



Hypertension

Preventable cause of premature morbidity and mortality
 Often asymptomatic
Major risk factor for CV disease

<130 / <85 mmHg
Normal

Persistently high BP > 160 / 100 mmHg
 Persistently BP > 140 / 100 mmHg + raised CV risk
 High risk: FH, obesity, high LDL, impaired fasting glucose, south Asian, smoker
Treat

ACE Inhibitor < 55 yrs
 Thiazide diuretic or calcium channel blocker > 55yrs / Black
Drug therapy

Urine dipstick
 Serum creatine / electrolytes
 Fasting glucose / cholesterol
Investigations

Drugs

- ACE Inhibitor**
 - Lowers arteriolar resistance and increases venous capacitance
 - Profound hypotension following first dose
 - Causes mild dry cough
 - Contraindicated in bilateral renal artery stenosis (reduced renal artery blood flow) - perform peripheral vascular exam
 - Check renal function after very change of dose
- ARB / AT-II**
 - Directly causes vasodilation and reduce secretion of aldosterone
 - Used in patients who cannot tolerate ACE-I
- Calcium Channel Blocker**
 - Causes arteriolar dilatation and reduces force of cardiac contraction
 - SE: headaches, ankle swelling, sweating
- Thiazide Diuretic**
 - Inhibits Na / Cl cotransporter
 - S/E: low K
 - Affect serum cholesterol and glucose levels

Lifestyle Interventions

- Diet and exercise
- Decrease alcohol consumption
- Decrease caffeine consumption
- Decrease salt intake
- Stop smoking

Secondary

- Renal / renovascular disease
- Endocrine disease
- Pregnancy
- Drugs