs

1. **If BP is high:**
   - **Prescribe Amlodipine 5mg**
2. **After 30 days measure BP again. If still high:**
   - **Increase to Amlodipine 10mg**
3. **After 30 days measure BP again. If still high:**
   - **Add Telmisartan 40mg**
4. **After 30 days measure BP again. If still high:**
   - **Increase to Telmisartan 80mg**
5. **After 30 days measure BP again. If still high:**
   - **Add Chlorthalidone 12.5mg**
6. **After 30 days measure BP again. If still high:**
   - **Increase to Chlorthalidone 25mg**

*Check if the patient has been taking medications regularly and correctly. If yes, refer to a specialist.*

**Pregnant women and women who may become pregnant**
- **DO NOT** give Telmisartan or Chlorthalidone.
  - Statins, ACE inhibitors, angiotensin receptor blockers (ARBs), and thiazide-diuretics should not be given to pregnant women or to women of childbearing age not on effective contraception.
  - Calcium channel blocker (CCB) can be used. If not controlled with intensification dose, refer to a specialist.

**Diabetic patients**
- Treat diabetes according to protocol.
- Aim for a BP target of < 140/90 mmHg.

**Heart attack last 3 years**
- Add beta blocker to Amlodipine with initial treatment.

**Heart attack or stroke, ever**
- Begin low-dose aspirin (75mg) and statin.

**People with high CVD risk**
- Consider aspirin and statin.

**Chronic kidney disease**
- ACEI or ARB preferred if close clinical and biochemical monitoring is possible.

*If SBP ≥ 180 or DBP ≥ 110, refer patient to a specialist after starting treatment.
If SBP 160-179 or DBP 100-109, start treatment on the same day.
If SBP 140-159 or DBP 90-99, check on a different day and if still elevated, start treatment.
Recommended investigations at initiation of therapy: Haemoglobin, blood sugar, urine analysis for proteinuria, serum creatinine.

**Hydrochlorothiazide can be used if Chlorthalidone is not available (25 mg starting dose, 50 mg intensification dose).**

**Lifestyle advice for all patients**
- Avoid tobacco and alcohol
- Exercise 2.5 hours/week
- Reduce weight, if overweight
- Reduce salt, under 1 tsp/day
- Eat less fried foods

- **Eat 5 servings of fruits and vegetables per day.**
- **Avoid papads, chips, chutneys, dips, pickles etc.**
- **Use healthy oils like sunflower, mustard, or groundnut.**
- **Limit consumption of foods containing high amounts of saturated fats.**
- **Reduce weight if overweight.**
- **Reduce fat intake by changing how you cook:**
  - Remove the fatty part of meat
  - Use vegetable oil
  - Boil, steam, or bake instead of fry
  - Limit reuse of oil for frying
- **Avoid processed foods containing trans fats.**
- **Avoid added sugar.**

*Dispense drugs for 30 days and give appointment after 4 weeks*  
*Medications should be taken at the same time each day*