

Protocol for Management of Hypertension

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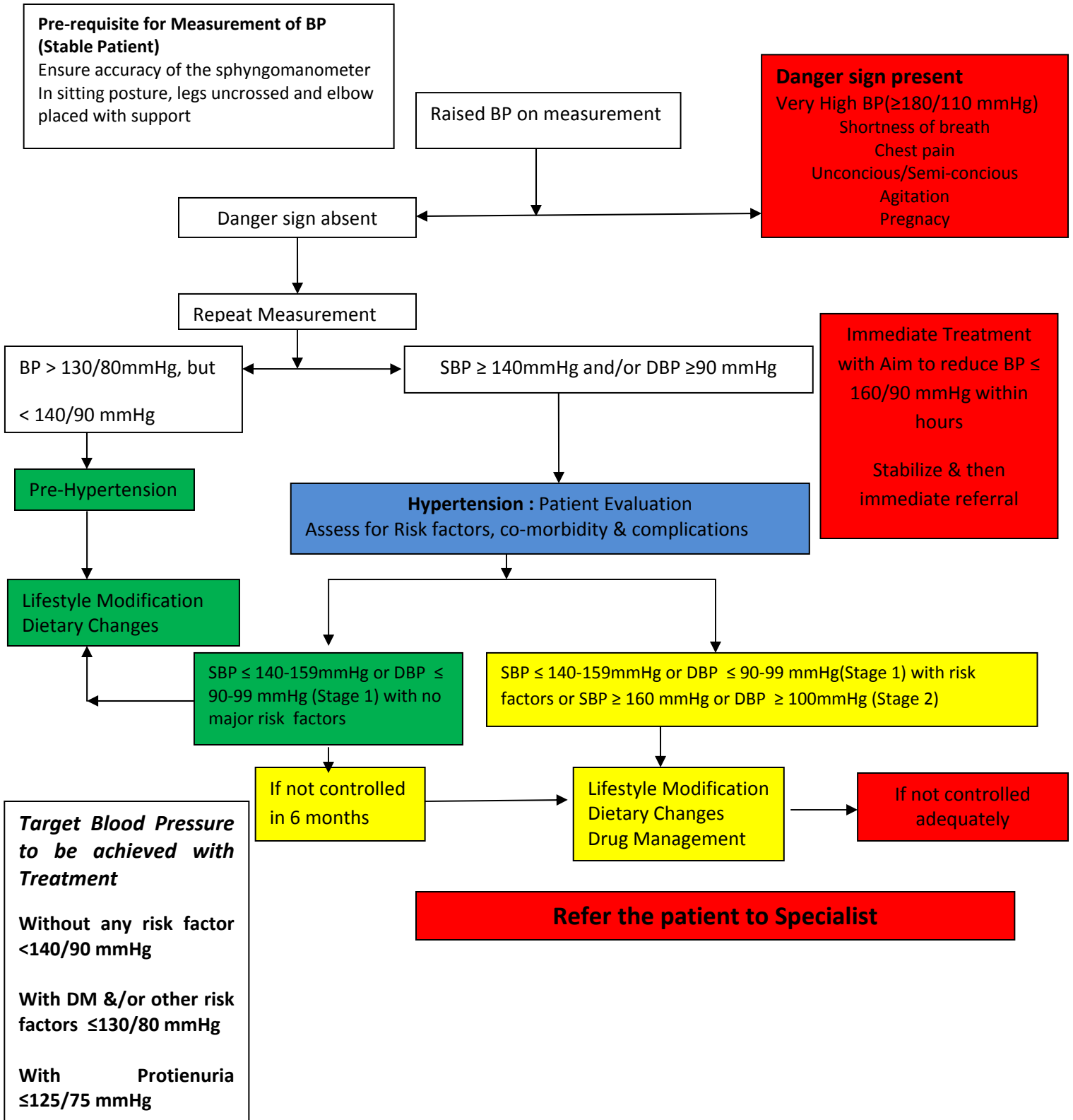
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Preferred Drugs :

Uncomplicated HTN : ACE-I/ARB/CCB/Diuretics/ Beta- Blocker

HTN with IHD : Beta-Blocker/ Diltiazem/ Verapamil

HTN with LVF : Frusemide/ other Diuretics, ACE-I/ARB +
Carvidilol/Bisoprolol (after stabilization)

