

Hypertension Change Package Algorithm

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- Widely acceptable and effective algorithm using inexpensive combination therapy
- Nearly all guidelines recommend calcium channel blockers, renin-angiotensin system inhibitors (RASI) such as angiotensin-converting-enzyme inhibitors (ACEi) or angiotensin receptor blockers (ARB), and thiazide (THZ) as initial agents prescribed for blood pressure (BP) control
- Doses of hydrochlorothiazide (HCTZ) shown to reduce BP and cardiovascular outcomes in clinical trials is 25-50 mg day, and not 12.5-25 mg/day commonly used in primary care settings**
- Fixed-dose combinations may lead to under-dosing of HCTZ - failure to intensify dose
- In addition, BP control gap between African American and non-African American hypertensives is reduced but not eliminated with use of this algorithm

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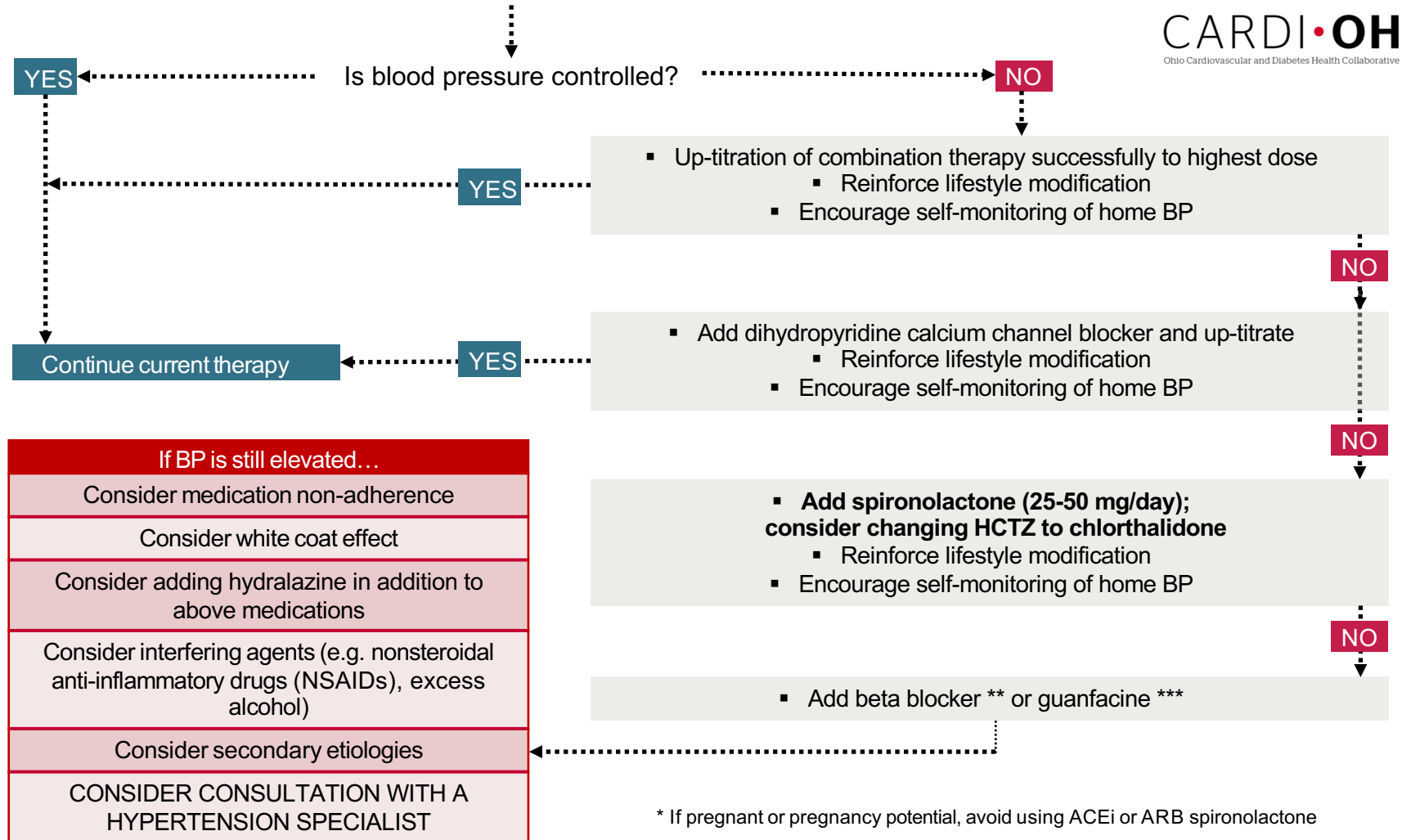
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Set BP goal and initiate therapy with:

- Lifestyle modification
- Low-dose ACEi/diuretic or ARB/diuretic combination*



* If pregnant or pregnancy potential, avoid using ACEi or ARB spironolactone

** Avoid starting a beta blocker if pulse < 70 or on a non-dihydropyridine calcium channel blocker

*** Guanfacine has similar mechanism of action as clonidine and is once daily instead of 3 times per day