The **2015 M.A.P. checklists** for improving BP control



Measure accurately

Screening checklist

When *screening* patients for high blood pressure: Use a validated, automated device to measure BP¹ Use the correct cuff size on a bare arm²⁻¹⁰ Ensure patient is positioned correctly^{2,3,11-19}

Confirmatory checklist

If screening blood pressure is \geq 140/90 mm Hg, obtain a *confirmatory* measurement:

- □ Repeat *screening* steps above
- □ Ensure patient has an empty bladder^{2,3,20}
- □ Ensure patient has rested quietly for at least five minutes^{2,3,21,22}
- □ Obtain the average of at least three BP measurements^{2,3,23}

Evidence-based tips for correct positioning

- Ensure patient is seated comfortably with:
- Back supported
- Arm supported
- Cuff at heart level
- Legs uncrossed
- · Feet flat on the ground or supported by a foot stool
- · No one talking during the measurement

Act rapidly

- If a patient has blood pressure ≥140/90 mm Hg confirmed:
- □ Use evidence-based protocol to guide treatment²⁴⁻²⁶
- □ Re-assess patient every 2-4 weeks until BP is controlled²⁷⁻²⁹
- Whenever possible, prescribe single-pill combination therapy³⁰⁻³²

Evidence-based protocols typically include

- · Counsel on and reinforce lifestyle modifications
- Ensure early follow-up and add preferred medications in a stepwise fashion, until BP is controlled
- · For most patients, give preference to:
 - Thiazide diuretics
 - *Dihydropyridine* calcium channel blockers
 - ACE inhibitors (ACEI) or
- Angiotensin receptor blockers (ARB)
- Do not prescribe both ACEI and ARB to same patient
- If BP ≥160/100 mm Hg, start therapy with two medications or a single pill combination

Partner with patients, families and communities

- To empower patients to control their blood pressure:
- □ Engage patients using evidence-based communication strategies³³⁻³⁵
- □ Help patients accurately self-measure^{36,37}
- □ Direct patients and families to resources that support medication adherence and healthy lifestyles

Evidence-based communication strategies include

- Begin with open-ended questions about adherence, including recent medication use
- Explore reasons for possible non-adherence or a single pill combination
- *Elicit* patient views on options and priorities to customize a care plan for each patient
- Remain non-judgmental at all times
- Use teach-back to ensure understanding of the care plan

Evidence-based tips for patient self-measurement of BP

- Instruct patient to measure BP accurately using a validated, automated device and correct positioning for measurement
- Ask patient to record ≥2 morning BP measurements and ≥2 evening BP measurements for ≥ 4 consecutive days between office visits
- Develop a systematic approach to ensure patients can act rapidly to address elevated BP readings between office visits
- Counsel patients that self-measured BP ≥135/85 mm Hg is considered elevated

Evidence-based lifestyle changes to lower BP include

- Following the DASH diet, which is rich in fruits, vegetables and whole grains; low-fat dairy, poultry, fish and plant-based oils; and limits sodium, sweets, sugary drinks, red meat and saturated fats
- Engaging in moderate physical activity, such as brisk walking, for 40 minutes a day at least four days a week
- Maintaining a healthy body mass index (BMI)
- Limiting alcohol to ≤2 drinks/day in men, ≤1 drink/day in women

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