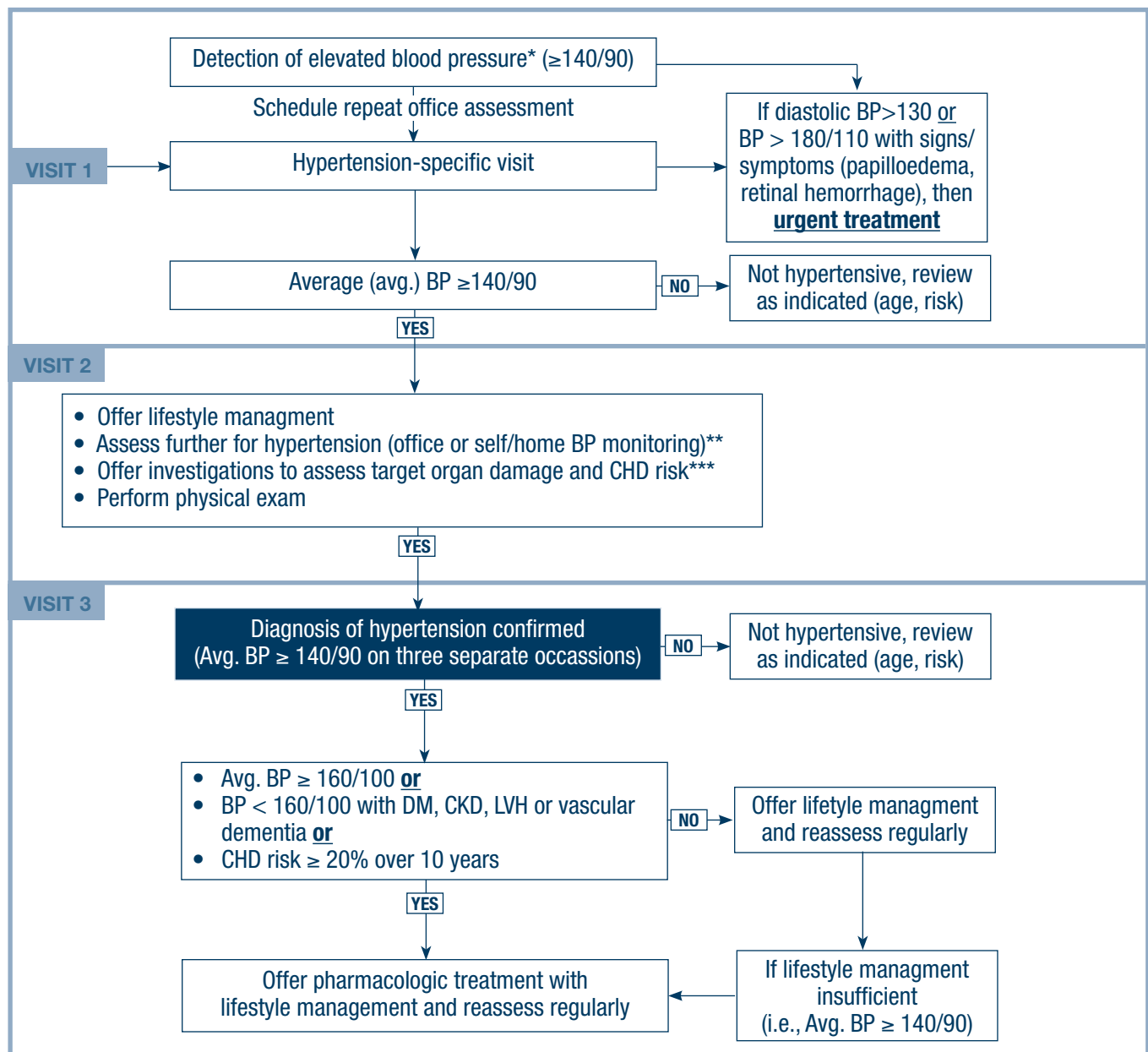


Algorithm 1: Detection and diagnosis of hypertension



* **Rule out exogenous factors**, for example: NSAIDs, steroids, oral contraceptives, decongestants, alcohol, stimulants, salt, sleep apnea

** **Assess BP for the diagnosis of hypertension:**

- Office BP assessment: Avg. BP \geq 140/90 over 3 visits (See Appendix A for technique)
- 1 week home/self BP measurement (if available): Avg. BP \geq 140/90 (See Appendix C for worksheet)

*** **Investigations and risk assessment:**

Urinalysis; blood chemistry (potassium, sodium, creatinine/estimated glomerular filtration rate); fasting blood glucose; fasting total cholesterol; high-density lipoprotein; low-density lipoprotein; triglycerides; standard 12 lead electrocardiogram; microalbuminuria (albumin/creatinine ratio); Framingham risk assessment (10-year CHD risk) or UKPDS risk assessment if Type II Diabetes.

Note: 24-hour ambulatory blood pressure measurement may provide information on white-coat hypertension and may also be helpful in assessing patients with apparent drug resistance, hypotensive symptoms with antihypertensive medications, episodic hypertension and autonomic dysfunction.⁴