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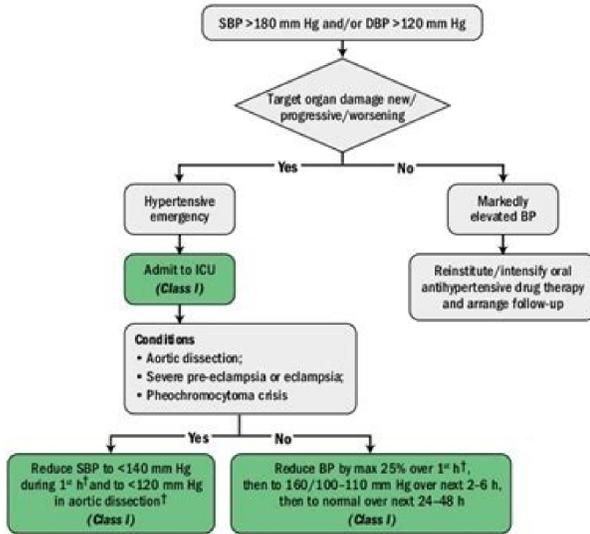
Next

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Diagnosis and Management of a Hypertensive Crisis



Use drug(s) specified in Table 19.
 † If other comorbidities are present, select a drug specified in Table 20.
 Figure 11



Oral Antihypertensive Drugs (2 of 3)

Class	Drug	Usual Dose, Range (mg per day)*	Daily Frequency	Comments
Secondary Agents				
Diuretics—loop	Bumetanide	0.5-4	2	• Preferred diuretics in patients with symptomatic HF Preferred over thiazides in patients with moderate-to-severe CKD (e.g., GFR <30 mL/min)
	Furosemide	20-80	2	
	Torsemide	5-10	1	
Diuretics—potassium sparing	Amiloride	5-10	1 or 2	• Monotherapy agents minimally effective antihypertensives • Combination therapy of potassium sparing diuretic with a thiazide can be considered in patients with hypokalemia on thiazide monotherapy • Avoid in patients with significant CKD (e.g., GFR <45 mL/min)
	Triamterene	50-100	1 or 2	
Diuretics—aldosterone antagonists	Eplerenone	50-100	12	• Preferred agents in primary aldosteronism and resistant hypertension • Spironolactone associated with greater risk of gynecomastia and impotence compared to eplerenone • Common add-on therapy in resistant hypertension • Avoid use with K ⁺ supplements, other K ⁺ -sparing diuretics or significant renal dysfunction • Eplerenone often requires twice daily dosing for adequate BP lowering
	Spirinolactone	25-100	1	
Beta blockers—cardioselective	Atenolol	25-100	12	• Beta blockers are not recommended as first-line agents unless the patient has IHD or HF • Preferred in patients with bronchospastic airway disease requiring a beta blocker • Bisoprolol and metoprolol succinate preferred in patients with HF/EF • Avoid abrupt cessation
	Betaxolol	5-20	1	
	Bisoprolol	2.5-10	1	
	Metoprolol tartrate	100-400	2	
	Metoprolol succinate	50-200	1	
Beta blockers—cardioselective and vasodilatory	Nebivolol	5-40	1	• Induces nitric oxide-induced vasodilation • Avoid abrupt cessation
Beta blockers—noncardioselective	Nadolol	40-120	1	• Avoid in patients with reactive airways disease • Avoid abrupt cessation
	Propranolol IR	160-480	2	
	Propranolol LA	80-320	1	
Beta blockers—intense sympathomimetic activity	Acetazolol	200-800	2	• Generally avoid, especially in patients with IHD or HF • Avoid abrupt cessation
	Carteolol	2.5-10	1	
	Penbutolol	10-40	1	
	Pindolol	10-60	2	

Table is continued in the next page



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