Hypertension – Initiation and Titration Considerations

When to Initiate Pharmacologic Therapy Lifestyle first for all; drugs for Stage 2 (≥140/90) or Stage 1 with CVD/CKD/ASCVD risk ≥10% (Framingham). In pregnancy, diabetes, HF: Treat Stage 1. Goal: <130/80 mmHg for most.

Common First-Line Drug Classes

- **Thiazide diuretics: Low-dose (HCTZ 12.5-25 mg); volume reduction.**
- **ACE inhibitors/ARBs: RAAS blockade (e.g., lisinopril); renal/CV protection.**
- **Calcium channel blockers (CCB): Vasodilation (dihydropyridine like amlodipine). Combinations (e.g., ACEI + CCB) for most starters.**

Simple Stepwise Titration Concepts

- **Start low: Monotherapy or low-dose combo; titrate q2-4 weeks based on home/office BP.**
- **Step 1: Single agent to max.**
- **Step 2: Add second class.**
- **Step 3: Add third (e.g., mineralocorticoid antagonist like spironolactone for resistant HTN). Target <130/80; reassess if side effects.**

Monitoring and Follow-up Principles

- **Baseline: Labs (K+, Cr, lipids), ECG if high risk.**
- **Follow-up: q1 month until controlled, then q3-6 months; annual labs. Home BP monitoring encouraged. Address barriers (adherence 50%).**

References

- **Whelton PK, et al. ACC/AHA 2017 Guideline, 2025 update.**
- **Muntner P, et al. Hypertension. 2024.**