

HYPERTENSION TREATMENT PROTOCOL

Saint Lucia



THIS PROTOCOL IS CONTRAINDICATED FOR WOMEN WHO ARE OR COULD BECOME PREGNANT.

STEP 1

Measure blood pressure (BP) for all adults and in all consultations by trained personnel, following the recommended protocol and using validated manometers.

STEP 2

If BP is $\geq 160 / 100$ mmHg, start treatment immediately.
If BP is $140 / 90$ - $159 / 99$ mmHg, reading verified in Office and at home if possible and if it persists START Amlodipine 5mg/Telmisartan 40mg.

STEP 3

After 4 weeks

If persists ≥ 140 or ≥ 90 persists
Increase to Amlodipine 10mg/Telmisartan 80mg

STEP 4

After 4 weeks

If persists ≥ 140 or ≥ 90 persists
Add Chlorthalidone 12.5mg

STEP 5

After 4 weeks

If persists ≥ 140 or ≥ 90 persists
Increase Clorthalidone to 25mg

STEP 6

After 4 weeks

If persists ≥ 140 or ≥ 90 persists
CONFIRM that the patient has been taking the medications regularly and correctly. If so, refer the patient to a specialist..

STANDARDS FOR SPECIFIC PATIENTS

- Cardiovascular risk:
 - Estimate the cardiovascular risk in all patients with hypertension.
 - Patients with diabetes, coronary heart disease, stroke or chronic kidney disease are considered high cardiovascular risk.
- The goal of BP is $<130/80$ mmHg in people with high cardiovascular risk, in patients with diabetes, coronary heart disease, stroke or chronic kidney disease.
- Statins
 - Add statins in all patients of high cardiovascular risk regardless of their cholesterol or LDL levels.
 - Add statins in patients ≥ 40 years with moderate cardiovascular risk, with total cholesterol ≥ 5 mmol / L (200 mg / dl) or with LDL cholesterol ≥ 3 mmol / L (120 mg / dl).
 - Add statins in patients ≥ 40 years with low cardiovascular risk, with total cholesterol ≥ 8 mmol / L (320 mg / dl).
 - Consider adding statins in those with moderate cardiovascular risk.
- Aspirin: Add aspirin to all patients with high cardiovascular risk unless they have specific contraindications.
- Patients with coronary heart disease and cerebrovascular disease should receive secondary prevention treatment according to the protocol approved in the country.

PRECAUTIONS

- Diuretics: can produce hypokalemia and can have adverse effects on lipid and glucose values.
- The use of calcium channel blockers can cause maleolar edema in up to 10% of patients, especially at high doses, if an ACE inhibitor or an ARB is not being used.
- ACE inhibitor: They carry a small risk of angioedema; the risk is greater in people of African descent (not observed with ARBs).
- ACE inhibitors (and ARBs) should not be given to women who pregnant or may become pregnant.
- Risk of hyperkalemia, particularly if the patient has a chronic kidney disease.

HEALTHY LIFESTYLE COUNSELING FOR ALL PATIENTS



Stop all tobacco use, avoid secondhand tobacco smoke.



Avoid alcohol consumption.



Increase physical activity to equivalent of brisk walk 150 minutes per week.



If overweight, lose weight.



Eat heart-healthy diet:

- Consume less than a teaspoon of salt a day;
- Eat ≥ 5 servings of vegetables / fruits per day;
- Use healthy oils;
- Eat nuts, legumes, whole grains and foods rich in potassium;
- Limit red meat to once or twice a week at most;
- Eat fish or other foods rich in omega 3 fatty acids at least twice a week;
- Avoid added sugars.