



FOCUS ON DIABETES:

LOWERING BLOOD PRESSURE IN PEOPLE WITH DIABETES WILL RESULT IN LARGE REDUCTIONS IN DEATH AND MAJOR CARDIOVASCULAR EVENTS

- Ensure blood pressure in people with diabetes is below 130/80 mm Hg.
- Antihypertensive therapy in people with diabetes is so cost-effective, it is cost-saving
- Most people with diabetes and hypertension will require two or more antihypertensive drugs
- When using multiple antihypertensive drugs, a diuretic is nearly always required for BP control.

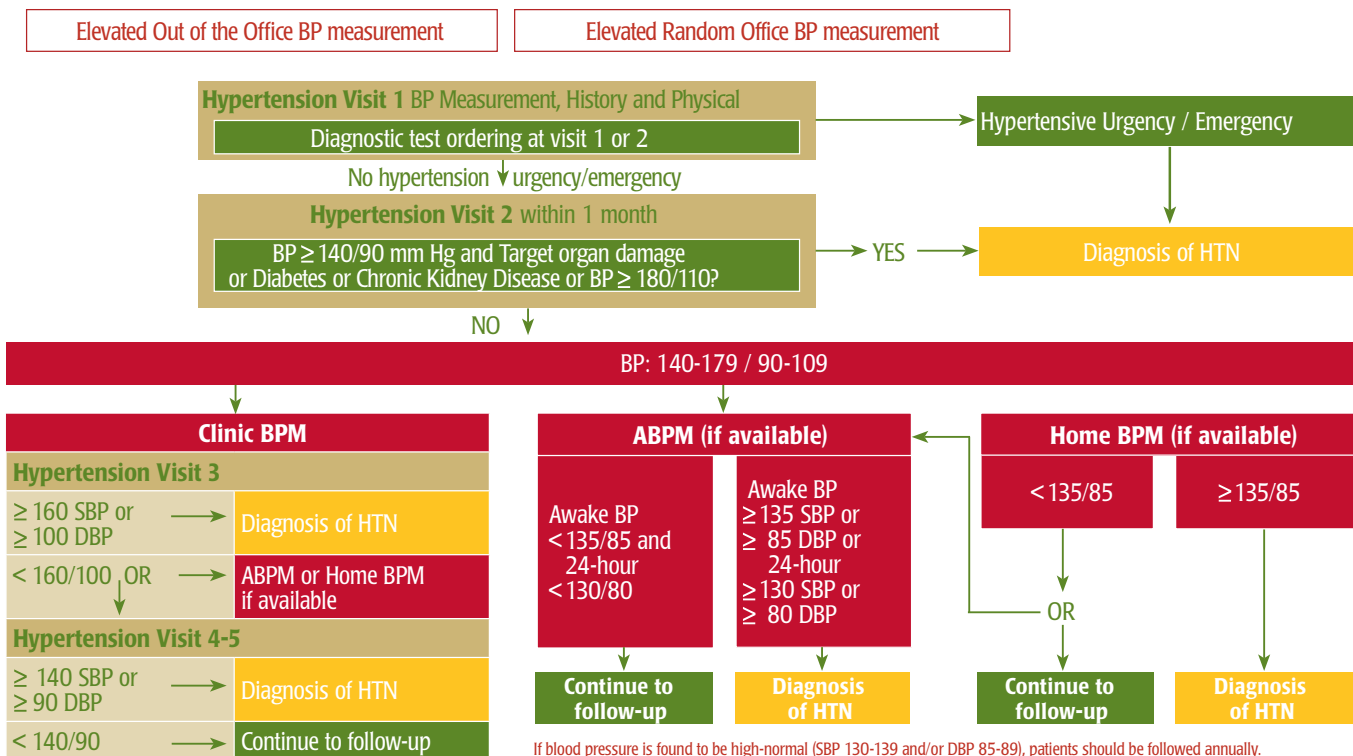
FOCUS ON SELF EFFICACY AND BP TOOLS: HOME BLOOD PRESSURE MEASUREMENT ASSISTS IN BLOOD PRESSURE CONTROL

- A stronger association with cardiovascular prognosis than office-based readings
- Rapid diagnosis of hypertension
- Helps to identify white coat and masked hypertension
- Improves medication adherence



The Heart and Stroke Foundation's e-health tool, "My Heart&Stroke Blood Pressure Action Plan™" is an interactive patient tool that assesses risk factors and encourages positive steps towards better blood pressure management. It provides ongoing lifestyle change support and enables self-management that includes recording and monitoring blood pressure, medication and healthcare visits. It can be found at www.heartandstroke.ca/bp