HTN with DM : ACE-I/ARB

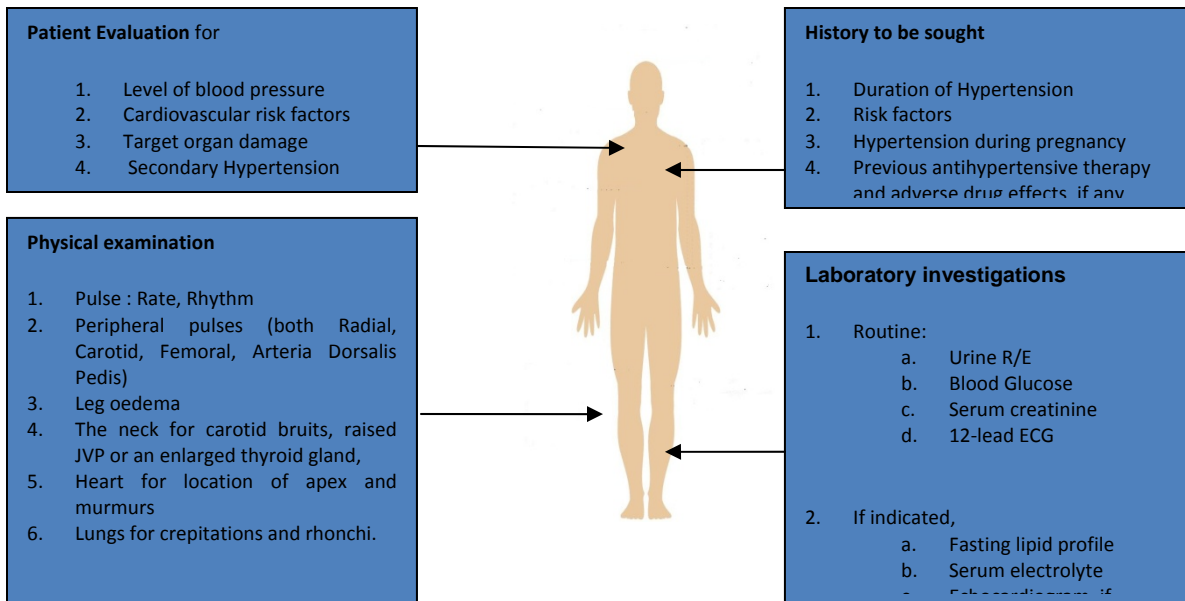
HTN with Bronchial Asthma : CCB/ ACE-I/ARB/ Diuretic

HTN with CKD : Frusemide \pm Alpha Blocker \pm Beta blocker \pm CCB

HTN with Nephropathy : ACE-I/ARB \pm CCB \pm Beta-Blocker

HTN with Pregnancy : Methyldopa \pm Labetalol \pm
Nifedipine/ Amlodipine

HTN with CVD : ACE-I/ARB \pm CCB \pm Diuretics



Cardiovascular Risk Factors

Age above 55years
 Hypertension
 Male Sex
 Family history of IHD
 Tobacco usage, smoking
 Diabetes
 Dyslipidemia
 Obesity
 Physical Inactivity
 Microalbuminuria

Target Organ Damage

Heart

- LVH
- Angina/ H/O MI
- H/O Angioplasty/ Stenting or CABG
- Heart failure

Brain

- Stroke
- Dementia

CKD

- Peripheral arterial disease
- Retinopathy (Grade 3 or 4)

Lifestyle Modification :

Weight reduction for overweight patient.
 Physical activity: 30-45 minutes of brisk walking or swimming at least 3-4 times a week
 Salt intake ≤ 6 gm/day (1 tsf or less)
 Avoid added salt, processed foods, and salt-containing foods such as pickles, chips, chutneys, chanachur.
 Stop smoking or consumption of tobacco in any form like Jarda, Sada or Gul.
 Diet should be low calorie, low fat, low sodium diet with normal protein content, adequate potassium intake from fresh fruits and vegetables
 Less Tea and Coffee.

Hypertensive emergency : It is characterised by severe elevation in BP (≥180/120 mmHg) complicated by evidence of impending or progressive target organ dysfunction like

- Acute Coronary Syndrome (MI/Unstable Angina)
- Left Ventricular Failure
- Stroke
- Acute Renal Failure
- Pre-Eclampsia
- Post-Operative severe hypertension

Hypertensive Urgency : It is termed for those situations associated with severe elevation in BP without progressive target organ dysfunction.

- Refer the patient if BP not controlled with 3 drugs (including a diuretic).
- Patients with CKD or symptomatic IHD or H/O hypertensive emergency or urgency are also to be referred to specialists for further management.

