

Guidelines for Diabetes with Hypertension control 2015

Screening and Diagnosis	Goals	Treatment
<p>Blood pressure should be measured at every routine visit. Patients found to have elevated blood pressure should have blood pressure confirmed on a separate day. B</p>	<p>People with diabetes and hypertension should be treated to a systolic blood pressure (SBP) goal of <140 mmHg. A</p>	<p>Patients with blood pressure >120/80 mmHg should be advised on lifestyle changes to reduce blood pressure. B</p>
	<p>Lower systolic targets, such as <130 mmHg, may be appropriate for certain individuals, such as younger patients, if they can be achieved without undue treatment burden. C</p>	<p>Patients with confirmed office-based blood pressure higher than 140/90 mmHg should, in addition to lifestyle therapy, have prompt initiation and timely subsequent titration of pharmacological therapy to achieve blood pressure goals. A</p>
		<p>Lifestyle therapy for elevated blood pressure consists of weight loss, if overweight or obese; a Dietary Approaches to Stop Hypertension (DASH)-style dietary pattern including reducing sodium and increasing potassium intake; moderation of alcohol intake; and increased physical activity. B</p>
	<p>Individuals with diabetes should be treated to a diastolic blood pressure (DBP) <90 mmHg. A</p>	<p>Pharmacological therapy for patients with diabetes and hypertension should comprise a regimen that includes either an ACE inhibitor or an angiotensin</p>

		receptor blocker (ARB). B If one class is not tolerated, the other should be substituted. C
		Multiple-drug therapy (including a thiazide diuretic and ACE inhibitor/ARB, at maximal doses) is generally required to achieve blood pressure targets. B
	Lower diastolic targets, such as <80 mmHg, may be appropriate for certain individuals, such as younger patients, if they can be achieved without undue treatment burden. B	If ACE inhibitors, ARBs, or diuretics are used, serum creatinine/estimated glomerular filtration rate (eGFR) and serum potassium levels should be monitored. E
		In pregnant patients with diabetes and chronic hypertension, blood pressure targets of 110–129/65–79 mmHg are suggested in the interest of optimizing long-term maternal health and minimizing impaired fetal growth. ACE inhibitors and ARBs are contraindicated during pregnancy. E