

Management strategies to lower blood pressure

Non-pharmacologic interventions¹



DASH diet²

↓ 11 mm Hg

DASH diet:
nhlbi.nih.gov/education/dash



Exercise

↓ 5-6 mm Hg

aerobic activity
90-150 min/week



Reduce sodium

↓ 5-6 mm Hg

reduce by 1,000 mg/day; ideal is < 2,300 mg/day



Lose weight*

↓ 5 mm Hg

aim for ideal body weight



Limit alcohol

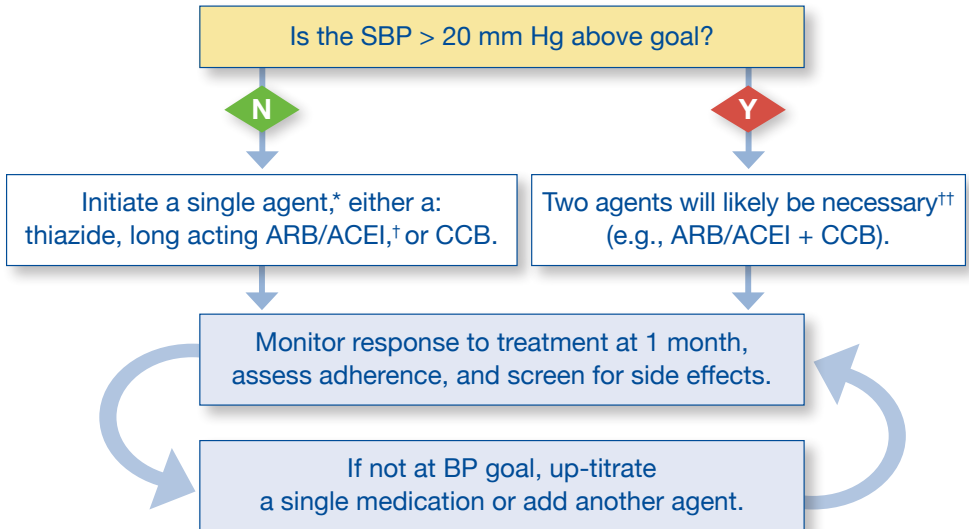
↓ 4 mm Hg

limit drinks/day
males: ≤ 2/day
females: ≤ 1/day

*Anticipate about 1 mm Hg reduction for each 1 kg lost.

Pharmacologic options

Choose to start either an ARB/ACEI, CCB, or thiazide diuretic.
More than one agent may be required.



* For African Americans, initiate a thiazide or CCB.

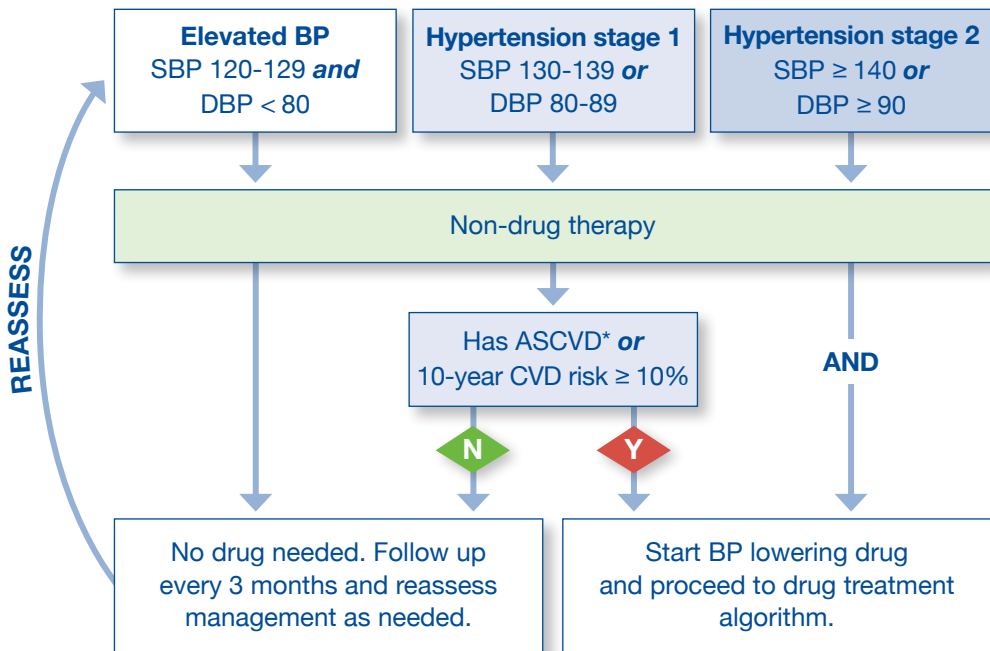
† Combining an ACEI and an ARB confers no additional benefit and may increase adverse events. ARBs confer far less risk of cough or angioedema, and are preferred over ACEI.³

†† For older patients, start one medication and intensify therapy at the first follow-up visit.

Visit AlosaHealth.org/Hypertension for more information and resources.

ACC/AHA guidelines for when to start treatment¹

2017 ACC/AHA guideline BP categories



*ASCVD (atherosclerotic cardiovascular disease) includes acute coronary syndrome, myocardial infarction, angina, revascularization, stroke, transient ischemic attack (TIA), or peripheral arterial disease.



Use a tool such as the **ASCVD Risk Plus estimator** to calculate the 10-year risk of a CV event.

- (1) Whelton PK, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2018;71(19):e127-e248. (2) Horn LV, et al. Recommended Dietary Pattern to Achieve Adherence to the American Heart Association/American College of Cardiology (AHA/ACC) Guidelines: A Scientific Statement From the American Heart Association. *Circulation.* 2016;134(22):e505-e529. (3) Messerli FH, et al. Angiotensin-Converting Enzyme Inhibitors in Hypertension: To Use or Not to Use? *J Am Coll Cardiol.* 2018;71(13):1474-1482.



Balanced information for better care



Pharmaceutical Assistance
Contract for the Elderly



These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at AlosaHealth.org.