



## 2009 CANADIAN HYPERTENSION EDUCATION PROGRAM An Annual Recommendations Update

- **Ensure blood pressure in diabetic patients is below 130/80 mmHg.** Uncontrolled hypertension in diabetic patients represents a very high cardiovascular risk. Large reductions in death and major cardiovascular events can be achieved by reducing blood pressure below the 130/80 mmHg target. In general, most diabetic patients with hypertension require two antihypertensive drugs and many diabetic patients with hypertension require 3 or more drugs for blood pressure control. When using multiple antihypertensive drugs a diuretic is nearly always required for blood pressure control.
- **All Canadian adults need to have blood pressure assessed at all appropriate clinical visits.** One in five adult Canadians has hypertension and the lifetime residual risk of developing hypertension for those aged 55 to 65 with normal blood pressure is 90%. All adults require ongoing assessment of blood pressure throughout their lives.
- **Optimum management of BP requires assessment of overall cardiovascular risk.** Over 90% of hypertensive Canadians have other cardiovascular risks. Identifying and managing these other risks including smoking, dyslipidemia, dysglycemia (e.g. impaired fasting glucose, impaired glucose tolerance, diabetes), abdominal obesity, unhealthy diet and physical inactivity can reduce cardiovascular events by over 60% in hypertensive patients.
- **Lifestyle modifications are effective in preventing hypertension, treating hypertension and reducing cardiovascular risk.** Hypertension is prevented, blood pressure is lowered, and other cardiovascular risks are favorably impacted by a healthy diet, regular physical activity, moderation in alcohol consumption, reductions in dietary sodium and in some, stress reduction. Routine simple, brief health care professional interventions increase the probability of a patient adhering to lifestyle changes.
- **Treat to target.** Blood pressure should be lowered to less than 140/90 mmHg in most patients and in those with diabetes or chronic kidney disease, to less than 130/80 mmHg.
- **Combinations of therapies (both lifestyle and drug) are generally necessary to achieve target blood pressures.** Most patients require lifestyle change and more than one antihypertensive drug to achieve recommended blood pressure targets.
- **Monitor patients whose blood pressure is above target regularly and increase the intensity of treatment until the targets are achieved.** Regular follow-up and titration of therapy is required to achieve blood pressure targets.
- **Focus on adherence.** Non-adherence to lifestyle and pharmacotherapy is an important cause of poor blood pressure control. Patient adherence to lifestyle and pharmacotherapy should be assessed on each visit and interventions made to improve adherence should be a part of clinical routine.

DETAILED INFORMATION ON THE 2009 CANADIAN HYPERTENSION EDUCATION PROGRAM RECOMMENDATIONS CAN BE FOUND AT [WWW.HYPERTENSION.CA/CHEP](http://WWW.HYPERTENSION.CA/CHEP)



Hypertension recommendations designed for patient and public education have been developed in 2008. Bulk orders of 25 or more copies can be obtained by contacting [hyperten@ucalgary.ca](mailto:hyperten@ucalgary.ca). Hypertension recommendations for patients with diabetes, developed in 2009, are also available. These summaries are available electronically at [www.hypertension.ca/bpc](http://www.hypertension.ca/bpc). Other resources are available at [WWW.HEARTANDSTROKE.CA/BP](http://WWW.HEARTANDSTROKE.CA/BP).

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