

Hypertension | 2016 One Page Summary

- All Canadian adults should have their blood pressure assessed at all appropriate clinical visits. Electronic (oscillometric) measurement methods are preferred to manual measurement. More than one in five adult Canadians have hypertension and the lifetime risk of developing hypertension is approximately 90%. All adults require ongoing assessment of blood pressure. People with hypertension should be educated about home blood pressure monitoring and encouraged to monitor their blood pressure regularly. Individuals with high normal blood pressure require annual reassessment because their two-year risk of developing hypertension is 40%.
- Out-of-office measurement (24-hour ambulatory blood pressure or home blood pressure) should be performed to confirm
 the initial diagnosis in any individual suspected of having hypertension. 24-hour ambulatory blood pressure measurement is
 the preferred method for diagnostic confirmation. Home blood pressure monitoring is an important tool for self-monitoring,
 self-management and improving adherence.
- Optimum management of hypertension requires assessment of overall cardiovascular risk. Over 80% of Canadians with hypertension have additional cardiovascular risk factors, including an unhealthy diet, high dietary sodium intake, tobacco use, physical inactivity, abdominal obesity, dyslipidemia, and dysglycemia. Identifying and successfully managing these risk factors can reduce cardiovascular events by over 60% in hypertensive patients. Cardiovascular risk assessment should be communicated using an analogy like 'vascular age'. Patients who smoke should be advised to quit and be prescribed therapy to help them stop smoking.
- Treat to target. Target blood pressure should be < 140/90 mmHg in most patients. In patients with diabetes, blood pressure targets are < 130/80. Patients at high risk for coronary artery disease complications, including those with CKD and pre-existing coronary artery disease should be treated for systolic blood pressures of ≥ 130 mmHg down to a target of ≤ 120 mmHg. Caution should be exercised in elderly patients who are frail.
- Health behaviour modification is effective in preventing hypertension, treating hypertension and reducing cardiovascular risk. Blood pressure and other cardiovascular risk factors can be improved by following a healthy diet, engaging in regular physical activity, moderating alcohol consumption, reducing dietary sodium, avoiding tobacco exposure and managing high stress levels. Brief, individualized health care professional interventions increase the probability of lifestyle change.
- Combinations of both health behaviour changes and drugs are generally necessary to achieve target blood pressures. Most people with hypertension require health behaviour changes and pharmacotherapy to achieve recommended blood pressure targets. Many people with difficult to control hypertension (for example, patients with diabetes) require three or more antihypertensive drugs, including diuretics, to achieve blood pressure targets. Use of single pill combination drugs improves adherence and blood pressure control. Regular follow-up and titration of therapy are required to achieve blood pressure targets.
- **Focus on adherence.** Non-adherence to healthy behaviours and pharmacotherapy is an important cause of poor blood pressure control. Patient adherence to health behaviour modification and pharmacotherapy should be assessed on each visit. Interventions to improve adherence should be part of routine clinical practice.

DETAILED INFORMATION ON THE 2016 HYPERTENSION CANADA CHEP GUIDELINES FOR YOU AND YOUR PATIENTS

CAN BE OBTAINED AT guidelines.hypertension.ca

Hypertension Canada is a like-minded professional community that shapes public policy, and we hope that you will join us. We share current, leading edge knowledge and initiatives related to vascular health issues in our free, monthly <u>eINFO Newsletter</u>. For our <u>members</u>, we offer valuable discounts and <u>recognition opportunities</u>. And for those looking to fine-tune their hypertension management skills, we offer an accredited, online <u>Professional Education Program</u>.

2016 Hypertension Canada CHEP Guidelines

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