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Table: Hypertensive Urgencies - Oral Antihypertensives

Drug	Administration	Duration	Advantages	Disadvantages / Contraindications
Captopril CAPOTEN®	SL/PO 3,125 - 12.5mg; (up to 25mg) onset: 10-15 min (SL) 15-30 min (PO) peak effect: 60 min (SL) 1-2 h (PO)	4-8 h	•Possibly beneficial effects on cerebral autoregulation and blood flow; may favorably effect regional myocardial perfusion; reduces pre- and afterload; no fluid retention; excellent for CHF and scleroderma. •SL / PO / or Crush & Chew	•Bilateral renal artery stenosis; heavy proteinuria; immunosuppressive drugs; immune-mediated diseases; pregnancy •Fine control of BP not possible. •Beware in volume depleted patients & high renin states (patients on diuretics).
Clonidine CATAPRES®	0.05 - 0.2mg PO; (e.g. initial 0.2mg, then 0.1mg q1h) onset: 30-60 min peak effect: 2-4 h can repeat q1-2h (total dose 0.6-0.8mg)	3-12 h	•Decreases heart rate and no increase in myocardial oxygen consumption.	• Sedation in up to 50%; orthostatic hypotension; can dramatically decrease cerebral blood flow; avoid in CHF due to decreased cardiac output and in > than first degree heart block. •Fine control of BP not possible; profound falls reported; decrease dose if > 60y/o, recent antihypertensives, volume depletion.
Labetalol TRANDATE®	200 - 400mg PO; onset: variable (30-120min) peak effect: 3 - 4 h food increases but delays onset.	8-12 h	•Favorable cardiac and possibly CNS effects	• Heart failure; reactive airway disease; second and third degree heart block ; no dose which will reliably lower BP within a couple of hours in the majority of patients.
Nifedipine ADALAT®	5-10mg PObite & swallow onset: 5-20 min peak effect: 30-60 min ⚠ revised labeling recommends against its use in hypertensive crisis!	2-6 h	• Rapid onset ; dilates coronary arteries and relieves spasm; usually does not decrease cardiac output.	• Reflex tachycardia lasting 1 h; can precipitate angina in patients with high grade stenosis; nonhomogeneous cerebral perfusion; possible increase risk of MI, CVA, & mortality with regular nifedipine. •Fine control of BP not possible; large falls in BP after 10 mg dose .

*True Hypertensive Emergencies usually require IV therapy (eg. Sodium nitropruside, Nitroglycerin, Esmolaprilat, Hydralazine, Labetalol, Esmolol)



-7 of every 10 people having their first heart attack have high blood pressure.

HIGH BLOOD PRESSURE DANGERS



Dementia risk increases.



-8 of every 10 people having their first stroke have high blood pressure.

-7 of every 10 people with long-lasting heart trouble have high blood pressure.

Kidney disease/failure is also a major risk factor for high blood pressure.



Hypertension Goals of Various Organizations			
Group	BP Goal (mm Hg)		
	General	DM*	CKD**
JNC 8:	<80 yr: <140/90 ≥60 yr: <150/90	< 140/90	< 140/90
ESH/ESC:	< 140/90	< 140/85	< 140/90
Elderly	140-150/90 (<60 yr: SBP<140)	(SBP < 130 if proteinuria)	
ASH/ISH	< 140/90	< 140/90	< 140/90
AHA/AACC	≥80 yr: <150/90 < 140/90	(Consider < 130/80 if proteinuria) < 140/90	< 140/90
*ADA: < 140/80			
**KDIGO: <140/90 with albuminuria <130/80 if >30 mg/24hr			



Guidelines for the management of Saudi hypertension. Non-pharmacological management of hypertension: a multidisciplinary approach. African Journal of primary health care and family medicine 2015; 7: 1 - 6. Measure adherence to practice the guidelines for hypertension management: an assessment of literature. A total of 141 doctors (45%) reported that they had not participated in training sessions in the last 2 years for the management of hypertension and 96% of respondents were willing to participate in training activities on a regular basis. Nevertheless, it is possible to argue that the tool for measuring the practice was able to detect different practices with very low adherence to the guidelines. Hypertension (Dallas, Tex: 1979) 2004; 44: 602 - 8. The questionnaire was piloted on a champion of ten doctors to test the time necessary to complete the questionnaire, to test his validity of the face and to assess his understanding in terms of measuring knowledge and practice . The institutional revision board of the Jazan hospital has granted ethical approval to conduct the study (approval reference H-10-Z-068). The data was collected through a multiple self-administered questionnaire. The totals were then calculated for each doctor by measuring the level of knowledge or adhesion through the administration of all correct replies or appropriate practices. The T Test Student was used to assess the presence of any statistical difference between the level of knowledge and adhesion according to the measured variables of the study. A total of 316 doctors participated in this survey, which represents 65% of all PhC doctors in the Jazan region. Submit the clinical training for the management of HTN and see fewer numbers of patients on a daily basis it was associated A statistically superior level of adherence to shmg.studies that measures the level of knowledge and adherence to the Shmg in Saudi Arabia is lacking. Internal consistency has been tested using Cronbach Alpha to evaluate the reliability of the Del And this provided a reasonable internal reliability of 0.602.Actoring to the Retalica of Health in the Jazan region, 483 doctors worked at the PHC in the region at that time. The average agent of the participants was 38 and 53% of the participant were males. Blood pressure raised: situation and trends. Table A e à,~

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