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- hypertension
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- Cl hypertension guidelines
- So hypertension in children
- Pa hypertension management
- Questions and answers

WHAT WE'RE DOING IS WORKING.

UpToDate® hypertension

Contents Calculators Drug Interactions

Showing results for **hypertension**

All Adult Pediatric Patient Graphics

Overview of hypertension in adults
 ...mixed systolic/diastolic hypertension. In clinical practice, patients who are taking medications for hypertension are usually defined as having hypertension, specifically "treated hypertension," regardless ...

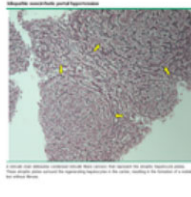
Secondary or contributing causes of hypertension
 Hypertension
 Summary and recommendations

Choice of drug therapy in primary (essential) hypertension
 ...initial treatment of hypertension will be presented here. The diastolic goal of goal blood pressure in the treatment of hypertension, are presented here.

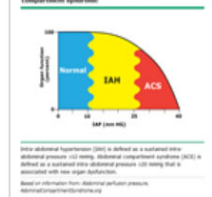
Summary and recommendations

Coronavirus disease 2019 (COVID-19): Issues related to kidney disease
 ...end-stage kidney disease (ESKD), acute kidney injury (AKI), chronic kidney disease (CKD), and other aspects of COVID-19 infection that may affect this population are discussed.

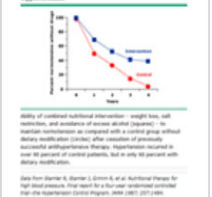
Idiopathic noncirrhotic portal hypertension



Intra-abdominal hypertension and abdominal compartment syndrome



Efficacy of dietary modification in mild hypertension



Idiopathic noncirrhotic portal hypertension


Intra-abdominal hypertension and abdominal compartment syndrome

Efficacy of dietary modification in mild hypertension


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Showing results for **hypertension**

All Adult Pediatric Patient Graphics Collapse Resu

Overview of hypertension in adults 

...mixed systolic/**diastolic hypertension**. In clinical practice, patients who are taking medications for **hypertension** are usually defined as having **hypertension**, specifically "treated **hypertension**," regardless ...

- Secondary or contributing causes of hypertension
- Hypertension 
- Summary and recommendations
- Diagnosis of hypertension in adults (Algorithms)

Choice of drug therapy in primary (essential) hypertension

...initial treatment of **hypertension** will be presented here. The diagnosis and evaluation of **hypertension**, as well as a discussion of goal blood pressure in the treatment of **hypertension**, are presented separately ...

- Summary and recommendations

Coronavirus disease 2019 (COVID-19): Issues related to kidney disease and hypertension

...end-stage kidney disease (ESKD), acute kidney injury (AKI), chronic kidney disease (CKD), and **hypertension**. Other important aspects of COVID-19 infection that may affect this population are discussed at ...

- Chronic kidney disease and hypertension

Topic Outline show graphics (20)

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

DEFINITIONS

Hypertension

Definitions based upon ambulatory and home readings

- White coat hypertension
- Masked hypertension

BLOOD PRESSURE MEASUREMENT

Office-based blood pressure measurement

WHAT WE'RE DOING IS WORKING.



<p>Topic Outline</p> <p>SUMMARY AND RECOMMENDATIONS</p> <p>INTRODUCTION</p> <p>DEFINITIONS</p> <p>Hypertension</p> <p>Definitions based upon ambulatory and home readings</p> <ul style="list-style-type: none"> • White coat hypertension • Masked hypertension <p>BLOOD PRESSURE MEASUREMENT</p> <p>Office-based blood pressure measurement</p> <p>Ambulatory blood pressure monitoring</p> <p>Home blood pressure monitoring</p>	<h2>Overview of hypertension in adults</h2> <p>Authors: Jan Basile, MD, Michael J Bloch, MD, FACP, FASH, FSVM, FNLA</p> <p>Section Editors: George L Bakris, MD, William B White, MD</p> <p>Deputy Editors: John P Forman, MD, MSc, Lisa Kunins, MD</p> <p>Contributor Disclosures</p> <p>All topics are updated as new evidence becomes available and our peer review process is complete.</p> <p>Literature review current through: Mar 2020. This topic last updated: May 02, 2019.</p> <hr/> <h3>INTRODUCTION</h3> <p>The global prevalence of hypertension is high, and among nonpregnant adults in the United States, hypertension is the most common reason for office visits and for the use of chronic prescription medication. In addition, roughly half of hypertensive individuals do not have adequate blood pressure control. These issues are discussed in detail elsewhere. (See "The prevalence and control of hypertension in adults" and "Patient education: Hypertension (adult) and the treatment of hypertension".)</p>
--	--

