

Hypertension in special condition

➤ Hypertension and Diabetes;

- Greater risk of postural hypotension than other patients
- Antihypertensive drugs should be initiated in DM patients with High normal BP (SBP 130 to <140 and/or DBP 85 to <90 on 3 measurements).

➤ Hypertension and Cardiac disease: Refer for joint care

➤ Hypertension and CKD

- Resistant hypertension is common and is associated with a lower eGFR and higher levels of albuminuria
- Enalapril and Hydrochlorothiazide are contraindicated when the Cr Cl is < 30, and furosemide should be used instead.
- BP should be lowered to <140/90 mmHg and towards 130/80 mmHg.

➤ Hypertension and Diabetes

Greater risk of postural hypotension than other patients

➤ Hypertension in Women of Childbearing Age

- Should not receive oestrogen-based hormonal contraception.
- Depot medroxyprogesterone is contraindicated in stage 2 and 3 hypertension and in women with cardiovascular disease
- The progesterone-only pill, IUD, or levonorgestrel implant is a suitable contraception in hypertensive women.
- Two main categories of hypertension in pregnancy (Refer to OG)
 - Pre-existing chronic hypertension: a woman previously known to have hypertension becomes pregnant
 - Gestational hypertension: a new diagnosis of hypertension during pregnancy in a woman who was not hypertensive
- ALWAYS assess for pre-eclampsia
 - Symptoms: right upper quadrant pain, headaches
 - Signs: lower extremity edema, proteinuria, hypertension >140/90
 - If present, refer directly to the hospital.