Assessment and Management of Hypertension (HT) in Primary Care Settings

Measure Blood Pressure (BP) for all Individuals Aged ≥ 18 Years Old (Core Document Ch. 7)

BP ≥140/≥90mmHg

No

<120/<80mmHg	120-129/80-84mmHg	130-139/85-89mmHg
• Recheck in 2 years • Encourage to adopt healthy lifestyle	• Recheck in 1 year • Lifestyle modification	• Recheck in 6 months • Lifestyle modification

Yes

140-159/90-99mmHg	160-179/100-109mmHg	≥180/≥110mmHg
• Confirm HT within 2 months • Lifestyle modification	• Evaluate and treat within 1 month • Lifestyle modification	• Evaluate within 1 week • Start drug treatment if HT is confirmed • Urgent referral if malignant HT is suspected • Lifestyle modification

If HT is confirmed

Initial Assessment (Module 4)

- History
- Physical examination
- Laboratory investigations (urine analysis, fasting glucose, renal function test, lipid profile, electrocardiogram)

Target Blood Pressure (Core Document Ch. 8.3)

- <140/90mmHg in general, and <130/80mmHg if well tolerated
- <130/80mmHg for patients with diabetes or renal impairment

Management Strategy (Core Document Ch. 8.2)

- Promote lifestyle modification
- Consider drug treatment for sustained HT despite lifestyle modification or if target organ damage is present
- Use lipid modifying drugs in high-risk hypertensive patients (Module 9)
- Arrange appropriate follow up and monitoring
- Consider referral if indicated (Core Document Ch. 8.5)

Annual Assessment (Module 8)

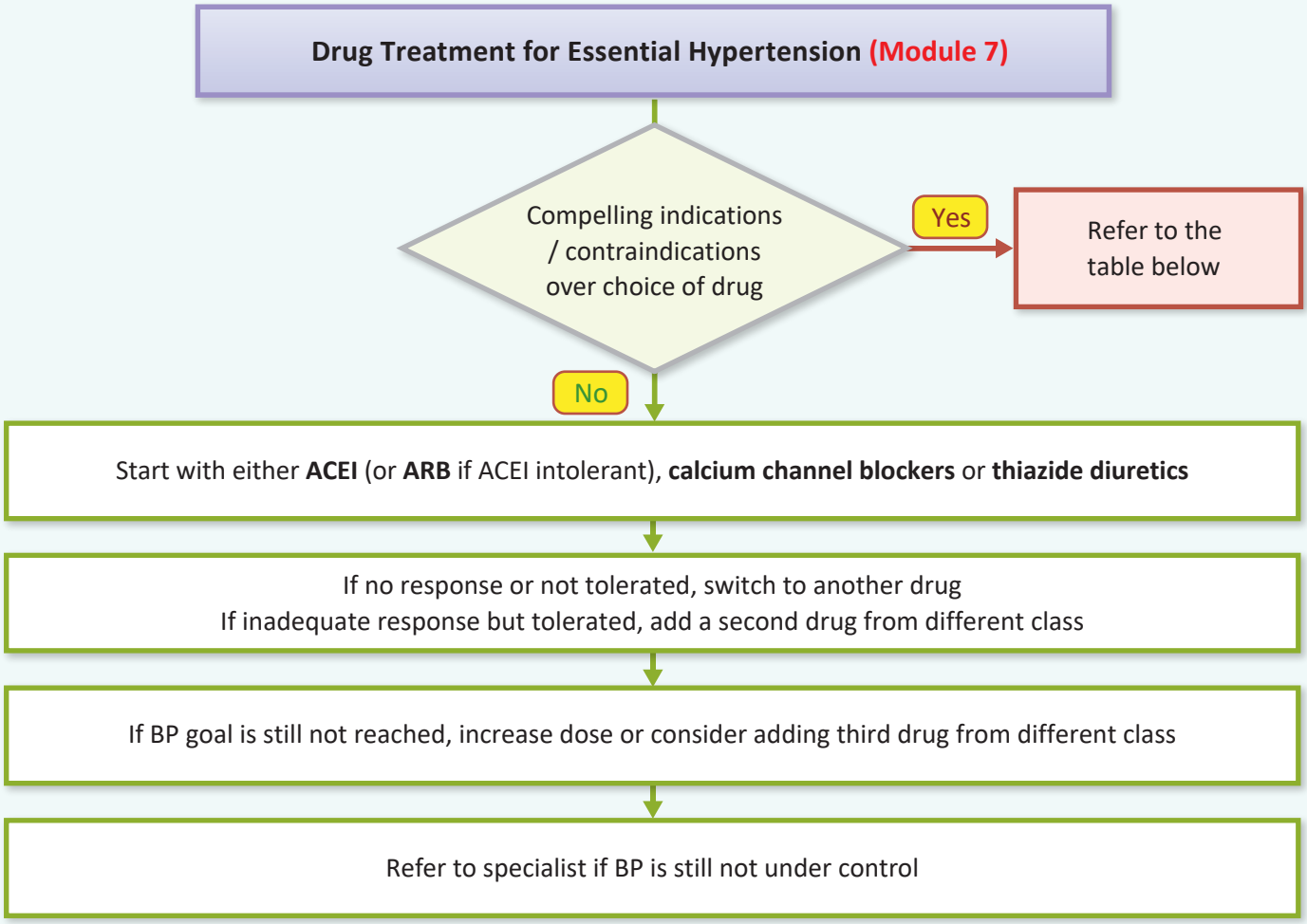
- History
  - New symptoms of cardiovascular complications, lifestyle modification, family history of premature heart disease, ideas and concerns, side effects of drugs, compliance to treatment, quality of life
- Physical examination
  - BP, body mass index, cardiovascular examination
- Laboratory investigations
  - Urine for protein / albumin*, uric acid if on diuretics, fasting glucose, renal function test, lipid profile

(*optional: random urine albumin: creatinine ratio)

Extracted from the Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings.
Available at www.healthbureau.gov.hk/pho/

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Drug Treatment of Hypertension (HT) in Primary Care Settings



Class of Drug	Compelling Indications	Compelling Contraindications
Angiotensin-converting enzyme inhibitors (ACEI)	Heart failure, left ventricular hypertrophy, post myocardial infarction, diabetic nephropathy	Pregnancy, bilateral renal artery stenosis, hyperkalaemia
Angiotensin II receptor antagonist (ARB)	ACEI intolerance	Pregnancy, bilateral renal artery stenosis, hyperkalaemia
Alpha-blockers	Benign prostatic hypertrophy	---
Beta-blockers	Angina, post myocardial infarction, tachyarrhythmia	Asthma, chronic obstructive pulmonary disease, heart block
Calcium channel blockers (dihydropyridine)	Isolated systolic HT, elderly	---
Calcium channel blockers (rate limiting)	Angina	Heart block
Thiazide / Thiazide-like diuretics	Heart failure, isolated systolic HT, elderly	Gout