



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 Summary

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 recommendation.

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 Department of Veterans Affairs or 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 or by contacting your regional TRICARE Managed Care Support Contractor.

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I. Hypertension (high blood pressure)

Your blood pressure is the force your blood exerts on the walls of your blood vessels. It is divided into systolic (the pressure when your heart contracts) and diastolic (the pressure when your heart relaxes). Hypertension (HTN), or high blood pressure, is having a systolic blood pressure (SBP) greater than or equal to 130 mm Hg, a diastolic blood pressure (DBP) greater than or equal to 90 mm Hg, or both SBP and DBP greater than or equal to 130/90 mm Hg, when measured properly. If not treated, high blood pressure harms the blood vessels, which carry blood to all the different parts of your body. High blood pressure can result in strokes, heart attacks, kidney disease, and heart failure.

Did You Know?

- 32.6% of adults in the United States (U.S.) have high blood pressure.^[1]
- About 80% of adults with high blood pressure in the U.S. know that they have it.^[1]
- 54% of adults with high blood pressure have it under control.^[1]
- 13% of active duty military personnel have high blood pressure.^[2]
- Combat exposures can increase the risk for high blood pressure.^[3]
- More than one in three Veterans has high blood pressure, making it the most common chronic condition for Veterans.^[4]

II. Why do people have high blood pressure?

We do not always know why people have high blood pressure. However, family history, some foods, excess body fat, and not getting enough physical activity can raise blood pressure. This is called “primary hypertension.” Some medicines, illegal drug use, alcohol use, kidney diseases, or breathing problems can also raise blood pressure. This is called “secondary hypertension.”

Some people are at risk for high blood pressure. For example:

- People older than 60 years
- People with overweight or obesity
- Smokers
- Men (versus women)
- African Americans
- People with diabetes or kidney disease
- People with family history of high blood pressure

III. How do I know if I have high blood pressure?

People cannot feel or sense their own blood pressure. In other words, they do not feel sick when their blood pressure is too high. So your provider will measure your blood pressure every time he or she sees you. If your blood pressure is high, your provider will measure it several times or ask you to come back to make sure it is correct.

Your provider may also ask you to measure your blood pressure at home. For example, he or she may ask you to go home with a machine that measures your blood pressure over a 24-hour period.

If you have high blood pressure, your provider will ask you additional questions and may do some tests including:

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

IV. How can I manage my high blood pressure?

Changing your diet and increasing physical activity can help you manage your high blood pressure. You may also need medication. High blood pressure is a chronic disease, so you may need treatment for a long time. When you start treatment, you may have to see your provider frequently to adjust treatment. Even when you do not feel symptoms, or your blood pressure reads as normal, it is important to continue to take medication as prescribed by your provider.

Things you can do that may reduce blood pressure:

- Lose excess weight
- Get adequate physical activity
- Eat a healthful/balanced diet (for example, limit high-salt foods)
- If you drink alcohol, do so in moderation

There are many different medications and types of medications to treat high blood pressure that are effective and well tolerated. If you need medication, your provider will work with you to find the best one(s). It is not unusual to need more than one pill, even three or more pills, to treat your high blood pressure effectively.

V. Questions to ask your care team

Ask your provider about anything that seems unclear to you. Some questions you may want to ask include:

- What is my blood pressure goal?
- What side effects might I experience from my medication?
- What should I be doing on my own to help manage my high blood pressure?
- Can I get help with losing weight or changing my diet?
- Should I be measuring my blood pressure on my own? If so, what is the best way?
- Can I have a list of my blood pressure medications and doses?

Frequently Asked Questions:

I do not feel sick. Why do I need to take medication?

People with high blood pressure do not feel sick. But high blood pressure can still cause heart failure, stroke, and kidney disease. Because there are no symptoms, hypertension has been nicknamed the “silent killer.” Treating asymptomatic hypertension results in saved lives and improved health outcomes.

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.

VI. You can find more information on high blood pressure here:

- National Heart, Lung, and Blood 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
- Centers for Disease Control and Prevention: <http://www.cdc.gov/bloodpressure/>
- For a video developed for patients by the Department of Veterans Affairs and the Department of Defense with instructions on measuring blood pressure at home, please visit <https://www.healthquality.va.gov/guidelines/CD/htn/> and click on the “Home Blood Pressure Monitoring” video

References

1. Mozaffarian D, Benjamin EJ, Go AS, et al. Heart disease and stroke statistics: 2016 update. *Circulation*. 2016;133(4):e38-e360.
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. PMID: 18988717.
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. PMID: 19752293.
4. VA Health Services Research & Development. Spotlight: Hypertension and stroke. June 2011. http://www.hsrd.research.va.gov/news/feature/hyperrtension_stroke.cfm. Accessed September 11, 2019.