### Priority Topic: HYPERTENSION

#### Key Features:

Most of the references here are extracted from the Canadian Hypertension Education Program (CHEP) guidelines

This is an American source, but for people who like a shorted summary, try:

- *In the Clinic_ Hypertension*
- For those who like PBSG review articles, here is a good one – *Hypertension – when it is difficult to treat*

#### Where you should get this:

#### 1. Screen for hypertension.

**What you should study**

- [Canadian Task Force: Screening for Hypertension](#)

#### 2. Use correct technique and equipment to measure blood pressure.

**What you should study**

- [CHEP_Measurement of BP](#)

#### 3. Make the diagnosis of hypertension only after multiple BP readings (i.e., at different times and during different visits).

**What you should study**

- [CHEP_Criteria for diagnosis of HTN](#)

#### 4. In patients with an established diagnosis of hypertension, assess and re-evaluate periodically the overall cardiovascular risk and end-organ complications:

- a) Take an appropriate history.
- b) Do the appropriate physical examination.
- c) Arrange appropriate laboratory investigations.

**What you should study**

- [CHEP_Assessment of CVS risk](#)
- [CHEPROUTINE AND OPTIONAL LAB TESTS](#)
- Pretty complete OSCE type history checklist. But I would add questions to evaluate leg claudication and erectile function to be more complete: [http://mediwikis.com/wiki/index.php/Cardiovascular_History_%26_Examination](http://mediwikis.com/wiki/index.php/Cardiovascular_History_%26_Examination)
Physical exams – these are good videos, but don’t forget to SAY OUT LOUD your physical findings!

- Cardiac exam [https://www.youtube.com/watch?v=eBnzjerIHj0](https://www.youtube.com/watch?v=eBnzjerIHj0)
- PVD [https://www.youtube.com/watch?v=6beOTEKx1ek](https://www.youtube.com/watch?v=6beOTEKx1ek)

5. In appropriate patients with hypertension (e.g., young patients requiring multiple medications, patients with an abdominal bruit, patients with hypokalemia in the absence of diuretics): a) Suspect secondary hypertension. b) Investigate appropriately.

**What you should study**

- CHEP - Renovascular hypertension
- CHEP - Endocrine Hypertension
- For a nice summary of all the other causes of secondary hypertension: [AFP_Secondary hypertension](#)

6. Suggest individualized lifestyle modifications to patients with hypertension. (e.g., weight loss, exercise, limit alcohol consumption, dietary changes).

**What you should study**


7. In a patient diagnosed with hypertension, treat the hypertension with appropriate pharmacologic therapy (e.g., consider the patient’s age, concomitant disorders, other cardiovascular risk factors).

**What you should study**


You should know how treatment choices are different depending on comorbidities. The CHEP website if pretty easy to navigate to find these details
8. Given a patient with the signs and symptoms of hypertensive urgency or crisis, make the diagnosis and treat promptly.  

**What you should study**
- Managing hypertensive emergencies in the ED

And/or:

9. In all patients diagnosed with hypertension, assess response to treatment, medication compliance, and side effects at follow-up visits.

**What you should study**
- PBSG- Hypertension- When it’s difficult to treat

**Exam tip** – even though this Priority topic doesn’t specify, assume you should have to have an approach to hypertension in children, pregnant women, and the elderly

- Hypertension in children
- Hypertension in pregnancy