



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Medical Management of Adults with Hypertension](#)

Released: November 2018

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Eligible population

Adult patients ≥ 18 years of age. Not pregnant.

Diagnosis and Management:

2 measures, throw out 1st, rest between, feet flat, hard back, appropriate size cuff

Hypertension:

Stage 1: 130/80-139/89 mm Hg

Stage 2: $\geq 140/90$ mm Hg

Patient education and non-pharmacologic interventions

- Encourage out of office BP measures with communication of results, frequent checks for accuracy, and lifestyle and medication adjustments. Home readings are often 5 mm Hg lower than office.

Goals of Therapy

- If no other risk factors (and < 60 years of age): target BP $< 140/90$. If no other risk factors and ≥ 60 years: target $< 150/90$.
- Patients with risk factors, including diabetes, ASCVD, CKD: target BP $< 130/80$.

Goal:

- < 130/80 mm Hg if at risk (ASCVD, CKD, diabetes) and ambulatory.
- < 140/90 mm Hg if no risk factors.

Pharmacologic interventions

- ACE-I or ARB recommended in patients with diabetes, CKD, or heart failure.
- Intensify treatment until treatment goals are met; 3 or more drugs may be necessary for some patients to achieve goal BP. Multi-drug regimen at moderate dose is preferable to maximum dose monotherapy. Add spironolactone for resistant hypertension.