Measure Blood Pressure in All Adults at All Appropriate Visits



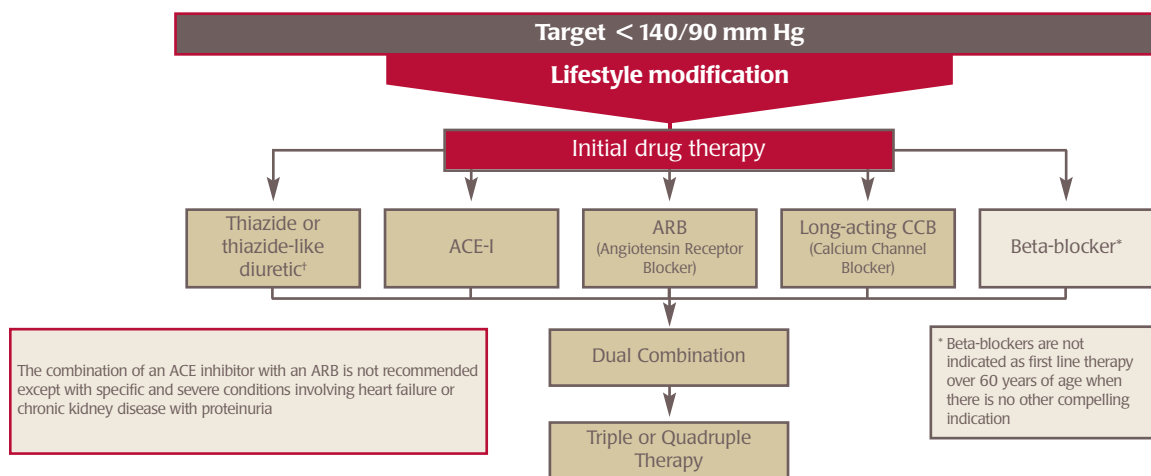
HTN = Hypertension; Home BPM = Home Blood Pressure Monitoring; ABPM = Ambulatory Blood Pressure Monitoring; BP = Blood Pressure; DBP = Diastolic Blood Pressure; SBP = Systolic Blood Pressure

LIFESTYLE RECOMMENDATIONS FOR PREVENTION AND TREATMENT OF HYPERTENSION

Topic	Objective	Recommendation	BP Reduction
Weight Reduction	Attain/maintain a healthy BMI (18.5 – 24.9 kg/m ²) and waist circumference (<94* cm for men and <80* cm for women) in all normotensive and hypertensive individuals for prevention/management of hypertension. (For people of South Asian and Chinese descent, waist circumference should be <90 cm for men and <80 cm for women.)	Encourage multidisciplinary approach to weight loss, including dietary education, increased physical activity and behavior modification	7.2/5.9 mm Hg for every 4.5 kg weight loss
Eating Healthier and Reducing Sodium Intake	DASH-like diet: <ul style="list-style-type: none"> High in fruit, vegetables, dietary fibre, non-animal protein (e.g. soy) and low-fat dairy products. Low in saturated fat and cholesterol. Reduce dietary sodium intake to less than 100 mmol (2300 mg) sodium/day 	Should be prescribed to both hypertensive and normotensive individuals for prevention/management of hypertension.	-11.4 / -5.5 mm Hg for hypertensive -3.6/-1.8 mm Hg for normotensive
Being More Physically Active	An accumulation of 30-60 minutes of dynamic exercise of moderate intensity (e.g. walking, cycling, swimming), on 4-7 days each week. Higher intensities are no more effective at BP lowering but may produce other cardiovascular benefits	Should be prescribed to both hypertensive and normotensive individuals for prevention and management of hypertension	-4.9/-3.7 mm Hg
Moderation in Alcohol Intake	Limited consumption: 0-2 standard drinks/day Men: < 14 drinks/week Women: < 9 drinks/week	Should be prescribed to both hypertensive and normotensive individuals for prevention and management of hypertension	-3.9/-2.4 mm Hg
Reducing Stress	Individualized cognitive behavior interventions are more likely to be effective when relaxation techniques are employed	Stress management in selected patients	-6.1/-4.3 mm Hg
Smoking Cessation	Abstinence from smoking. A smoke-free environment	A global cardiovascular risk reduction strategy	N/A

* The Heart and Stroke Foundation rather use the targets of 102 cm for men and 88 cm for women.

TREATMENT OF SYSTOLIC/DIASTOLIC HYPERTENSION WITHOUT OTHER COMPELLING INDICATIONS



A combination of two first-line drugs may be considered as initial therapy if the blood pressure is ≥ 20 mm Hg systolic or ≥ 10 mm Hg diastolic above target

Antihypertensive therapy should be considered in all patients meeting the above indications regardless of age (Grade B). Caution should be exercised in elderly patients who are frail.

NEW

BLOOD PRESSURE MEASUREMENT TARGETS		
SETTING	LOCATION OR CONDITION	TARGET (SBP/DBP, mm Hg)
Home:	Home blood pressure and daytime ABPM	< 135/85
Office:	Systolic \pm diastolic hypertension	< 140/90
	Isolated systolic hypertension	< 140
	Diabetes	< 130/80
	Chronic kidney disease	< 130/80