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

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>If BP is high:*&lt;br&gt;Prescribe Amlodipine 5mg</td>
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<tr>
<td><strong>Step 2</strong></td>
<td>After 30 days measure BP again. If still high:&lt;br&gt;Increase to Amlodipine 10mg</td>
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<tr>
<td><strong>Step 3</strong></td>
<td>After 30 days measure BP again. If still high:&lt;br&gt;Add Telmisartan 40mg</td>
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<td><strong>Step 4</strong></td>
<td>After 30 days measure BP again. If still high:&lt;br&gt;Increase to Telmisartan 80mg</td>
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<tr>
<td><strong>Step 5</strong></td>
<td>After 30 days measure BP again. If still high:&lt;br&gt;Add Chlorthalidone 12.5mg**</td>
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<tr>
<td><strong>Step 6</strong></td>
<td>After 30 days measure BP again. If still high:&lt;br&gt;Increase to Chlorthalidone 25mg**</td>
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</tbody>
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**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.

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**Lifestyle advice for all patients**

- 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
  - Boil, steam, or bake instead of fry
  - Limit reuse of oil for frying
- Avoid processed foods containing trans fats.
- Avoid added sugar.

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* 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.

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

Dispense drugs for 30 days and give appointment after 4 weeks

Medications should be taken at the same time each day