Hypertension Protocol

Measure blood pressure of all adults over 18 years

High BP: SBP ≥ 140 or DBP ≥ 90 mmHg

**Step 1**
If BP is high:*
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***

After 30 days, measure BP again. If still high:
Check if the patient has been taking medications regularly and correctly. If yes, refer to a specialist.

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**Lifestyle advice for all patients**

- Eat 5 servings of fruits and vegetables per day.
- Avoid papads, chips, chutneys, dips, and pickles.
- Use healthy oils like sunflower, mustard, or groundnut.
- Limit consumption of foods containing high amounts of saturated fats.
- Reduce fatigue 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.

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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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* 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.
** Get estimations done for Blood Sugar, Urea, Creatinine, and Urine Protein before increasing Telmisartan dose. If any value is abnormal refer to a specialist. If the patient cannot consult a specialist, withdraw Telmisartan and add Chlorthalidone.
*** Hydrochlorothiazide can be used if Chlorthalidone is not available (25 mg starting dose, 50 mg intensification dose).

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