WHAT WE'RE DOING IS WORKING.



UpToDate® hypertension

hypertension

Overview of hypertension in adults

Back to Search

White coat hypertension

Masked hypertension

BLOOD PRESSURE MEASUREMENT

Office-based blood pressure measurement

Ambulatory blood pressure monitoring

Home blood pressure monitoring

PRIMARY HYPERTENSION

Pathogenesis

Risk factors for primary (essential) hypertension

SECONDARY OR CONTRIBUTING CAUSES OF HYPERTENSION

COMPLICATIONS OF HYPERTENSION

MAKING THE DIAGNOSIS OF HYPERTENSION

COMPLICATIONS OF HYPERTENSION

Hypertension is associated with a significant increase in risk of adverse cardiovascular and renal outcomes. Each of the following complications is closely associated with the presence of hypertension (see ["Cardiovascular risks of hypertension"](#)):

- Left ventricular hypertrophy (LVH) ([figure 1](#)) [[17,18](#)] (see ["Clinical implications and treatment of left ventricular hypertrophy in hypertension"](#))
- Heart failure, both reduced ejection fraction (systolic) and preserved ejection fraction (diastolic) [[19](#)] (see ["Epidemiology and causes of heart failure"](#))
- Ischemic stroke [[20,21](#)] (see ["Clinical diagnosis of stroke subtypes"](#), section on ["Ecology and risk factors"](#))
- Intracerebral hemorrhage [[20,22](#)] (see ["Spontaneous intracerebral hemorrhage: Pathogenesis, clinical features, and diagnosis"](#))
- Ischemic heart disease, including myocardial infarction and coronary interventions [[20,23](#)] (see ["Overview of established risk factors for cardiovascular disease"](#))

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Overview of hypertension in adults

likely the result of numerous genetic and environmental factors that have multiple compounding effects on cardiovascular and renal structure and function. Some of these factors are discussed in the ensuing section.

Risk factors for primary hypertension (Find In Topic) Exact etiology of primary hypertension remains unclear, a number of risk factors are associated with its development, including:

- Age – Advancing age is associated with increased blood pressure, particularly systolic blood pressure, and an increased incidence of hypertension.
- Obesity – Obesity and weight gain are major risk factors for hypertension and are also determinants of the rise in blood pressure that is commonly observed with aging [11,12]. (See "[Overweight, obesity, and weight reduction in hypertension](#)".)
- Family history – Hypertension is about twice as common in subjects who have one or two hypertensive parents, and multiple epidemiologic studies suggest that genetic factors account for approximately 30 percent of the variation in blood pressure in various populations [13,14]. (See "[Genetic factors in the pathogenesis of hypertension](#)".)
- Race – Hypertension tends to be more common, be more severe, occur earlier in life, and be associated with greater target-organ damage in blacks. (See "[Hypertensive complications in black patients](#)".)

4 of 24 - Clipboard
Item not Collected, Delete it

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Discontinuing therapy

Systems approach to blood pressure management

SOCIETY GUIDELINE LINKS

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

Definition of hypertension

Measur

Diagno

Evaluat

Treatm

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REFERENCES

1. [Muntner P, Carey RM, Gidding S, et al. Potential US Population Impact of the 2017 ACC/AHA High Blood Pressure Guideline. Circulation 2018; 137:109.](#)
2. [Yoon SS, Gu Q, Nwankwo T, et al. Trends in blood pressure among adults with hypertension: United States, 2003 to 2012. Hypertension 2015; 65:54.](#)
3. https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2014_namcs_web_tables.pdf.

