

# **HYPERTENSION** TREATMENT PROTOCOL

ACCEPTABLE PROTOCOL

STEP 1

Measure blood pressure (BP) for all adults and in all consultations by trained personnel, following the recommended protocol and using validated manometers.

STEP 2

If BP is ≥160 / 100 mmHg, start treatment immediately.

After 4 STEP 3

Si persiste ≥140 o ≥90

After 4 STEP 4 weeks

If persists ≥140 or ≥90 persists

After 4 STEP 5 weeks

If persists ≥140 or ≥90 persists



### If persists ≥140 or ≥90 persists

**CONFIRM** that the patient has been taking the medications regularly and correctly. If so, refer the patient to a specialist.

#### **HEALTHY LIFESTYLE COUNSELING FOR ALL PATIENTS**



Stop all tobacco use, avoid secondhand tobacco smoke.



consumption.



Increase physical activity to equivalent of brisk walk 150 minutes per week.



If overweight. lose weight.



Eat heart-healthy diet:

- Consume less than a teaspoon of salt a day;
- Eat ≥5 servings of vegetables / fruits per day;
- Use healthy oils;
- Eat nuts, legumes, whole grains and foods rich in potassium;
- Limit red meat to once or twice a week at most;
- Eat fish or other foods rich in omega 3 fatty acids at least twice a week;
- Avoid added sugars.

#### STANDARDS FOR **SPECIFIC PATIENTS**

- Cardiovascular risk:
  - Estimate the cardiovascular risk in all patients with hypertension.
  - Patients with diabetes, coronary heart disease, stroke or chronic kidney disease are considered high cardiovascular risk.
- The goal of BP is <130/80 mmHg in people with high cardiovascular risk, in patients with diabetes, coronary heart disease, stroke or chronic kidney disease.
- Statins
  - Add statins in all patients of high cardiovascular risk regardless of their cholesterol or LDL levels.
  - Add statins in patients ≥ 40 years with moderate cardiovascular risk, with total cholesterol ≥ 5 mmol / L (200 mg / dl) or with LDL cholesterol ≥ 3 mmol / L (120 mg / dl).
  - Add statins in patients ≥ 40 years with low cardiovascular risk, with total cholesterol ≥ 8 mmol / L (320 mg / dl).
  - Consider adding statins in those with moderate cardiovascular risk.
- Aspirin: Add aspirin to all patients with high cardiovascular risk unless they have specific contraindications.
- Patients with coronary heart disease and cerebrovascular disease should receive secondary prevention treatment according to the protocol approved in the country.

## **PRECAUTIONS**

Last updated: