

What is New in Indian Guidelines on Hypertension - III

- The title of “Indian Guidelines on Hypertension (I.G.H.)-III 2013” has evolved and recommended over the years.
- The health related toxic effects of mercury are recognized world over and mercury sphygmomanometers are being replaced by aneroid and digital sphygmomanometers. We intend to emphasize that the change is inevitable and Indian physicians should also move towards using these devices and wean off the use of mercury sphygmomanometers.
- For follow up of the patients, while in 2nd Indian guidelines use of home monitoring of blood pressure was discouraged. However with availability of better devices and newer data showing its usefulness for follow up of these patients, this is now encouraged.
- The new epidemiological data that is now available in the last five years has been included and reflects the increasing prevalence and poor levels of control of hypertension in India.
- The value of beta-blockers as first line agents in hypertension has receded and these are now recommended as agents for use only in young hypertensives with specific indications. For routine patients these are no longer recommended as first line agents.
- Diuretics are now considered at par with of ACEI’s or ARB’s and calcium channel blockers and not as preferred agents as in previous guidelines. Chlorthalidone is now available and shown to be better than Hydrochlorothiazide and its usage is to be preferred.
- When blood pressure is high by more than 20/10 mm of Hg systolic and diastolic it is now recommended to start with a combination of drugs. Monotherapy is not going to be effective in achieving target blood pressure.
- Certain combinations have been shown to be better than others in recent trials. Specially ACEI’s/ARB’s in combination with CCB’s forms a good combination.
- Treatment of hypertension even in octogenarians (more than 80 years) has been showed to be beneficial (newer data) and has been recommended.
- At the time of 2nd guidelines, it was felt that “lower the better policy” for target blood pressure was preferred. However it has been realized now that a J shaped curve does exist specially for non revascularised coronary artery disease patients and caution has been advocated in trying to lower blood pressure to low target levels specially in these patients.
- Chronic kidney disease is now recognized as a common comorbidity and has been explained. Awareness and diagnosis of this entity will help recognize the high risk hypertensive individuals.
- Approach to Hypertension and Kidney Disease has been revamped and KDIGO Clinical Practice Guidelines for management of Blood Pressure in Kidney Disease have been included.
- The term HFnEF (Heart Failure with normal Ejection Fraction) needs to be recognized by physicians and has been mentioned and explained for use in clinical practice. HFnEF is common among elderly hypertensive individuals and is diagnosed on the basis of symptoms of dyspnoea, raised BNP levels and diastolic dysfunction on echo with normal ejection fraction.
- Orthostatic Hypotension and its clinical implications have been included.
- A new form of non pharmacological, interventional sympathetic denervation therapy has become recently available and is being evaluated. Its place in treatment of these patients will evolve over a period of time.