



HYPERTENSION

Proposed Management of Allergic Rhinitis on Medical Missions in Resource-Limited Settings

Case Definition

Target a blood pressure (BP) of less than 140/90, or under 130-135/80-85 in diabetics

Mild hypertension (BP >140/90)

Moderate hypertension (SBP 160-180, DBP 90-110)

Consider hospital referral or early follow-up for the following signs of hypertensive urgency or emergency:

Severe hypertension (BP>180/110)

Symptomatic hypertension (confusion, headache, chest pain, dyspnea)

Clinical management

Assessment

Repeat office BP in 10 minutes

Assess family and social history, cardiac risk factors

Measure height, body mass index (BMI), and perform physical exam to assess for end organ damage

Recommendations

Encourage lifestyle modifications including weight loss, exercise, a low salt diet with fruits and vegetables, and avoidance of alcohol and tobacco

For **mild hypertension**, recheck BP in 1-4 weeks prior to pharmacologic treatment

For **moderate hypertension**, start combination treatment immediately

Provide at least 1-2 month medication supply

Consider adding a second agent after 6 month trial

Pharmacologic management

Note that specific situations may alter treatment choices.

First line:

Diuretic (hydrochlorothiazide) or ACE inhibitor

Second line:

Beta-blocker or calcium channel blocker (CCB)

Adapted from:

World Health Organization. Prevention and control of non-communicable diseases: guidelines for primary health care in low resource settings. 2012.