International

- [World Health Organization \(WHO\): Prevention of cardiovascular disease – Guidelines for the management of cardiovascular risk \(2007\)](#)

Canada

- [Diabetes Canada: Clinical practice guidelines for the treatment of hypertension \(2018\)](#)
- [Hypertension Canada: Guidelines for diagnosis, risk assessment, prevention, and treatment in adults and children \(2018\)](#)
- [Choosing Wisely Canada: Don't prescribe angiotensin converting enzyme \(ACE\) inhibitors or angiotensin II receptor blockers \(ARBs\) for the treatment of hypertension, diabetic nephropathy, or chronic kidney disease \(2017\)](#)



Guidelines

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Treatment of Hypertension

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Chapter Headings

[Introduction](#)
[Blood Pressure Targets](#)
[Role of ACE Inhibitors and ARBs](#)
[Antihypertensive Choices](#)

The screenshot displays the UpToDate website interface for a search on "hypertension". The UpToDate logo is highlighted with a red box. The search bar contains the text "hypertension" and a search icon. Below the search bar, there is a navigation bar with a "Back to Search" link and the title "Overview of hypertension in adults". A "Topic Outline" sidebar is visible on the left, listing sections such as "SUMMARY AND RECOMMENDATIONS", "INTRODUCTION", and "DEFINITIONS". The "DEFINITIONS" section is expanded, showing "Hypertension" and "Definitions based upon ambulatory and home readings", with a sub-item "White coat hypertension". A blue navigation menu is overlaid on the right, featuring tabs for "Contents", "Calculators", and "Drug Interactions". The "Contents" tab is active, displaying a list of links: "What's New", "Practice Changing UpDates", "Drug Information", "Patient Education", "Topics by Specialty", and "Authors and Editors". A "Search UpToDate" button and a search input field are also visible in the bottom right corner of the interface.

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Contents ▾ **Calculators**

- What's New**
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- Topics by Specialty
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What's New

Our editors select a small number of the most important updates and share them with you via What's New. See these updates by clicking on the specialty you are interested in in the search box.

Find Out What's New In:

Practice Changing UpDates	Gastroenterology and hepatology	Palliative care
Allergy and immunology	Geriatrics	Pediatrics
Anesthesiology	Hematology	Primary care
Cardiovascular medicine	Hospital medicine	Psychiatry
Dermatology	Infectious diseases	Pulmonary and critical care medicine
Drug therapy	Nephrology and hypertension	Rheumatology
Emergency medicine	Neurology	Sleep medicine
Endocrinology and diabetes mellitus	Obstetrics and gynecology	Sports medicine (primary care)
Family medicine	Oncology	Surgery

What's new in palliative care Find [Print](#) [Share](#) [AA](#) [Bookmark](#)

GENERAL PRINCIPLES OF PALLIATIVE CARE
 Physician orders for comfort measures and ICU admission (March 2020)

SYMPTOM MANAGEMENT
 ASCO guideline for bone health and bone-targeted therapies for prostate cancer (February 2020)
 Risk of breathing difficulties in certain patients treated with gabapentin and pregabalin (February 2020)
 Position statement on effects of chronic opioid therapy on sleep (January 2020)

END OF LIFE AND HOSPICE CARE
 Physician orders for comfort measures and ICU admission (March 2020)

END OF LIFE AND HOSPICE CARE

Physician orders for comfort measures and ICU admission (March 2020)

The effect of physician orders for comfort measures (CM) or limited interventions (LI) on ICU admission rates is unclear. One retrospective cohort study of 1818 decedents who had life-limiting illness and were admitted to hospital within six months of death reported that patients with CM and LI orders were significantly less likely to be admitted to the ICU than those with orders for full treatment (31 versus 62 percent) [1]. However, 38 percent of patients received intensive treatments that were discordant with their orders. These data suggest that physician orders regarding goals of care reduce unnecessary admissions to the ICU. However, tools that reduce discordant care are necessary. (See "[Palliative care: Issues in the intensive care unit in adults](#)", section on '[ICU admission for palliative therapy](#)'.)

