



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

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

Released: August 2019

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

Hypertension

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

Stage 2: \geq 140/90 mm Hg

Updated recommendations include:

Initial assessment

- Physical examination: 2 or more BP measurements on initial visit plus one or more follow-up visits using regularly calibrated equipment with the appropriate sized cuff and separated by at least 2 minutes with the patient seated and standing, verification in contralateral arm, funduscopic exam, neck exam (bruits), heart and lung exam, abdominal exam for bruits or aortic aneurysm, renal function, extremity pulses and neurological assessment.

Goals of Therapy

Goal:

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

Caution: low diastolic or orthostatic symptoms may limit ability to control systolic. Use extreme caution if diastolic is below 60. For diabetics, mortality increases if diastolic is below 70.

Pharmacologic interventions

- Hypertension, **Stage 1** (130/80-139/89) and no risk factors: use non-pharmacologic interventions. Can consider medication if continues over 130/80. Shared decision making.
- Hypertension, **Stage 1** (130/80-139/89) with risk factors: monotherapy treatment; start with thiazide-type diuretic, ACE-I, ARB, DHP-CCB for almost all patients.

Monitoring and adjustment of therapy

- Hypertension, **Stage 1:** if therapy initiated, recheck within two months until goal is reached.