Hypertension Protocol

Measure blood pressure of all adults over 18 years

High BP: SBP ≥ 140 or DBP ≥ 90 mmHg

Check for compliance at each visit before titration of dose or addition of drugs

Step 1
If BP is high*
Prescribe Amlodipine 5 mg + adherence counseling

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

Step 2
After 30 days measure BP again. If still high:
Increase Telmisartan to 80mg

Step 3
After 30 days measure BP again. If still high:
Increase Amlodipine to 10mg

Step 4
After 30 days measure BP again. If still high:
Add Chlorthalidone 6.25mg

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

Step 6
After 30 days measure BP again. If still high:
Check that patient has been taking drugs regularly and correctly. If so, refer patient to a specialist.

Lifestyle advice for all patients

- Eat less than 1 tsp of salt per day
- Avoid papads, chips, chutneys, dips, pickles, etc.
- Exercise regularly: 2.5 hours per week
- Avoid alcohol and tobacco
- Limit intake of fried foods
- Avoid foods with high amounts of saturated fats (e.g. cheese, ice cream, fatty meat)
- Avoid processed foods containing trans fats
- Avoid added sugar
- Eat 5 servings of fruits and vegetables per day
- Use healthy oils: polyunsaturated and monounsaturated oils
- Reduce fat intake by changing how you cook: remove the fatty part of meat; use vegetable oil; boil, steam or bake rather than fry; limit reuse of oil for frying

Women who are or could become pregnant
- DO NOT give Telmisartan or Chlorthalidone.
- ACE inhibitors, angiotensin receptor blockers (ARBs), thiazide/thiazide like diuretics and statins should not be given to pregnant women or to women of childbearing age not on highly effective contraception.
- Calcium channel blocker (CCB) can be used. If not controlled with intensification dose, refer to specialist.

Diabetic patients
- Treat diabetes according to protocol.
- Aim for BP target of <140/90.

Heart attack in last 3 years
- Add beta blocker to Amlodipine at initial treatment.

Heart attack or stroke ever
- Begin low-dose aspirin (75 mg) and statin.

Chronic kidney disease
- ACE inhibitor or ARB preferred if close clinical and biochemical monitoring possible after specialist opinion.

If SBP 140-159 and/or DBP 90-99, start on lifestyle management for one month prior to initiation of medications.
If SBP ≥ 180 and/or DBP ≥ 110 start treatment and refer to specialist immediately.

Recommended investigations at initiation of therapy:
CBC, blood sugar, serum creatinine, electrolytes (optional). If S creatinine >1.5 mg, refer to specialist.

If Telmisartan not available: replace with Enalapril 5 mg (initiation dose) and 10 mg (intensification dose).

* If BP ≥ 140 and/or DBP ≥ 90

** If Telmisartan not available

India Hypertension Management Initiative:
Maharashtra 1.00-9-18

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