

## Hypertension

Hypertension is diagnosed based on the average of two or more readings on separate occasions.

### CHRONIC HYPERTENSION CATEGORIES

CATEGORY	SYSTOLIC (MMHG)		DIASTOLIC (MMHG)
NORMAL	< 120	AND	<80
ELEVATED	120 – 129	AND	<80
STAGE 1	130 – 139	OR	80-89
STAGE 2	≥ 140	OR	≥ 90

## ACUTE HYPERTENSIVE CRISIS

Both categories typically involve BP > 180/120 mmHg. The distinguishing factor is Acute Target Organ Damage (TOD).

- **Hypertensive Urgency (or "Asymptomatic Severe Hypertension"):**
  - **Criteria:** BP > 180/120 mmHg WITHOUT acute target organ damage.
  - **Presentation:** May have mild symptoms (headache, anxiety, epistaxis) but no neurological or cardiac deficits.
  - **Management:** Gradual BP reduction over 24–48 hours using oral medications.
- **Hypertensive Emergency:**
  - **Criteria:** BP > 180/120 mmHg WITH evidence of acute target organ damage.
  - **Examples of TOD:** Encephalopathy, intracranial hemorrhage, acute MI, pulmonary edema, acute kidney injury (AKI), or aortic dissection.
  - **Management:** Admission, may include ICU bed; immediate but controlled BP reduction (typically 20–25% in the first hour) using parenteral (IV) agents.

## RESISTANT HYPERTENSION (RH)

### 3. Resistant Hypertension (RH)

- **Definition:** BP remains above goal (> 130/80 mmHg) despite using three or more antihypertensive drug classes (including a long-acting CCB, a blocker of the renin-angiotensin system, and a diuretic) at near-maximal tolerated doses.
- **Controlled Resistant Hypertension:** BP at goal, but requiring four or more medications.
- **2025 Update:** Screening for Primary Aldosteronism is now recommended for all patients with resistant hypertension, regardless of potassium levels.