

Hypertension Management Protocol

Measure blood pressure (BP) of **all adults ≥ 18 years**. If SBP is 140-159 mmHg or DBP 90-99 mmHg, review BP after 2 weeks. If SBP is still 140-159 mmHg or DBP 90-99 mmHg, start drug treatment as below.

Step 1

If SBP 160-179 mmHg or DBP 100-109 mmHg, start treatment on the same day at step 2

Start amlodipine 5mg² once daily.*

Step 2

Review after 4 weeks, if BP is still high

amlodipine 5mg + hydrochlorothiazide 25mg

Step 3

Review after 4 weeks, if BP is still high

Increase amlodipine 10mg once a day + hydrochlorothiazide 25mg once a day.**

Step 4

Review after 4 weeks, if BP is still high

amlodipine 10mg once a day + hydrochlorothiazide 25mg once a day + enalapril 5mg once a day.***

Step 5

Review after 4 weeks, if BP is still high

Patient needs further investigations please consult with hypertension clinic doctor/ specialist for expert review.****

Provision for Special Populations

Patients aged ≥ 65 yrs: AVOID DBP < 70 mmHg

Pregnant women: Manage according to OBGYN guidelines and refer.

Renal impairment: Initiate per this protocol and refer to medical officer (MO) or immediately consult kidney clinic with the following investigations.***

Diabetic patients: Step 1: If grade 1 hypertension initiate Enalapril 5mg po daily then refer to MO immediately.

History of ischemic heart disease and chronic heart failure: Initiate according to this protocol and refer to MO.

People with high CVD risk: ($\geq 30\%$) Initiate as per this protocol and refer to MO.

Established chronic kidney disease: Refer to MO. Patient should be on CKD supplements and other chronic medications as prescribed by MO.

Adolescents and adults below 30 years: Initiate per this protocol and immediately refer to next level of care.

*CVD risk assessment should be done on all patients ≥ 40 years of age, smoker, BMI > 25 , parent or sibling with diabetes and premature CVD. If SBP ≥ 180 mmHg or DBP ≥ 110 mmHg, give stat dose of captopril 25mg and immediately refer patient to the emergency unit.

**Use fixed dose combination (from step 3) if available.

***Tests to be done at diagnosis and every 6 months: Random glucose, HbA1c, Hemoglobin, Urine analysis/ dipstick & microscopy, Kidney function tests, HIV, Lipids, pregnancy test in women of childbearing age.

****All the above including ECG, Kidney Ureter Bladder ultrasound, urine albumin creatinine ratio, TSH, funduscopy and chest X-ray.

NB: assess for adherence of treatment and ensure lifestyle modification at every step above



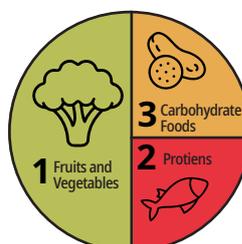
Stop all tobacco use, avoid second-hand tobacco smoke, and avoid unhealthy alcohol intake.



Eat a low salt diet (under 1tsp/day).



Increase regular physical activity to at least 30 minutes daily.



- Eat 5 servings of fruits and vegetables per day.
- Eat nuts, legumes, whole grains and foods rich in potassium.
- Avoid added sugar.
- Limit red meat to once or twice per week.
- Limit consumption of fried foods.