The three wishes project for the dying ICU patient (January 2020)

Medline © Abstract for Reference 1 of 'What's new in palliative care'

1 [PubMed](#)

TI Association of Physician Orders for Life-Sustaining Treatment With ICU Admission A

AU Lee RY, Brumback LC, Sathitratanaeewin S, Lober WB, Modes ME, Lynch YT, Am

SO JAMA. 2020;

Importance: Patients with chronic illness frequently use Physician Orders for Life-Sus

- Contents ▾
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- What's New
- Practice Changing UpDates
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Practice Changing UpDates

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Literature review current through: **Mar 2020**. | This topic last updated: **Apr 13, 2020**.

INTRODUCTION

This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

INFECTIOUS DISEASES (March 2020, Modified April 2020)

One-time HCV screening for all adults ≥18 years

Topic Outline <

INTRODUCTION

INFECTIOUS DISEASES (March 2020, Modified April 2020)

One-time HCV screening for all adults ≥18 years

ONCOLOGY (March 2020)

Hippocampal avoidance whole brain radiation for treatment of brain metastases

HEMATOLOGY (February 2020)

Less chemoimmunotherapy for limited stage diffuse large B cell non-Hodgkin lymphoma (DLBCL) with no adverse features

NEUROLOGY (December 2019)

Traumatic spinal cord injury in adults with acute traumatic

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Drug Information

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General drug information	Patient drug information	What's new in drug therapy
International drug information (concise)	Pediatric drug information	Patient Education

Pediatric drug information

- [14-C Urea breath test: Pediatric drug information](#)
- [Abacavir and lamivudine: Pediatric drug information](#)
- [Abacavir, lamivudine, and zidovudine: Pediatric drug information](#)
- [Abacavir: Pediatric drug information](#)
- [Abatacept: Pediatric drug information](#)

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Patient Education

UpToDate offers two levels of content for patients:

- **The Basics** are short overviews. They are written in accordance with plain language principles and answer the four or five most important questions a patient has.
- **Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.

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| Blood disorders | General health | Pregnancy and childbirth |
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WHAT WE'RE DOING IS WORKING.



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Topic Outline

- [What are ear tubes?](#)
- [Why might children get ear tubes?](#)
- [What does ear tube surgery involve?](#)
- [What problems can happen with ear tubes?](#)
- [When should I call my child's doctor or nurse?](#)
- [How long do ear tubes stay in?](#)
- [How can I decide if my child should get ear tubes?](#)
- [More on this topic](#)

Patient education: Ear tubes (The Basics)

[View in Spanish](#)

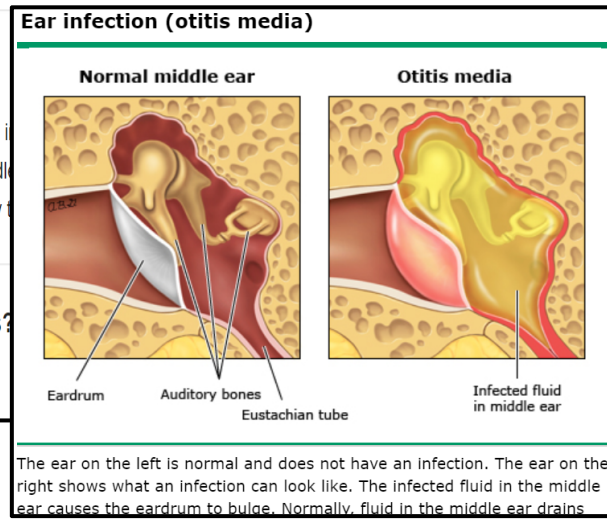
[Written by the doctors and editors at UpToDate](#)

What are ear tubes?

Ear tubes are tiny tubes that a doctor puts in the eardrum to drain fluid from the middle ear. They are also sometimes called "tympanostomy tubes."

Why might children get ear tubes?

Children might get ear tubes if they:



Contents ▾ Calculators Drug Interactions

Ear, nose, and throat

The Basics **Beyond the Basics**

"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information medical terms.

