Hypertension CANADA

Hypertension In Diabetes: Key Messages

Up to 80% of people with diabetes and hypertension will die of cardiovascular disease, especially stroke.

1. **Ensure people with diabetes are screened for hypertension.**
   Diagnosis of hypertension in diabetes: Blood pressure ≥ 130/80 mmHg, confirmed within one month.

2. **Assess blood pressure at all appropriate healthcare visits.**
   Regular monitoring of blood pressure forms the basis for making decisions about treatment and reinforces the importance of maintaining a target blood pressure level.

3. **Encourage home monitoring with approved devices.**
   - Home blood pressure readings are more strongly associated with improved cardiovascular outcomes than readings taken in a healthcare professional's office.
   - Home readings can be used to: confirm the diagnosis of hypertension, improve blood pressure control, reduce the need for medications in those with "white coat" effect, identify those with "white coat" and masked hypertension, and improve medication adherence.
   - Obtain readings twice in the morning and twice in the evening for a 7 day period. Discard the readings of the first day and do the average of the last 6 days.
   - The target home reading is <130/80 mmHg.

4. **Pharmacotherapy and lifestyle modification should be initiated concurrently.**
   - Aggressive treatment using multiple (3 or more) blood pressure lowering medications is often required to achieve target levels of <130/80 mmHg for people with diabetes.
   - First line therapies in alphabetic order include: ACE inhibitors, angiotensin receptor blockers, dihydropyridine calcium-channel blockers and thiazide or thiazide-like diuretics.
   - For persons with cardiovascular or kidney disease, including microalbuminuria, or with cardiovascular risk factors in addition to diabetes and hypertension, an ACE inhibitor or an ARB is recommended as initial therapy.
   - Combination therapy using 2 first-line agents may also be considered as initial treatment of hypertension if SBP is 20 mm Hg above target or if DBP is 10 mm Hg above target.

5. **Assess and manage all other vascular risk factors.**
   A comprehensive approach is needed to address the following risk factors: smoking, dyslipidemia, glycemic control, obesity, unhealthy eating and physical inactivity. A reduction in these risk factors can cut an individual's vascular risk by more than half.

6. **Enable sustained lifestyle modification and medication adherence.**
   - At every visit, people should be asked how they are managing their blood pressure.
   - Recommended lifestyle changes, especially limiting sodium intake and medication adherence, should be reviewed at each visit.

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