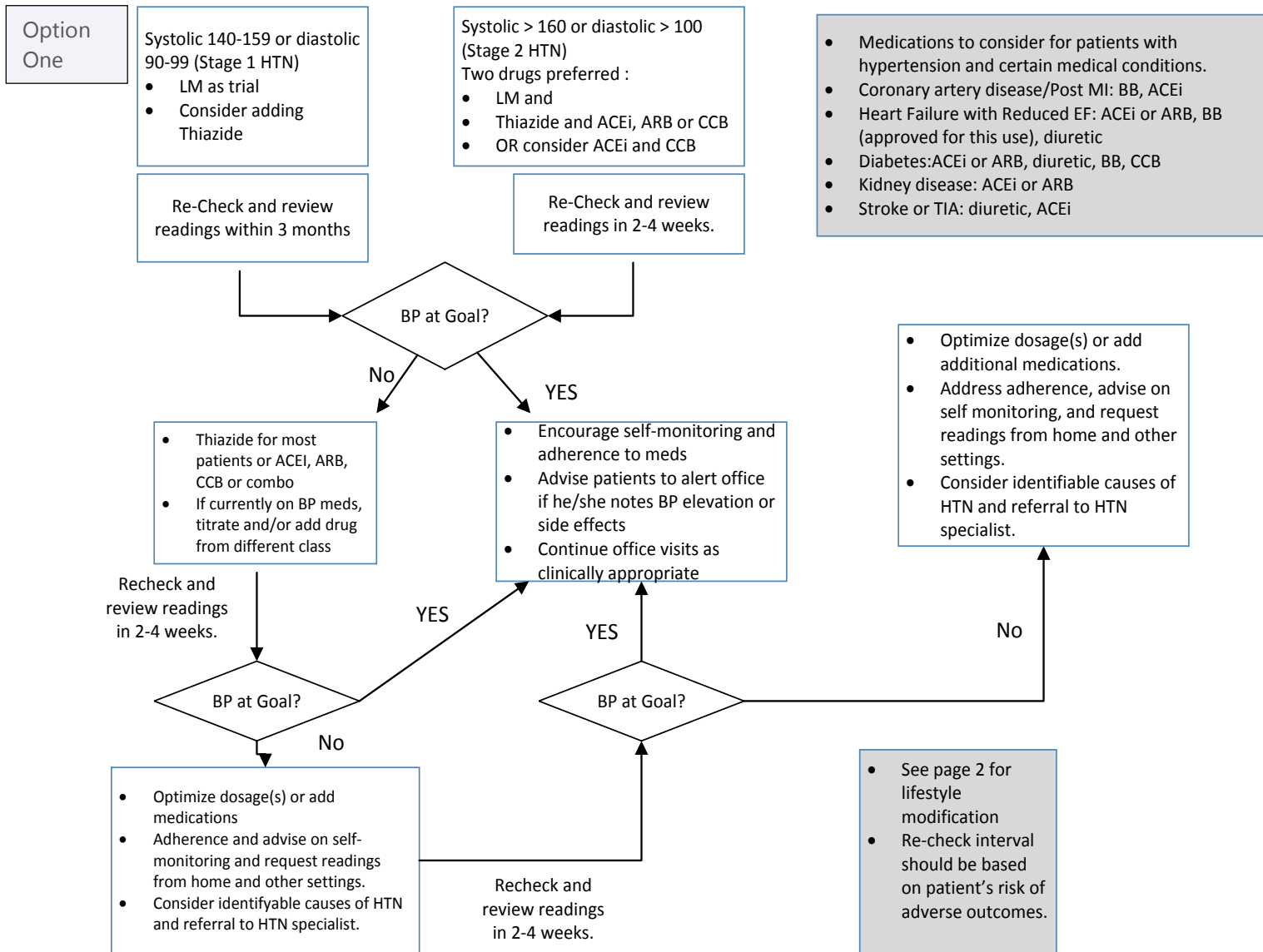


**High Blood Pressure/Hypertension Management Best Practices**



**Centers for Disease Control and Prevention. Protocol for Controlling Hypertension in Adults, Atlanta, Georgia, 2013. Accessed at <https://nccd.cdc.gov/MillionHearts/Protocol/>**

Option  
Two

**Using the Simplified Treatment Intervention to Control Hypertension (STITCH) for Uncomplicated Hypertension.**

**The STITCH algorithm** has 4 treatment steps:

1. Start patients on a half tablet daily of the lowest dose available for a fixed dose combination of a diuretic plus either an ACEi or an ARB
2. If patient fails to reach goal, gradually raise dose, titrating to a whole tablet daily and then progressing to higher fixed-dose combinations of the same formulation until maximum dose for the formulation is reached.
3. If patient is still not at goal, add a calcium channel blocker.
4. If patient is still not at goal, add an  $\alpha$ - blocker,  $\beta$ - blocker or spironolactone.

**Example:**

1. **Lisinopril–HCT 10-12.5 or Losartan-HCT 50-12.5:**

- dispense 60 for initial prescription

A. Initial: half tab daily,

B. @2 weeks: if uncontrolled, increase to whole tab daily

C. @4 weeks: if uncontrolled, increase to 2 tabs daily

2. **Amlodipine 5 mg- Dispense 60.** If not at goal after 2 weeks:

A. Initial 5 mg one tablet daily

B. @ 2 weeks: If uncontrolled, 2 tablets daily

3. **Spironolactone 100 mg – Dispense 60**

(Avoid in patients with renal failure or hyperkalemia, **consider  $\alpha$  or  $\beta$  blocker**)

A. Initial: ½ tablet daily

B. @ 2 weeks: if uncontrolled: 1 tablet daily

C. @ 4 weeks: if uncontrolled: 2 tablets daily.

Use of an Algorithm to Guide Medication Management has been shown to increase the likelihood of reaching target BP by 12 percentage points.

Rate of achieving BP target at 6 months was 65% in practices in which physicians used the STITCH (Simplified Treatment Intervention to Control Hypertension) protocol compared with 53% with usual care. No additional visits or care team members were added

**Source: Ross D., Feldman RD., Zou GY., et al. Randomized controlled trial. A simplified approach to the Treatment of Uncomplicated Hypertension (STITCH): A cluster Randomized control trial. Hypertension 2009. 53: 646-653**

**Lifestyle Modification**

<b>Modification</b>	<b>Recommendation</b>	<b>Approximate SBP reduction (Range)</b>
Weight Reduction	Maintain normal body weight (body mass index 18.5-24.9 kg/m <sup>2</sup> )	5-20 Hg/10 kg
Adopt DASH eating plan	Consume a diet rich in fruits, vegetables and lowfat dairy products with a reduced content of saturated and total fat.	8-14 Hg/10 kg
Dietary Sodium reduction	Reduce dietary sodium intake to no more than 100 mmol per day (2.4 g sodium or 6 g sodium chloride)	2-8 Hg/10 kg
Physical Activity	Engage in regular aerobic physical activity such as brisk walking (at least 30 mins per day, most of the week which may be broken into shorter time intervals such as 10 minutes each of moderate or vigorous effort)	4-9 Hg/10 kg
Moderation of alcohol consumption	Limit consumption to no more than 2 drinks (e.g., 24 oz beer, 10 oz wine, or 3 oz 80-proof whiskey) per day in most men and no more than 1 drink per day in women and lighter weight persons.	2-4 Hg/10 kg

*Centers for Disease Control and Prevention. Protocol for Controlling Hypertension in Adults, Atlanta, Georgia, 2013. Accessed at <https://nccd.cdc.gov/MillionHearts/Protocol/>*