

Measure accurately

Screening checklist

When *screening* patients for high blood pressure:

- Use a validated, automated device to measure BP¹
- Use the correct cuff size on a bare arm²⁻¹⁰
- Ensure patient is positioned correctly^{2,3,11-19}

Confirmatory checklist

If screening blood pressure is $\geq 140/90$ mm Hg, obtain a *confirmatory* measurement:

- Repeat *screening* steps above
- Ensure patient has an empty bladder^{2,3,20}
- Ensure patient has rested quietly for at least five minutes^{2,3,21,22}
- Obtain the average of at least three BP measurements^{2,3,23}

Evidence-based tips for correct positioning

Ensure patient is seated comfortably with:

- Back supported
- Arm supported
- Cuff at heart level
- Legs uncrossed
- Feet flat on the ground or supported by a foot stool
- No one talking during measurement

Act rapidly

If patient has blood pressure $\geq 140/90$ mm Hg confirmed:

- Use an evidence-based protocol to guide treatment²⁴⁻²⁶
- Re-assess patient every 2–4 weeks until BP is controlled²⁷⁻²⁹
- Whenever possible, prescribe single-pill combination therapy³⁰⁻³²

Evidence-based protocols typically include

- Counsel on and reinforce lifestyle modifications
- Ensure early follow-up and add preferred medications in a step-wise fashion, until BP is controlled
- For most patients, give preference to:
 - Thiazide diuretics
 - *Dihydropyridine* calcium channel blockers
 - ACE inhibitors (ACEI) or
 - Angiotensin receptor blockers (ARB)
- Do not prescribe both ACEI and ARB to same patient
- If BP $\geq 160/100$ mm Hg, start therapy with two medications or a single pill combination

Partner with patients, families and communities

To empower patients to control their blood pressure:

- Engage patients using evidence-based communication strategies³³⁻³⁵
- Help patients accurately self-measure BP^{36,37}
- Direct patients and families to resources that support medication adherence and healthy lifestyles

Evidence-based communication strategies include

- Begin with *open-ended questions* about adherence, including recent medication use
- *Explore* reasons for possible non-adherence
- *Elicit patient views* on options and priorities to customize a care plan for each patient
- Remain *non-judgmental* at all times
- Use *teach-back* to ensure understanding of the care plan

Evidence-based tips for patient self-measurement of BP

- Instruct patient to measure BP accurately using a validated, automated device and correct positioning for measurement
- Ask patient to record ≥ 2 morning BP measurements and ≥ 2 evening BP measurements for ≥ 4 consecutive days between office visits
- Develop a systematic approach to ensure patients can act rapidly to address elevated BP readings between office visits
- Counsel patients that self-measured BP $\geq 135/85$ mm Hg is considered elevated

Evidence-based lifestyle changes to lower BP include

- Following the DASH diet, which is rich in fruits, vegetables and whole grains; low-fat dairy, poultry, fish and plant-based oils; and limits sodium, sweets, sugary drinks, red meat and saturated fats
- Engaging in moderate physical activity, such as brisk walking, for 40 minutes a day at least four days a week
- Maintaining a healthy body mass index (BMI)
- Limiting alcohol to ≤ 2 drinks/day in men, ≤ 1 drink/day in women

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