



Clinical Champion Update

Date: 4/25/24

Subject: Hypertension

This year we have tried thinking about how to get our patients to “care” more about their blood pressure. We have thought of some ideas on how to talk to patients who don’t seem motivated to work on blood pressure:

When they aren’t bothered because they don’t “feel sick” →

“I know that you aren’t feeling any symptoms of high blood pressure, but I want to discuss it. Blood pressure is known as the silent killer, because it sometimes doesn’t show symptoms until it is too late. By controlling your blood pressure now, we are lowering your risk for heart attack and stroke, while also protecting your kidneys, heart, brain, vision, overall disease risk, sexual health to name a few.”

When they want to avoid blood pressure medications when BP is very elevated →

“While lifestyle changes are always great to partake in, your blood pressure is too high to allow time for those changes to take effect. I think we should start a medication to help you in the meantime of getting back into walking and eating well. It is possible we can lower or take away this medication at some point.”

When they are hesitant to add another agent →

“Many patients are on more than one medication for blood pressure. The different medications work on different systems in the body to lower your blood pressure, that is why I think we should start another.”

There is some interesting research and a recent JAMA article highlighting the idea of individualizing the approach to HTN. If your patient is super hesitant to add a second agent, **it might be worth considering changing the medication class all together before trying the layering approach.** This can also help with compliance as there is only one agent. The idea is that while many patients have HTN, it may not all be the same etiology. **If your patient doesn’t respond to an ace or arb, instead of adding a diuretic, try changing all together and doing monotherapy with a calcium channel blocker like amlodipine.** The thought process being if they didn’t respond to ace, maybe they don’t have an issue with their angiotensin pathway. **By changing the mechanism of action of your treatment plan, you could better target the blood pressure.**

Example: Patient doesn’t respond to lisinopril. Instead of adding HCTZ or losartan, try amlodipine instead.

Allyson Boucher PA-C and Kharmen Lopez MD

Hypertension Champions