

# Modified Kaiser Hypertension Algorithm: RAAS-Diuretic Combination Start

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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 people with hypertension is reduced but not eliminated with use of this algorithm

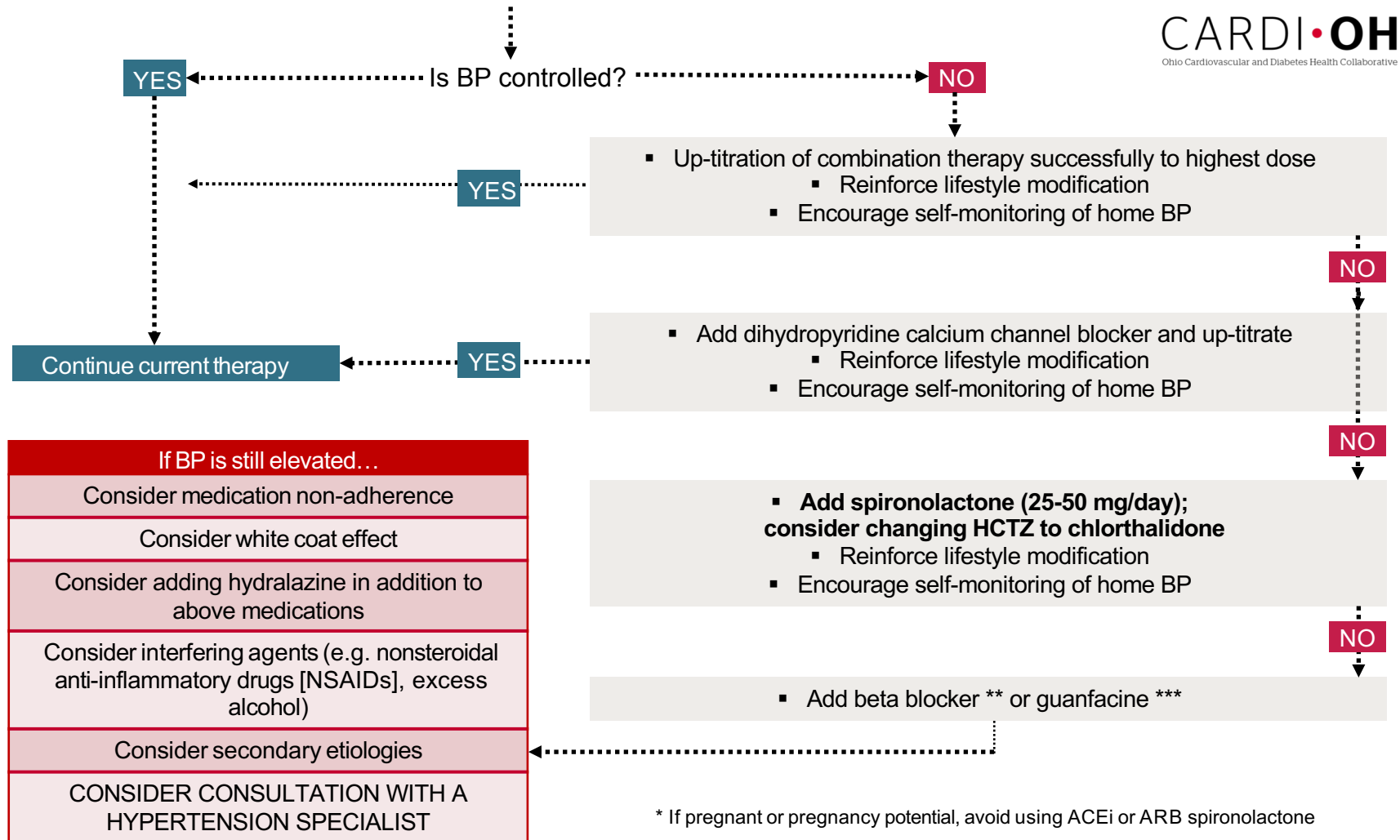
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## Set BP goal and initiate therapy with:

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



Jaffe MG, Lee GA, Young JD, Sidney S, Go AS. Improved Blood Pressure Control Associated With a Large-Scale Hypertension Program. JAMA. 2013;310(7):699–705.

\* 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