**LEVEL OF CONCERN**

- **LOW**
  - NO CONCERNING FEATURES
    - Revise management if clinical features change unexpectedly. Also, attention must be paid for 'masked hypertension' and then a blood pressure assessment during exercises is advised for those subjects presenting cardiovascular features at the history taking. These patients are at high risk of fatal adverse events as the blood pressure sharply increase during low-intensity physical exertion.
  - LOW RISK PROFILE FEW CONCERNING
    - Treat & monitor progress closely. Vigilance. However, a further blood pressure assessment during exercises or a medical consultation is advised before low-intensity exercises.
  - MODERATE RISK PROFILE SOME CONCERNING FEATURES
    - DO NOT treat. URGENCY referral is warranted.
- **HIGH**
  - HIGH RISK PROFILE CONCERNING FEATURES
    - DO NOT treat. EMERGENCY referral is warranted.

| LEVEL OF BLOOD PRESSURE | SYSTOLIC BLOOD PRESSURE (mmHg) | DIASTOLIC BLOOD PRESSURE (mmHg) |
|-------------------------|--------------------------------|--------------------------------|
| NORMAL                  | <130                           | and <85                        |
| NORMAL HIGH BLOOD PRESSURE | 130-139                       | and/or 85-89                    |
| GRADE 1 HYPERTENSION   | 140-159                        | and/or 90-99                    |
| GRADE 2 HYPERTENSION   | >160                           | and/or >100                     |

**RISK FACTORS:** Age (>65 years), sex (male=female), heart rate (>90 beats/min), increased body weight, diabetes, high LDL-Cholesterol, family history of CVD, family history of hypertension, early-onset menopause, smoking habits, psychosocial or socioeconomic factors, HMOD, previous coronary heart disease (CHD), HF, stroke, peripheral vascular disease, atrial fibrillation, CKD stage 3+.

**HMOD:** Hypertension-mediated organ damage (brain, heart, kidney, central and peripheral arteries, eyes).

**HF:** Heart Failure

**CKD:** Chronic Kidney Disease

**CVD:** Cardiovascular Disease

**REFERENCES**

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