

VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE DIAGNOSIS AND MANAGEMENT OF HYPERTENSION

KEY POINTS CARD

Update 2004

1. Screen blood pressure (BP) in adults annually since BP rises with increasing age
2. Encourage patients with prehypertension to engage in lifestyle changes to reduce risk of proceeding to hypertension
3. Explain to patients that blood pressure control reduces cardiovascular risks over a lifetime
4. Once hypertension is diagnosed, take aggressive action to reduce blood pressure
5. Include lifestyle modifications for all patients, as appropriate
6. Use thiazide-type diuretics, alone or in combination with other agents, as first line therapy

7. Choose other agents based on evidence for reduction of mortality and morbidity. These agents include (in alphabetical order): angiotensin-converting enzyme inhibitors (ACEIs), angiotensin II receptor blockers (ARBs), beta-blockers, and long-acting calcium channel blockers
8. Strongly consider starting therapy with a combination of 2 drugs for patients with Stage 2 hypertension
9. Target blood pressure goals appropriately for each patient and titrate therapy to achieve that goal through:
 - a. Informing patients about their BP goal
 - b. Following-up closely until goal achieved
 - c. Adjusting medication as necessary at each visit
 - d. Keeping the medication regimen as simple as possible
 - e. Educating and involving patients in their care plan
 - f. Using ancillary staff and available programs to support and help in reaching target goal

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>

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DoD access to full guideline: <http://www.qmo.amedd.army.mil/pguide.htm>

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