India Hypertension Control Initiative

Hypertension Protocol

Measure blood pressure of **all adults** over 18 years

High BP: **SBP ≥ 140 or DBP ≥ 90 mmHg**

Check for compliance at each visit before titration of dose or addition of drugs

| Step | Instruction |
|------|-------------|
| 1    | If BP is high:*  
Prescribe Amlodipine 5mg |
| 2    | After 30 days measure BP again. If still high:  
Increase to Amlodipine 10mg |
| 3    | After 30 days measure BP again. If still high:  
Add Telmisartan 40mg |
| 4    | After 30 days measure BP again. If still high:  
Increase to Telmisartan 80mg |
| 5    | After 30 days measure BP again. If still high:  
Add Chlorthalidone 12.5mg** |
| 6    | After 30 days measure BP again. If still high:  
Increase to Chlorthalidone 25mg** |

... Check if the patient has been taking medications regularly and correctly. If yes, refer to a specialist.

* If SBP ≥ 180 or DBP ≥ 110, refer patient to a specialist after starting treatment.  
If SBP 160-179 or DBP 100-109, start treatment on the same day.  
If SBP 140-159 or DBP 90-99, check on a different day and if still elevated, start treatment.  
** Hydrochlorothiazide can be used if Chlorthalidone is not available (25 mg starting dose, 50 mg intensification dose).

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| Women who are or could become pregnant |
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| ▲ DO NOT give Telmisartan or Chlorthalidone.  
- Statins, ACE inhibitors, angiotensin receptor blockers (ARBs), and thiazide/thiazide-like diuretics should not be given to pregnant women or to women of childbearing age not on effective contraception.  
- Calcium channel blocker (CCB) can be used. If not controlled with intensification dose, refer to a specialist. |

| Diabetic patients |
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| - Treat diabetes according to protocol.  
- Aim for a BP target of < 140/90 mmHg. |

| Heart attack in last 3 years |
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| - Add beta blocker to Amlodipine with initial treatment. |

| Heart attack or stroke, ever |
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| - Begin low-dose aspirin (75mg) and statin. |

| People with high CVD aspirin |
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| - Consider aspirin and statin. |

| Chronic kidney disease |
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| - ACEI or ARB preferred if close clinical and biochemical monitoring is possible. |

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| Lifestyle advice for all patients |
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- **Avoid tobacco and alcohol**
- **Exercise 2.5 hr/week**
- **Reduce salt, under 1 tsp/day**
- **Eat less fried foods**

Eat 5 servings of fruits and vegetables per day.  
Avoid papads, chips, chutneys, dips, and pickles.  
Use healthy oils:  
E.g. sunflower, mustard, or groundnut.  
Limit consumption of foods containing high amounts of saturated fats.

Reduce weight if overweight.  
Reduce fat intake by changing how you cook:  
- Remove the fatty part of meat  
- Use vegetable oil  
- Boil, steam, or bake instead of fry  
- Limit reuse of oil for frying  
Avoid processed foods containing trans fats.  
Avoid added sugar.