



Screening and Treatment for Hypertensive Patients with Diabetes

| Screening | Diagnosis |
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| Check blood pressure at every routine diabetes visit | Goal: < 130/80 mm Hg |
| Repeat on a separate day if blood pressure is $\geq 130/80$ mmHg | Hypertension: ≥ 130 mm Hg systolic and/or ≥ 80 mm Hg diastolic |
| Orthostatic blood pressure should be performed to assess for the presence of autonomic neuropathy | |

| Treatment | |
|---|--|
| Systolic: 130-139 mmHg and/or Diastolic: 80-89 mmHg | Lifestyle Interventions: <ul style="list-style-type: none"> • Control weight • Limit sodium and alcohol • Regular exercise If goal not achieved after 3 months then begin medication therapy |
| Systolic: ≥ 140 mmHg and/or Diastolic: ≥ 90 mmHg | Initial Drug Choices: <ul style="list-style-type: none"> • Angiotensin-converting enzyme (ACE) inhibitors and/or • Angiotensin receptor blockers (ARBs) Second Line Drug Choices: <ul style="list-style-type: none"> • β-blockers or • Low-dose diuretic Third Line Drug Choice: <ul style="list-style-type: none"> • Calcium Channel Blockers More than one of the above medications may be necessary |
| Patients with hypertension accompanied by microalbuminuria or clinical albuminuria | ACE inhibitor or ARB (substitute one for the other if first choice not tolerated) |
| Patients over 55 years, with or without hypertension but with another cardiovascular risk | ACE inhibitor (if not contraindicated) |
| Patients with recent myocardial infarction | Addition of β -blockers |

Expert Consensus:

- If ACE inhibitors or ARBs are used, monitor renal function and serum potassium levels.
- In elderly patients, blood pressure should be lowered gradually to avoid complications.
- Patients not achieving target blood pressure on three drugs, including a diuretic, and patients with severe renal disease should be referred to a specialist experienced in the care of patients with hypertension.

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