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

Step 1
If BP is high:*
Prescribe Amlodipine 5mg

Step 2
After 30 days measure BP again. If still high:
Add Enalapril 5mg

Step 3
After 30 days measure BP again. If still high:
Increase Enalapril to 10mg

Step 4
After 30 days measure BP again. If still high:
Increase Amlodipine to 10mg

Step 5
After 30 days measure BP again. If still high:
Add Chlorthalidone 6.25mg/HCTZ** 12.5mg

Step 6
After 30 days measure BP again. If still high:
Increase to Chlorthalidone 12.5mg/HCTZ** 25mg

…

If BP is high:
Prescribe Amlodipine 5mg

After 30 days measure BP again. If still high:
Add Enalapril 5mg

After 30 days measure BP again. If still high:
Increase Enalapril to 10mg

After 30 days measure BP again. If still high:
Increase Amlodipine to 10mg

After 30 days measure BP again. If still high:
Add Chlorthalidone 6.25mg/HCTZ** 12.5mg

After 30 days measure BP again. If still high:
Increase to Chlorthalidone 12.5mg/HCTZ** 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/thiazide-like 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 in 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.

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.

* 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.
- ** HCTZ - Hydrochlorothiazide

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