Prevention and Diagnosis

Initial Assessment of Risk Factors - Beginning at Age 20 to Include	
• Family History • Smoking Status and Readiness to Change • Blood Pressure • Fasting Lipid Panel • Dietary and Physical Activity Assessment	• BMI Calculation • Past Medical History Assessment (including history of atrial fibrillation and diabetes) • Waist Circumference
Clinical Identification of Metabolic Syndrome – Any 3 of the Following:	
• Waist Circumference ≥ 40" (men), ≥ 35" (women) • Blood Pressure ≥ 130/≥ 85 mm/Hg • Fasting Glucose ≥ 100 mg/dL	• Triglycerides ≥ 150 mg/dL • HDL Cholesterol < 40 mg/dL (men), < 50 mg/dL (women)
Assess and treat underlying causes	

Blood Pressure
• Treat to blood pressure target levels: < 140/90 mm Hg for ages < 60 and < 150/90 mm Hg for ages ≥ 60 with no diabetes and no kidney disease[1,2] • Prescribe life style modifications (e.g. effectiveness of regular aerobic exercise, moderation of sodium intake, a DASH eating plan or a Mediterranean style diet with emphasis on eating foods like fish, fruits, vegetables, beans, high-fiber breads and whole grains, nuts, and olive oil while limiting meats, cheeses, and sweets. This can be equivalent to drug monotheraphy). • Initial antihypertensive treatment: o In general nonblack population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor (ARB). o In the general black population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic or CCB.[3] o In the population aged ≥ 18 years with CKD (including all CKD patients with hypertension regardless of race or diabetes status), initial (or add-on) antihypertensive treatment should include an ACEI or ARB to improve kidney outcomes. (See Monroe County Medical Society (MCMS) *Community-wide Guideline for Management of Hypertension for complete recommendations.*)

Footnotes:

1. National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year using the following criteria: Members 18–59 years of age whose BP was <140/90 mm Hg; Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. (HEDIS measure also used for Medicare Star Ratings.).

2. If hypertensive patient is already controlled in lower achieved SBP (e.g.,<140 mm Hg), treatment does not need to be adjusted.

3. 2014 ADA Standard of Medical Care: Pharmacological therapy for patients with diabetes and hypertension should comprise a regimen that includes either an ACE inhibitor or an angiotensin receptor blocker (ARB). If one class is not tolerated, the other should be substituted.

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.