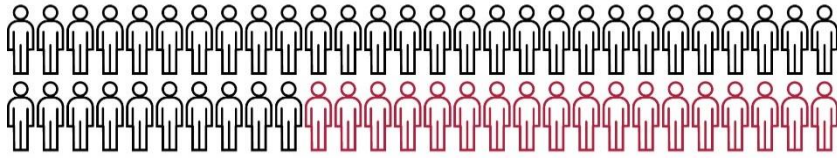


Guideline for the pharmacological treatment of hypertension in adults: summary

More people die each year from cardiovascular disease (CVD) than from any other cause.



In 2019, out of 56 million deaths, 18 million were due to CVD.



Diseases of the heart, brain, kidneys and other organs are significantly increased by hypertension (HTN), which afflicts about 1.28 billion people worldwide, Only 23% of women and 18% of men have it under control.

The guideline makes eight recommendations:

Drug therapy initiation



R1: BP threshold for starting drug treatment
Those with diagnosis of HTN and BP of $\geq 140/\geq 90$ mmHg
Those with CVD and SBP $\geq 130\text{--}139$ mmHg
Recommendation: strong
Evidence: moderate–high certainty

Those without CVD but with high CVD risk, diabetes, CKD and SBP $\geq 130\text{--}139$ mmHg
Recommendation: conditional
Evidence: moderate–high certainty



R2 & 3: Whether screening and assessment are needed before treatment is started
Obtain tests to screen for comorbidities and conduct CV risk assessment **but only if it doesn't delay treatment**
Recommendation: conditional
Evidence: low certainty



R4: Which drug(s) to prescribe
Any of these drug classes: **diuretics/ACEi, ARB/CCBs**
Recommendation: strong
Evidence: high certainty

R5: Combination therapy
To improve adherence and persistence **combination therapy recommended** preferably in a **single pill**
Recommendation: conditional
Evidence: moderate certainty

Targets and follow-up



R6: BP target for control of HTN
140/90 mmHg in those without comorbidities
SBP **130** mmHg in those with CVD
Recommendation: strong
Evidence: moderate certainty
SBP **<130** mmHg in those with high CVD risk, diabetes and CKD
Recommendation: conditional
Evidence: moderate certainty



R7: Follow-up intervals
Monthly follow up until patient reaches target BP
Recommendation: conditional
Evidence: low certainty
3–6 month follow up once target BP is reached
Recommendation: conditional
Evidence: low certainty



R8: Use of nonphysician HCWs in further management of HTN
Treatment can be provided by **nonphysician professionals** as long as they are given training, prescribing authority, management protocols and physician oversight
Recommendation: conditional
Evidence: low certainty



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