



# VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE DIAGNOSIS AND MANAGEMENT OF HYPERTENSION IN THE PRIMARY CARE SETTING

**Department of Veterans Affairs  
Department of Defense**

**Patient Guide**

**Version 1.0 – 2014**



## Hypertension

One in three Americans has high blood pressure (hypertension). If it is not treated, hypertension can harm the blood vessels. This can cause stroke, heart attack, kidney disease and heart failure.

### Did You Know?

- Only 8 in 10 people with hypertension know that they have it.<sup>1</sup>
- Only one in two people with hypertension has it under control with medicine.<sup>1</sup>
- 13% of active military personnel have hypertension.<sup>2</sup>
- Combat exposures can increase the risk for hypertension.<sup>3</sup>
- More than one in three Veterans has hypertension. This is the most frequent chronic condition for Veterans.<sup>4</sup>

### Why Do People Have Hypertension?

Often, we don't know why people have hypertension. However, family history, foods, body fat, and not enough physical activity can raise blood pressure. This is called "primary hypertension." Some medicines, illegal drug use, alcohol, kidney problems, or breathing problems can also raise blood pressure. This is called "secondary hypertension."

Some people are at risk for hypertension. For example:

- People older than 60 years
- Overweight people
- Smokers
- Men (vs. women)
- African Americans
- People with diabetes or kidney disease

### Questions to ask your provider if you are diagnosed with hypertension:

1. What is my blood pressure goal?
2. Is there any chance I could have secondary hypertension?
3. What side effects can I expect from my medication?

### How Do I Know if I Have Hypertension?

People cannot feel that they have high blood pressure. They don't feel sick. So your doctor will measure your blood pressure every time he or she sees you. If it seems that you have high blood pressure, your doctor will measure several times or ask you to come back to make sure it is true.

Your doctor may also ask you to measure your blood pressure yourself at home. Or he or she may ask you to go home with a machine that measures blood pressure for 24 hours.



If you have high blood pressure, your doctor will ask you more questions and may do some tests:

- A urine test
- A blood test
- An electrocardiogram (ECG)

### How Can I Treat My Hypertension?

Changing food and physical activity habits help treat hypertension. But often you will also need medications. It is a chronic disease, so you will need treatment for a long time. When you start treatment, you may have to see your provider often to adjust treatment.

Things you can do to reduce blood pressure:

- Lose weight.
- Increase physical activity.
- Change the foods you eat. For example, eat less food that contains a lot of salt.
- Drink less alcohol.
- Stop using tobacco.
- Reduce stress.

There are many medications to treat hypertension. If you need them, your doctor will work with you to find the best medicine for you. Often you will need more than one pill.

### Frequently Asked Questions:

*I don't feel sick. Why do I need to take medication?*

People with high blood pressure don't feel sick. But it can still cause heart failure, stroke and kidney disease. Because there are no symptoms, hypertension has been nicknamed the "silent killer."

*Why do I need to see my provider so often?*

It may take several months to adjust your treatment to reach goal blood pressure levels.

*My blood pressure is controlled. Can I stop treatment?*

No, hypertension treatment needs to continue to keep blood pressure under control. Speak to your provider before discontinuing any part of your treatment.

### Where Can I Find More Information?

National Heart, Blood and Lung Institute: <http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/>

American Heart Association: [http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/About-High-Blood-Pressure\\_UCM\\_002050\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/About-High-Blood-Pressure_UCM_002050_Article.jsp)

Centers for Disease Control and Prevention: <http://www.cdc.gov/bloodpressure/>



## References

1. Go AS, Mozaffarian D, Roger VL, et al. Heart disease and stroke statistics--2013 update: A report from the American Heart Association. *Circulation*. Jan 1 2013;127(1):e6-e245.
2. Smoley BA, Smith NL, Runkle GP. Hypertension in a population of active duty service members. *J Am Board Fam Med*. Nov-Dec 2008;21(6):504-511.
3. Granado NS, Smith TC, Swanson GM, et al. Newly reported hypertension after military combat deployment in a large population-based study. *Hypertension*. Nov 2009;54(5):966-973.
4. VA Health Services Research & Development. *Spotlight: Hypertension and Stroke*. [http://www.hsrd.research.va.gov/news/feature/hypertension\\_stroke.cfm](http://www.hsrd.research.va.gov/news/feature/hypertension_stroke.cfm). Updated June 2011. Accessed October 27, 2014.

## Qualifying Statements

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision-making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendations.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at [www.tricare.mil](http://www.tricare.mil) or by contacting your regional TRICARE Managed Care Support Contractor.