HyperTensia 2025

Tips for General Practitioners in Managing Hypertension

Hypertension management requires a comprehensive approach that includes accurate diagnosis, risk assessment, lifestyle modifications, and appropriate medication. Here are key tips for general practitioners (GPs) to effectively manage hypertensive patients.

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1. Accurate Diagnosis & BP Measurement

✓ Use proper technique:

- Patient should be seated for 5 minutes, feet flat on the floor, and arm supported at heart level.
- Avoid caffeine, smoking, or exercise 30 minutes before measurement.
- Use an appropriately sized cuff (too small = falsely high readings).
- Take at least two readings on different occasions to confirm hypertension.

✓ Consider Ambulatory Blood Pressure Monitoring (ABPM):

- Helps diagnose white coat hypertension or masked hypertension.

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2. Risk Stratification & Individualized Treatment

✓ Assess cardiovascular risk factors:

- Check for diabetes, smoking, high cholesterol, kidney disease, family history of CVD.
- Use risk calculators like ASCVD Risk Score to guide treatment intensity.

✓ Look for target organ damage:

- ECG for LVH, arrhythmias.
- Fundoscopy for hypertensive retinopathy.
- Kidney function tests (serum creatinine, eGFR, urine albumin) for hypertensive nephropathy.

✓ Identify secondary hypertension causes if:

- Sudden onset or severe hypertension (<40 years).
- Resistant hypertension despite 3+ drugs.
- Suspicion of hyperaldosteronism, renal artery stenosis, pheochromocytoma.

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3. Lifestyle Modification Counseling (First-Line for All Patients)

✓ Dietary changes:

- DASH diet (Dietary Approaches to Stop Hypertension): High in fruits, vegetables, whole grains, low in sodium.
- Reduce salt intake (<2.3g/day) and processed foods.
- Increase potassium intake (bananas, oranges, spinach).

✓ Weight management:
- Aim for BMI <25 kg/m².
- Even 5-10% weight loss can lower BP significantly.

✓ Physical activity:
- Encourage 30–45 minutes of moderate exercise (walking, cycling) 5 days a week.

✓ Limit alcohol & smoking:
- Men: ≤2 drinks/day, Women: ≤1 drink/day.
- Strongly advise smoking cessation.

✓ Stress management:
- Teach relaxation techniques, meditation, and sleep hygiene.

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4. Pharmacological Treatment: Choosing the Right Drug

✓ Follow guideline-based therapy: (e.g., AHA/ESC/ISH guidelines)
- First-line choices:
  - ACE inhibitors (Lisinopril, Ramipril) or ARBs (Losartan, Telmisartan) → Best for diabetes, CKD, heart disease.
  - Calcium channel blockers (Amlodipine, Nifedipine) → Best for elderly, isolated systolic hypertension.
  - Diuretics (Hydrochlorothiazide, Chlorthalidone) → Good for salt-sensitive hypertension.
  - Beta-blockers (Metoprolol, Carvedilol) → Best for post-MI, heart failure.

✓ Combination therapy for better control:
- Two-drug therapy (ACEI/ARB + CCB or Diuretic) if BP >150/90 mmHg.

✓ Adjust treatment for special populations:
- Pregnancy: Use Labetalol, Methyldopa, or Nifedipine. Avoid ACEIs & ARBs.
- Resistant hypertension: Add Spironolactone or consider Renal Denervation.

✓ Monitor for side effects:

- ACE inhibitors → Cough, hyperkalemia.
- CCBs → Edema, headache.
- Diuretics → Electrolyte imbalances.

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5. Regular Monitoring & Patient Engagement

✓ Follow-up every 2–4 weeks after starting treatment, then every 3–6 months once BP is controlled.

✓ Encourage home BP monitoring for better compliance.

✓ Educate patients about medication adherence—common reason for treatment failure.

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6. Recognizing Hypertensive Emergencies (Immediate Referral)
BP >180/120 mmHg with target organ damage (chest pain, breathlessness, confusion, kidney failure).

✓ Urgent hospital referral for IV antihypertensives (e.g., Labetalol, Nicardipine).

Conclusion:

✓ Accurate diagnosis, lifestyle modifications, and tailored drug therapy are key to effective hypertension management.

✓ Patient education & regular follow-ups improve long-term outcomes.

✓ Early recognition of complications (LVH, kidney disease, stroke risk) is crucial.