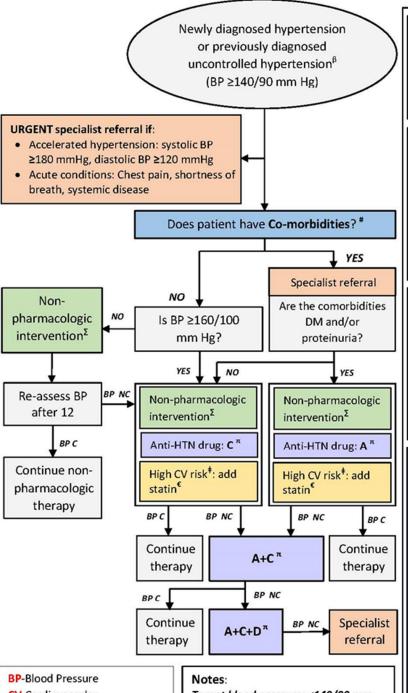
## Additional file6-Antihypertensive Medication Treatment Algorithm



CV-Cardiovascular

Anti-HTN-Anti-hypertensive

- A-Angiotensin Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB)
- C-Calcium Channel Blocker
- D-Thiazide-like Diuretics
- HD-Half standard dose per day
- FD-Full standard dose per day
- **BP C-BP Controlled**
- **BP NC-BP Not Controlled**

Target blood pressure: <140/90 mm Hg for all patients

Follow-up every 6 to 8 weeks for BP evaluation at each treatment step until BP is controlled.

anti-HTN drug classes			
Anti-HTN Drug		HD	FD
ARB	Losartan	50mg	100mg
ACEI	Enalapril	10 mg	20 mg
С	Amlodipine	5mg	10mg
D	HCTZ	12.5 mg	25 mg

Examples of recommended

## " Co-morbidities:

Established cardiovascular disease, renal disease, DM, target organ damage (TOD)-e.g. left ventricular hypertrophy, retinopathy, proteinuria

Non-pharmacologic intervention: DASH diet and dietary sodium reduction, increase physical activity, weight reduction, stop smoking and stop/reduce alcoholic beverage intake.

Non-pharmacologic intervention must be maintained and reinforced continually for all patients.

## \* High CV Risk if any of the following:

- Age ≥55 years AND SBP≥160 mm Hg
- Diabetes
- · Past history of heart disease
- · Past history of stroke
- · Current smoker

€ Statin (e.g. Simvastatin 20 mg)

General strategy is to start one drug at half standard dose then titrate to full dose before starting the next drug.

Alternative strategy: Start one drug at half standard dose, if BP still not at target, add the next drug at half standard dose. Subsequently, each of the drugs, in turn, can be titrated to full standard dose to attain BP control.

If patient already on anti-HTN drug at initial consult:

Existing drug in algorithm → continue current medication AND add another drug class from the algorithm at half standard dose.

Existing drug NOT in algorithm → If NO compelling indication for existing drug, discontinue and replace with another drug class as in algorithm.

ACEI and ARB not to be prescribed concomitantly.