Hypertension Management for My Patients

Q. How should I manage patients with hypertension virtually during COVID-19?

A. We currently do not recommend bringing patients with hypertension into our clinics for routine blood pressure checks. It is also reasonable to defer routine annual lab monitoring for anti-hypertensive medications for patients who are stable. For patients who are newly started on ACE-inhibitors, ARBs, or diuretics or have had a dose adjustment of these, the usual laboratory work is still indicated to ensure patient safety.

During this time, you can still do a lot of blood pressure management virtually! **Home blood pressure monitoring** is evidence-based and has actually been shown to be more accurate than office-based measurements.

For patients with a home BP monitor, you can manage their hypertension via phone visit or refer them to a chronic disease management (CDM) pharmacist. (If your patient doesn’t already have a home BP monitor, suggest they consider purchasing one online; a simple Omron monitor is about $35.) Upper arm BP cuffs are more accurate than wrist BP cuffs. Share the handout “Measuring your blood pressure at home” with your patients.

For a patient whose blood pressure is above goal, guidelines suggest checking BP at home twice daily (first thing in the morning before taking medications and in the evening) for one week. Patients should sit comfortably with feet flat on the floor while checking their blood pressure and take duplicate measurements 1 minute apart. Experts suggest ignoring the first day of readings and averaging the readings for the remainder of the week to guide treatment decisions. Keep in mind that most patients should have a home BP goal of < 135/85, which is lower than our typical office-based threshold. Once a patient’s BP is stable at goal, it is adequate to have them check their BP at home 1–2 times per week.

Your patients can send secure messages with their home BP readings, attach a photo of a written BP record, or discuss with you verbally via phone visit. Make changes in medication no more than every 1–2 weeks. Consider switching your patient to bedtime dosing of their antihypertensive medication, as that has been shown to decrease BP readings and reduce cardiovascular outcomes compared to morning dosing.

**References**

**CDM pharmacists** can educate patients about lifestyle modifications, coach them on home BP monitoring, assess medication adherence, order lab work, and titrate anti-hypertensive
medications per protocol. Exclusion criteria: Over age 85, pregnant or trying to become pregnant, CKD 4 or 5, CHF, BP actively being managed by Nephrology.

Additional Resources/Information

KPWA Blood Pressure Guideline