



Simplified Hypertension Treatment Approach

ACE-Inhibitor / Thiazide Diuretic

Lisinopril / HCTZ
(Advance as needed)
20 / 25 mg X ½ daily
20 / 25 mg X 1 daily
20 / 25 mg X 2 daily

If not in control



Calcium Channel Blocker

Add amlodipine 5 mg x 1/2 daily → 5mg x 1 daily →
10 mg daily

If not in control



Beta-Blocker OR Spironolactone

Add atenolol 25 mg daily → 50 mg daily
(Keep heart rate > 55)
OR
IF on thiazide AND eGFR ≥ 60 ml/min AND K <4.5
Add spironolactone 12.5 mg daily → 25 mg daily

For those with high cardiovascular risk consider adding a statin according to guidelines which can result in an additional 25% reduction in cardiovascular events.



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Suggested Approach:

- Key features of the approach include starting treatment with a daily combination hypertensive medication (e.g. ACE Inhibitor/Thiazide Diuretic) and then increasing the dose in steps as needed.
- If BP goal is not achieved, additional medications can be added and dose stepped up as needed (e.g., Calcium Channel Blocker, followed by Beta Blocker or Spironolactone).
- This approach has many advantages such use of a combination medication and simple steps that maximize impact on heart attacks and strokes, improves adherence, and reduces needed number of visits and costs.

Rationale:

- The Eighth Joint National Committee (JNC 8) guidelines include a solid evaluation of the efficacy of medications for HTN treatment in different patient populations. 1
- The guidelines also offer providers a treatment algorithm that can accommodate use of different medications alone or in combination to achieve BP goals but leaves the specific medications and approach to the provider.
- The JNC 8 guidelines do not address issues such as ease of implementation of different approaches, patient adherence or cost considerations, which can lead to underutilization and reduced effectiveness of recommended treatments.
- The Be There San Diego Initiative developed its simplified approach to hypertension treatment in accordance with JNC 8 guidelines while also working to minimize cost, simplify implementation and increase patient adherence. We encourage San Diego providers to use the basic algorithm above in order to maximize hypertension control in their patient populations.

Endorsed by University of Best Practices: Date 4/7/14

The following organizations and medical groups endorse and/or are using the approach as the basis for their internal HTN guidelines:

- Arch Health Partners
- Clinicas de Salud del Pueblo
- Council of Community Clinics
- County of San Diego, Health and Human Services Agency
- County of San Diego, Sheriff's Department
- Health Services Advisory Group
- Imperial Beach Health Center
- Kaiser Permanente
- La Maestra Community Health Center
- MultiCultural Medical Group
- Neighborhood Healthcare
- North Coast Family Medical Group
- North County Health Services
- St Vincent de Paul Village Health Clinic
- San Diego Physicians Medical Group
- Scripps Coastal
- Scripps Clinic
- Sharp Community Medical Group
- Sharp Rees Stealy
- Sycuan Medical/Dental Center
- Vista Community Clinic

Be There San Diego is a robust coalition of medical groups, hospitals, health plans, and the County of San Diego Health and Human Services Agency working together to make San Diego the nation's first "heart attack and stroke free zone."

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