Ear infections

Ear infections (otitis media) in children (Beyond the Basics)



External otitis (including swimmer's ear) (Beyond the Basics)

Nose and sinuses

Acute sinusitis (sinus infection) (Beyond the Basics)

Allergic rhinitis (Beyond the Basics)

Contents ▾ Calculators Drug Interactions

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Topic Outline

OVERVIEW

EXTERNAL OTITIS RISK FACTORS

EXTERNAL OTITIS SYMPTOMS

EXTERNAL OTITIS DIAGNOSIS

EXTERNAL OTITIS TREATMENT

Ear drops

Pain medication

Avoid getting ears wet

EXTERNAL OTITIS PREVENTION

WHERE TO GET MORE INFORMATION

Patient level information

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Patient education: External otitis (including swimmer's ear) (Beyond the Basics)

Author: [Laura A Goguen, MD](#)
Section Editor: [Daniel G Deschler, MD, FACS](#)
Deputy Editor: [Lisa Kunins, MD](#)
[Contributor Disclosures](#)

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OVERVIEW

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Dermatology	Infectious Diseases	Psychiatry
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Gastroenterology		
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Neurologic disease

- [Delirium](#)
 - [Delirium and acute confusional states: Prevention, treatment, and prognosis](#)
 - [Diagnosis of delirium and confusional states](#)
- [Dementia](#)
 - [Cholinesterase inhibitors in the treatment of Alzheimer disease](#)
 - [Clinical features and diagnosis of Alzheimer disease](#)
 - [Clinical features and diagnosis of dementia with Lewy bodies](#)

Contents ▾ Calculators Drug Interactions

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Topic Outline <

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

CLINICAL FEATURES

Age of onset

Cardinal symptoms

- Memory impairment
- Executive function and judgment/problem solving
- Behavioral and psychologic symptoms

Other signs and symptoms

- Apraxia
- Olfactory dysfunction

Clinical features and diagnosis of Alzheimer disease

Authors: [David A Wolk, MD](#), [Bradford C Dickerson, MD](#)

Section Editor: [Steven T DeKosky, MD, FAAN, FACP, FANA](#)

Deputy Editor: [Janet L Wiltedink, MD](#)

[Contributor Disclosures](#)

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Literature review current through: **Apr 2020**. | This topic last updated: **Nov 26, 2018**.

INTRODUCTION

Alzheimer disease (AD) is a neurodegenerative disorder of uncertain cause and pathogenesis that pr older adults and is the most common cause of dementia [1]. The most essential and often earliest clinical manifestation of AD is selective memory impairment, although there are exceptions. While treatments that can ameliorate some symptoms of the illness, there is no cure or disease-modifying therapy (treat slows the course of the illness) currently available, and the disease inevitably progresses in all patients.

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Calculators

View By Specialty List Alphabetically

ANESTHESIOLOGY CALCULATORS

Medical Equations

Body mass index (BMI; Quetelet's index)

DERMATOLOGY CALCULATORS

Medical Equations

Body mass index (BMI) for adults (Me)

Body mass index (BMI) for adults (Pa)

Body mass index (BMI; Quetelet's index)

Calculator: Body mass index (BMI; Quetelet's index) in adults

$BMI = (Weight/2.205) / (Height/39.37)^2$

Input:

Height in

Weight lb

Result:

BMI kg/m²

Decimal precision

BMI interpretation

BMI <18.5: Below normal weight
BMI ≥18.5 and <25: Normal weight
BMI ≥25 and <30: Overweight
BMI ≥30 and <35: Class I Obesity
BMI ≥35 and <40: Class II Obesity
BMI ≥40: Class III Obesity

Contents ▾

Calculators

Drug Interactions

Lexicomp® Drug Interactions

Add items to your list by searching below.

proz

PROzac

PROzac Weekly

PRO-Zopiclone

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List

Analyze

PROzac

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

NOTE: This tool does not address chemical compatibility related to I.V. drugs.

