Overview of Hypertension Guidelines for Bermuda

CLASSIFICATION AND DIAGNOSIS OF HYPERTENSION

Classification of Hypertension and Recommendations for Follow-up

<table>
<thead>
<tr>
<th>Category</th>
<th>Systolic</th>
<th>Diastolic</th>
<th>Follow-up recommended to determine diagnosis without acute end organ-damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal BP</td>
<td>&lt;120</td>
<td>&lt;80</td>
<td>Recheck in two years</td>
</tr>
<tr>
<td>Normal BP</td>
<td>120 – 129</td>
<td>80 - 84</td>
<td>Recheck in two years</td>
</tr>
<tr>
<td>Pre-Hypertensive</td>
<td>130 – 139</td>
<td>85 – 89</td>
<td>Recheck in one year*</td>
</tr>
<tr>
<td>Stage 1 hypertension (mild)</td>
<td>140 – 159</td>
<td>90 – 99</td>
<td>Confirm within two months&lt;br&gt;If still stage 1 and no other risk factors prescribe lifestyle modification and sodium restriction for 6 months.&lt;br&gt;lifestyle modification and sodium restriction for 6 months. If other risk factors present treat</td>
</tr>
<tr>
<td>Stage 2 hypertension (moderate)</td>
<td>160 – 179</td>
<td>100 – 109</td>
<td>Evaluate, treat, or refer to source of care within one month</td>
</tr>
<tr>
<td>Stage 3 hypertension (severe)</td>
<td>≥180</td>
<td>≥110</td>
<td>Evaluate and treat immediately or within one week depending on clinical situation and complications</td>
</tr>
<tr>
<td>Isolated systolic hypertension 1</td>
<td>≥140</td>
<td>&lt;90</td>
<td>Confirm within two months</td>
</tr>
<tr>
<td>Isolated systolic hypertension 2</td>
<td>≥160</td>
<td>&lt;90</td>
<td>Evaluate and treat immediately or within one week depending on clinical situation and complications</td>
</tr>
</tbody>
</table>


Pre-hypertension is not a disease category, but identifies individuals at high risk of developing hypertension.

* Provide lifestyle modification.

If systolic and diastolic categories are different, follow recommendations for the shorter time follow-up (e.g. 160/86 mm Hg should be evaluated or referred to source of care within one month).

MANAGEMENT OF HYPERTENSION

Monitoring Schedule for Management of Hypertensive Patients

<table>
<thead>
<tr>
<th>Blood pressure level</th>
<th>Monitoring interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP&lt;140/90</td>
<td>Reassess in 3-6 months</td>
</tr>
<tr>
<td>BP 140-159/90-99 (Stage 1)</td>
<td>Reassess within 2 months</td>
</tr>
<tr>
<td>BP 160-179/100-109 (Stage 2)</td>
<td>Treat, reassess or refer within 1 month</td>
</tr>
<tr>
<td>BP&gt;180/110 (Stage 3)</td>
<td>Treat, reassess or refer within 7 days as necessary</td>
</tr>
<tr>
<td>BP&gt;220/120</td>
<td>Treat immediately and reassess within 1-3 days as necessary</td>
</tr>
<tr>
<td>Malignant hypertensive or emergency patients</td>
<td>Refer for in-hospital treatment immediately</td>
</tr>
<tr>
<td>Isolated systolic hypertension (SBP&gt;140, DBP&lt;90)</td>
<td>As for category corresponding to SBP</td>
</tr>
<tr>
<td>Isolated systolic hypertension (SBP&gt;160, DBP&lt;90)</td>
<td>As for BP&gt;180/110</td>
</tr>
</tbody>
</table>

Adapted from the following Guidelines: 1. National Heart Foundation of Australia (National Blood Pressure and Vascular Disease Advisory Committee). Guide to Management of Hypertension 2008 AND
**ALGORITHM:**

**CHOOSING DRUGS FOR PATIENTS NEWLY DIAGNOSED WITH HYPERTENSION**

**Abbreviations:**
- **A** = ACE Inhibitor
  (consider angiotension-II receptor if ACE intolerant)
- **C** = calcium-channel blocker
- **D** = thiazide-type diuretic

**Younger than 55 years**

- **A**

**55 years or older or black patients of any age**

- **C or D**

**Step 1**

**Step 2**

- **A + C** or **A + D**

**Step 3**

- **A + C + D**

**Add**
- Further diuretic therapy
- Alpha-blocker
- Beta-blocker

**Step 4**

Consider seeking specialist advice

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**Beta-blockers**

- Beta-blockers are no longer preferred as a routine initial therapy for hypertension.
- But consider them for younger people, particularly:
  - Women of childbearing potential
  - Patients with evidence of increased sympathetic drive
  - Patients with intolerance of or contraindications to ACE inhibitors and angiotension-II receptor antagonists.
- If a patient taking a beta-blocker needs a second drug, add a calcium-channel blocker rather than a thiazide-type diuretic, to reduce the patient’s risk of developing diabetes.
- If a patient’s blood pressure is not controlled by a regime that includes a beta-blocker (that is, it is still above 140/90 mmHg), change their treatment by following the flow chart above.
- If a patient’s blood pressure is well controlled (that is, 140/90 mmHg) by a regime that includes a beta-blocker, consider long-term management at their routine review. There is no absolute need to replace the beta-blocker in this case.
- When withdrawing a beta-blocker, step down the dose gradually.
- Beta-blockers should not usually be withdrawn if a patient has a compelling indication for being treated with one, such as symptomatic angina or a previous myocardial infarction.