HyperTensia 2025

Precautions to Take When Starting Antihypertensive Treatment
Initiating antihypertensive therapy requires careful consideration of **patient-specific factors, medication selection, monitoring for side effects, and ensuring adherence**. Below are key precautions to follow when starting treatment.

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1. Confirm Diagnosis Before Starting Treatment

✓ Ensure **accurate BP measurement** (proper technique, multiple readings on different days).

✓ Rule out **white coat hypertension** (consider home BP monitoring or ambulatory BP monitoring).

✓ Identify **secondary hypertension causes** if BP is **very high or resistant to treatment**.

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2. Assess Patient's Overall Health & Risk Factors

✓ **Look for comorbidities:** Diabetes, kidney disease, heart disease, hyperlipidemia.

✓ **Check for medication interactions:** Some antihypertensives can interact with **NSAIDs, steroids, or decongestants**.

✓ **Evaluate kidney function (eGFR, creatinine) & electrolytes** before starting ACE inhibitors, ARBs, or diuretics.

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3. Choosing the Right Medication

✓ **Tailor drug selection based on patient profile:**

- **Diabetes or CKD? → ACE inhibitors (Lisinopril, Ramipril) or ARBs (Losartan, Telmisartan)**.
- **Elderly patients? → Calcium Channel Blockers (Amlodipine, Nifedipine)** preferred.
- **Heart failure or post-MI? → Beta-blockers (Metoprolol, Carvedilol) + ACEI/ARB**.
- **Pregnancy? → Labetalol, Methyldopa, Nifedipine (Avoid ACEIs & ARBs)**.

✓ **Start with the lowest effective dose** to minimize side effects.

✓ **Avoid sudden BP drops**, especially in the elderly (risk of falls & dizziness).

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4. Monitor for Side Effects & Adjust Accordingly

✓ **ACE Inhibitors (e.g., Lisinopril, Ramipril)**

- **Watch for:** Dry cough, high potassium, angioedema.
- **Check:** Serum potassium & creatinine **2 weeks after starting**.

✓ **ARBs (e.g., Losartan, Valsartan)**

- **Alternative to ACEIs if cough occurs**.
- **Monitor:** Kidney function & potassium.

✓ **Diuretics (e.g., Hydrochlorothiazide, Chlorthalidone, Furosemide)**

- **Watch for:** Low potassium (except in potassium-sparing types), dehydration.
- **Monitor:** Electrolytes (Na, K), kidney function.

✓ **Calcium Channel Blockers (e.g., Amlodipine, Nifedipine, Diltiazem)**

- **Watch for:** Leg swelling, flushing, headache.
- **Adjust dose if severe edema occurs.**

✓ **Beta-Blockers (e.g., Metoprolol, Atenolol, Carvedilol)**

- **Watch for:** Fatigue, slow heart rate, dizziness.
- **Avoid in:** Asthma/COPD patients (can worsen breathing issues).

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5. Educate the Patient About Lifestyle Modifications

✓ **Emphasize that lifestyle changes complement medication:**

- Low-sodium **DASH diet**.
- Regular **exercise (30 min/day, 5 days/week)**.
- Weight loss if **overweight (5–10% weight reduction lowers BP)**.
- Smoking & alcohol reduction.

✓ **Encourage home BP monitoring** to track progress.

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6. Gradual Dose Titration & Regular Follow-Ups

✓ **Start low, go slow** – especially in elderly patients.

✓ **Follow-up within 2–4 weeks** to assess BP response and side effects.

✓ **Adjust doses or switch drugs if BP remains high or side effects occur.**

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7. Special Considerations in Certain Populations

✓ **Elderly Patients:** Start at **lower doses** to prevent dizziness & falls.
✓ **Pregnancy:** Avoid ACEIs & ARBs, use **Labetalol, Methyldopa, or Nifedipine**.
✓ **Diabetic Patients:** Prefer **ACEIs/ARBs** to protect kidneys.
✓ **Heart Failure Patients:** Avoid **CCBs (except Amlodipine, Felodipine)**.

Conclusion:

✓ Confirm hypertension diagnosis before treatment.
✓ Choose medications based on patient-specific factors.
✓ Start with low doses & monitor for side effects.
✓ Educate patients on lifestyle changes & home BP monitoring.
✓ Schedule follow-ups to assess treatment response & adjust therapy.