

# Preamble

**H**ypertension is a major contributor to cardiovascular morbidity and mortality in India and worldwide. In view of our special geographical and climatic conditions, ethnic background, dietary habits, literacy levels and socio-economic variables, there could be some areas where significant differences need to be addressed. With this in mind, the Association of Physicians of India (API), Cardiological Society of India (CSI), the Indian College of Physicians (ICP), and the Hypertension Society of India (HSI) developed the "FIRST INDIAN GUIDELINES FOR THE MANAGEMENT OF HYPERTENSION - 2001."

The second Indian guidelines were published in 2007. Ever since, significant new data on epidemiology of hypertension has emerged globally and so also, from India. Also, many large randomized multi-centric trials have changed practice guidelines and approach to the management of hypertension in the last five years. It was, therefore, felt necessary to update the Indian guidelines to align them with the current best evidence. Hence, the third Indian Guidelines on Hypertension (I.G.H.)-III are being published now in 2013 under the aegis of API.

These guidelines have been prepared as a reference for treating physicians. The current level of practice patterns based on evidence-based medicine have been presented. The intention is not to cover the topic of hypertension in totality but to give useful information based on literature after extensive reference to Medline search and other latest guidelines [JNC VII (2003), ESH/ESC (2007), NICE-BHS (2011), WHO-ISH (2003), ACC/AHA Expert Consensus Document on Hypertension in the Elderly (2011), KDIGO Clinical Practice Guideline for the Management of Blood Pressure in Chronic Kidney Disease (2012)] available to date. These guidelines do not include hypertension in children and adolescents.

The primary aim of these guidelines is to offer balanced information to guide clinicians, rather than rigid rules that would constrain their judgment about the management of individual adult patients, who will differ in their personal, medical, social, economic, ethnic and clinical characteristics.

## Methodology

In consonance with the first and second guidelines, a revised format was evolved by the Core committee which was then reviewed by 300 physicians and specialists from across the country whose inputs have been incorporated. Like the previous guidelines, this document has also been studied, reviewed, and endorsed by the Cardiological Society of India (CSI), Hypertension Society of India (HSI), Indian College of Physicians (ICP), Indian Society of Nephrology (ISN), Research Society for Study of Diabetes in India (RSSDI) and Indian Academy of Diabetes (IAD).

We hope these guidelines will help the practising physicians to address to a very important public health problem. Treatment of essential hypertension is a life-long commitment and should not be stopped even when the blood pressure is stabilised without consulting the physician.

The core committee recognizes that the responsible physician's judgment remains paramount for individual adult patients.