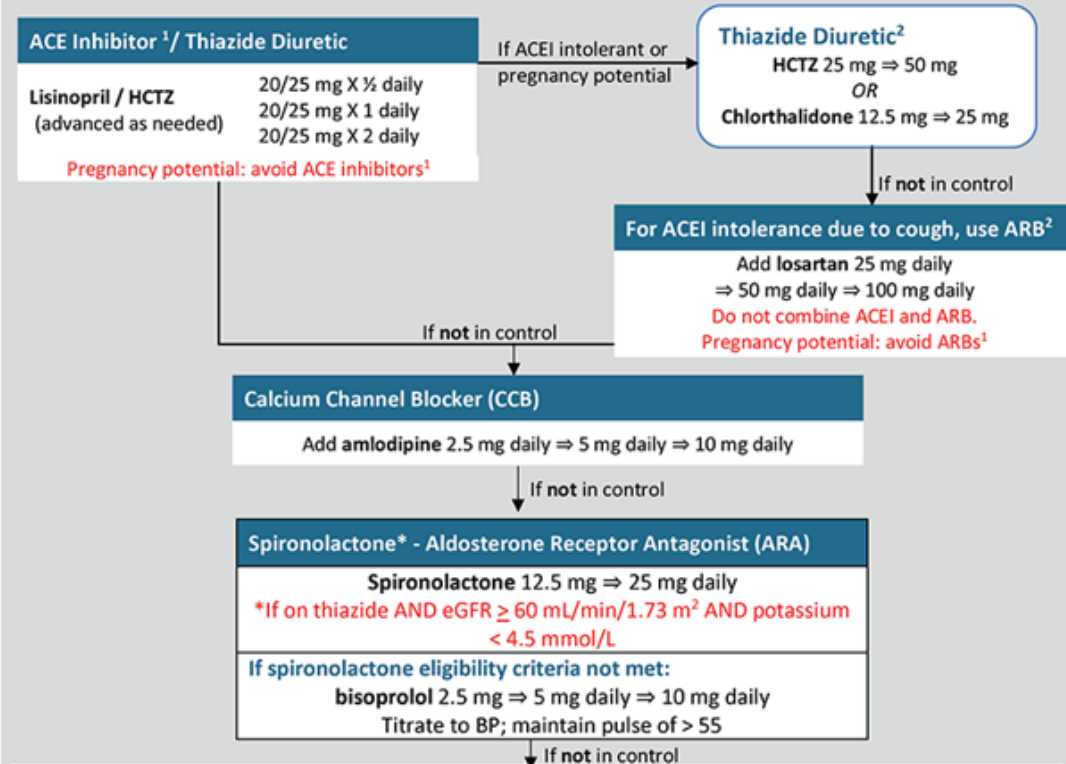


FIGURE 2: MANAGEMENT OF ADULT BLOOD PRESSURE (BP)

BP GOALS

- ▶ Treat adults with confirmed hypertension to a goal BP < 140/90 mm Hg.
- ▶ In adults with ASCVD, CKD, age ≥ 75 years, or 10-year ASCVD risk³ $\geq 10\%$, consider treating to a goal SBP < 130 mm Hg. (Exclude adults with eGFR < 20 from this lower target.)



- Consider medication non-adherence.
- Consider interfering agents (e.g., NSAIDs, excess alcohol).
- Consider white-coat effect. Consider BP checks by medical assistant, AOBP, or outside the office.
- Consider discontinuing lisinopril/HCTZ and changing to chlorthalidone 25 mg plus lisinopril 40 mg daily.
- Consider additional agents (hydralazine, terazosin, minoxidil).
- Consider stopping beta blocker and adding diltiazem to amlodipine, maintaining heart rate > 55.
- Avoid using clonidine, verapamil, or diltiazem with a beta blocker. These heart rate-slowing drug combinations may cause symptomatic bradycardia over time.
- In adults with eGFR < 30-40 mL/min/1.73³, change thiazide diuretic to furosemide twice daily or torsemide daily.
- When bisoprolol is used in adults with eGFR < 40 mL/min/1.73³, start bisoprolol at 2.5 mg and advance cautiously.
- Consider secondary etiologies.
- Consider consultation with a hypertension specialist.

1. ACE inhibitors and ARBs are contraindicated in pregnancy and not recommended in most women of childbearing age. In Black/African American adults without heart failure or CKD, initial treatment should include a thiazide diuretic or CCB.

2. For adults aged 18-75 with CKD, intolerant to ACEI with cough, and no pregnancy potential, losartan should be started before adding thiazide.

3. A region may choose which tool (and corresponding cut-point) to use for calculating 10-year ASCVD risk based on regional needs. KPARE of 10% correlates approximately with ACC/AHA ASCVD Risk of 15% and Framingham Risk Score of 15% (used in SPRINT) at the population level.