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

** If BP is high:**

**Step 1**
Prescribe Amlodipine 5mg

**Step 2**
After 30 days measure BP again. If still high:
Increase to Amlodipine 10mg

**Step 3**
After 30 days measure BP again. If still high:
Add Telmisartan 40mg

**Step 4**
After 30 days measure BP again. If still high:
Increase to Telmisartan 80mg

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

**Step 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.

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 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.

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.

The protocol includes guidelines for medication use, consideration of patient history, and adherence to lifestyle changes.

Dispense drugs for 30 days and give appointment after 4 weeks

Medications should be taken at the same time each day