

Pharmacological Therapy

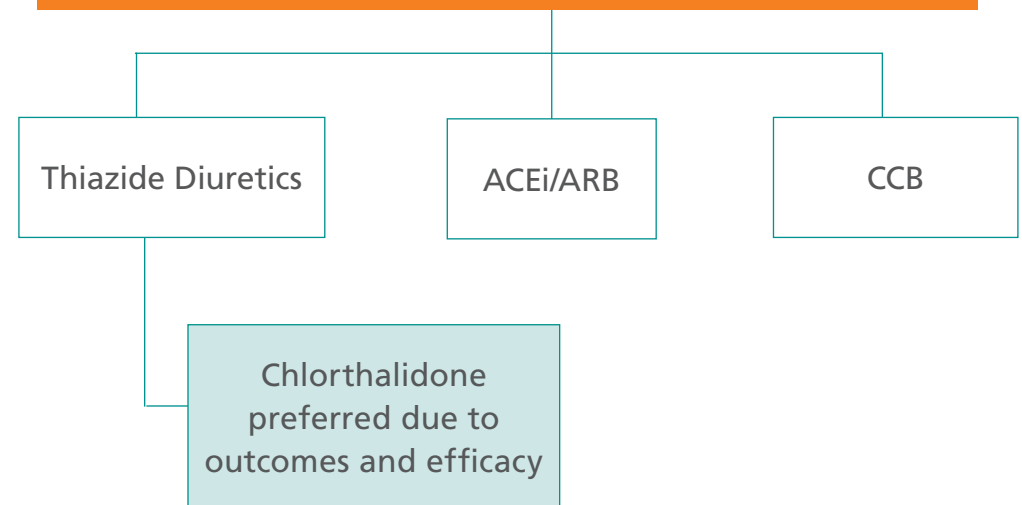
- Pharmacological treatment is indicated for patients with a blood pressure >140/90 or >130/80 and a 10-year risk of ASCVD > 10%.
- Patients' ASCVD risk can be calculated in Epic by accessing weblinks- clinical calculators – CV risk calculator. It can also be pulled into a note by typing .ascvdscore and is found in several other areas of the patient chart.

Pharmacologic treatment should be initiated in all patients with a blood pressure >140/90.

1. Without comorbidities

- Strongly consider two antihypertensive agents as a first line therapy in the absence of comorbidities.
- Includes: Thiazide diuretics (chlorthalidone is preferred due to outcomes and efficacy); ACEi/ARB; CCB.
- Beta Blockers are NOT indicated in the absence of comorbidities.
- Consider 2 drugs for Stage 2 hypertension.
- Avoid ACEi/ARB and direct renin inhibitors in combination.
- It is possible to combine dihydropyridine and non-dihydropyridine CCBs.

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Considerations for Cardiovascular or Other Comorbidity

In patients with comorbidities such as HFrEF, A-fib or pregnancy, tailor blood pressure therapy to the patient's comorbidity.

