

Sri Lanka

# Hypertension Protocol

Measure blood pressure of **all adults over 18 years**

If patient is  $\geq 80$  years old, please refer to Protocol 2.

High BP: **SBP  $\geq 140$  or DBP  $\geq 90$  mmHg**

Step  
**1**

If BP is high:

**Prescribe losartan 50 mg + amlodipine 5 mg<sup>\*, \*\*</sup>**

Step  
**2**

After 30 days, measure BP again. If still high:

**Increase to losartan 100 mg + amlodipine 10mg**

Step  
**3**

After 30 days, measure BP again. If still high:

**Increase to losartan 100 mg + amlodipine 10mg + hydrochlorothiazide 25 mg**

Step  
**4**

After 30 days, measure BP again. If still high:

**Increase to losartan 100 mg + amlodipine 10mg + hydrochlorothiazide 50 mg**

Step  
**5**

After 30 days, measure BP again. If still high:

**Refer to hypertension specialist**

## Pregnant women and women who may become pregnant

- ▲ DO NOT give telmisartan
- Statins, ACE inhibitors, angiotensin receptor blockers (ARBs), and thiazide/thiazide-like diuretics should not be given to pregnant women or to women of childbearing age not on effective contraception.
- Calcium channel blocker (CCB) can be used. If not controlled with intensification dose, refer to a specialist.

## Patients with diabetes

- Treat diabetes according to protocol.
- Target BP  $<130/90$  mmHg.
- ACEi or ARB preferred if close clinical and biochemical monitoring possible.

## Heart attack in last 3 years

- Add beta blocker to amlodipine with initial treatment.
- Target BP  $<130/90$  mmHg.

## Heart attack or stroke, ever

- Begin low-dose aspirin (75mg) and statin.
- Target BP  $<130/90$  mmHg.

## People with high CVD risk

- Consider aspirin and statin.
- Target BP  $<130/90$  mmHg.

## Chronic kidney disease

- ACEi or ARB preferred if close clinical and biochemical monitoring is possible.
- Target BP  $<130/90$  mmHg.

## Note:

- Monitor potassium and kidney function when starting or changing the dose of ACEi/ARB or thiazide/thiazide-like diuretic, if testing is readily available and does not delay treatment.

\* For elderly patients, please refer to treatment protocol for elderly patients  $\geq 80$  years of age.

\*\* The medications mentioned can be replaced with any two medications from any of the three drug classes (ACEis/ARBs, CCBs or thiazide/thiazide-like diuretics). Start two individual pills or, if available, both in a single-pill combination (fixed-dose combination).

## Lifestyle advice for all patients



Avoid tobacco and alcohol



Exercise 2.5 hours/week



Reduce weight, if overweight



Reduce salt, under 1 tsp/day



Eat less fried foods

- Eat 5 servings of fruits and vegetables per day.
- Avoid papads, chips, chutneys, dips, and pickles.
- Use healthy oils like sunflower, mustard, or groundnut.
- Limit consumption of foods containing high amounts of saturated fats.

- Reduce fat intake by changing how you cook:
  - Remove the fatty part of meat
  - Use vegetable oil
  - Boil, steam, or bake instead of fry
  - Limit reuse of oil for frying
- Avoid processed foods containing trans fats.
- Avoid added sugar.