

# MERCY CLINICS, INC. PRACTICE GUIDELINE

## HYPERTENSION

Over 50 million Americans have hypertension, it is the most commonly used diagnosis in Family Practice. Multiple studies have shown a strong, continuous, graded increase in cardiovascular events with increased blood pressure and that the association for **Systolic BP** is stronger than for Diastolic BP. MCI emphasizes the use of **thiazide diuretics** which JNC-7 finds are “unsurpassed in preventing the cardiovascular complications of hypertension”. According to national data (NHANES 1999-2000) only 34% of patients diagnosed with hypertension are controlled. The MCI goal is 70% controlled. To achieve this Mercy Clinics, Inc. endorses the following recommendations:

1. Blood pressure should be **measured** in a standardized fashion:
  - Patients should be seated with arms bared and appropriate size cuff used.
  - Systolic Blood Pressure is defined as the first appearance of sound.
  - Diastolic Blood Pressure is defined as the disappearance of sound.
  - Any elevated Blood Pressure should be followed up.
  - Diagnose Hypertension if the BP is > 139/89 on three separate occasions.
    - If BP is elevated the provider should re-check and document the result.
2. Set a clear **goal** of therapy for each patient. Control blood pressure to:
  - Below **140/90** for uncomplicated hypertension.
  - set lower goals for patients with target organ damage or cardiovascular disease.
  - Below 130/80 for patients with diabetes or chronic kidney disease.
  - **Medication compliance** should be explored for patients not meeting their goal.
3. **Life style modifications** should be encouraged in all patients.
  - Quit smoking, lose weight (if needed), restrict sodium intake, limit alcohol, DASH diet, aerobic exercise.
4. Add **pharmacologic therapy** if blood pressure remains above goal with life style modifications.
  - **Thiazide diuretics** (alone or in combination) are recommended as initial therapy for most patients.
  - Most patients will require 2 or more medications to control BP.
  - Favor once daily, generic medicines when possible.
5. Evaluate for **co-existing risk factors** which are found in 80% of patients with hypertension.
  - Diabetes, lipids, obesity, LVH, microalbuminuria, smoking
6. People with systolic BP of 120-139 or a diastolic BP of 80-89 have **Pre-Hypertension**. There is a high probability that they will develop hypertension and they should be treated with lifestyle modification to prevent CVD.

Reference: The seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure. NIH publication May 2003.

*Variation from this guideline is always acceptable if in the opinion of the attending physician individual circumstances require it*