

JANUARY 2020 – CAPSULE 1

One Simple Step to Improve Medication Adherence for Blood Pressure Control

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Medication adherence presents a major obstacle to achieving blood pressure (BP) control. Only about 50% of patients are adherent to their blood pressure medication regimens. One simple step prescribers can take is to select once-daily and longer-acting blood pressure medications, which lessen the adherence challenge.

Cardi-OH has developed two treatment algorithms that highlight once-daily, low-cost medications: chlorthalidone (half-life up to 72 hours) and amlodipine (half-life up to 60 hours). One treatment algorithm, based on the SPRINT trial, starts with chlorthalidone with the close addition of an ACE inhibitor (ACEi) or angiotensin receptor blocker (ARB) and then amlodipine if blood pressure remains uncontrolled.

The second treatment algorithm starts with an ACEi/hydrochlorothiazide (HCTZ) combination pill, with the addition of amlodipine if needed. If the BP remains uncontrolled, the ACEi/HCTZ is changed to ACEi plus chlorthalidone while continuing amlodipine. Spironolactone (25-50mg), once daily, can be added for additional BP control, or to prevent hypokalemia while on chlorthalidone. Additional information on evidence-based BP control strategies is available at <https://www.cardi-oh.org/best-practices/hypertension-treatment> and on Twitter @cardi_OH.

CITATIONS

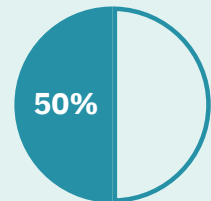
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KEY TAKEAWAY:

Only 50%



of patients are adherent to their blood pressure medication regimens.

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Chlorthalidone tablets, some of which can be split for dose adjustment.