NOTE: This tool does not address chemical compatibility

X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	<i>More about Risk Ratings</i> ▾

193 Results

- X** PROzac (Selective Serotonin Reuptake Inhibitors) Bromopride
- X** PROzac (Serotonergic Agents (High Risk)) Dapoxetine
- X** PROzac (Selective Serotonin Reuptake Inhibitors) Linezolid
- X** PROzac (CYP2D6 Inhibitors (Strong)) Mequitazine
- X** PROzac (Selective Serotonin Reuptake Inhibitors) Methylene Blue
- X** PROzac (Selective Serotonin Reuptake Inhibitors) Monoamine Oxidase Inhibitors (Antidepressant)
- PROzac (FLUoxetine)

WHAT WE'RE DOING IS WORKING.

Title Pimozide / FLUoxetine

[Print](#)

Risk Rating X: Avoid combination

Summary FLUoxetine may enhance the QTc-prolonging effect of Pimozide. FLUoxetine may increase the serum concentration of Pimozide. **Severity** Major **Reliability Rating** Fair

Patient Management Concurrent use of pimozide and fluoxetine is contraindicated.

Discussion According to pimozide prescribing information, the pimozide AUC was increased by an average of 151%, and the pimozide maximum serum concentration (Cmax) was increased by an average of 62% when pimozide (2 mg x1) was administered with the strong CYP2D6 inhibitor paroxetine 60 mg.¹ The mechanism for this apparent interaction is described as being inhibition of the CYP2D6-mediated metabolism of pimozide by paroxetine.¹ As a result, pimozide prescribing information lists concurrent use of strong CYP2D6 inhibitors such as paroxetine or fluoxetine as contraindicated. The fluoxetine prescribing information also specifically contraindicates concurrent use with pimozide due to the potential for fluoxetine to inhibit the CYP2D6-mediated metabolism of pimozide and to increase the potential for QT interval prolongation.²

These findings and con
metabolizers that conc
concluded that CYP2D

movement related side effects in patients receiving metoclopramide. The pathophysiology of neuroleptic malignant syndrome is poorly understood, but the syndrome is associated with many of the same drugs (e.g. antipsychotics, serotonergic antidepressants) as extrapyramidal side effects and similar precautions regarding the use of multiple associated agents should be taken.^{1,4}

Footnotes

1. Prescribing informat

Footnotes

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Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List Analyze

Ginkgo Biloba

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

17 Results

X	Avoid combination	C	Monitor therapy	A	No known interaction
D	Consider therapy modification	B	No action needed	<i>More about Risk Ratings</i> ▼	

D	Ginkgo Biloba (Herbs (Anticoagulant/Antiplatelet Properties)) Agents with Antiplatelet Properties
D	Ginkgo Biloba (Herbs (Anticoagulant/Antiplatelet Properties)) Anticoagulants
D	Ginkgo Biloba (Herbs (Anticoagulant/Antiplatelet Properties)) Herbs (Anticoagulant/Antiplatelet Properties)
D	Ginkgo Biloba (Herbs (Anticoagulant/Antiplatelet Properties)) Nonsteroidal Anti-Inflammatory Agents
D	Ginkgo Biloba Salicylates
D	Ginkgo Biloba (Herbs (Anticoagulant/Antiplatelet Properties)) Salicylates
D	Ginkgo Biloba (Herbs (Anticoagulant/Antiplatelet Properties)) Thrombolytic Agents

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

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Item no
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Thiazide and Thiazide-Like Diuretics

A Ginkgo Biloba Digoxin

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

Go beyond the session...

For more information
about UpToDate
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rrclibrary.libguides.com/UpToDate

WHAT WE'RE DOING IS WORKING.

 RED RIVER COLLEGE

Further questions?

- Lynn Gibson
- lgibson@rrc.ca
- Ask Us (Chat @ library.rrc.ca)



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How did we do?

Thank you for attending!

If you haven't done so already, please fill out our quick survey using the following link:

https://bit.ly/RRC_Evaluation

We appreciate your feedback.
Have a good day!

Please send your questions, comments and feedback about the Lunch & Learn program to:
rwoodby@rrc.ca.

