

## CTFPHC Recommendation for Screening for Hypertension

<b>Population</b>	Adults aged 18 years and older including those with average baseline blood pressure and higher than average risk of hypertension and vascular risk but without previously diagnosed hypertension. These recommendations do not apply to individuals who have already received a confirmed diagnosis of hypertension.		
<b>Burden of illness</b>	Approximately 4.6 million Canadian adults (19% of the population) have high blood pressure. Prevalence of high blood pressure increases with age, comorbidities and other risk factors.		
<b>Intervention</b>	Screening for high blood pressure		
<b>Recommendation</b>	<p>1. We recommend blood pressure measurement at all appropriate primary care visits.</p> <p>(Strong recommendation; moderate quality evidence)</p>	<p>2. We recommend that blood pressure be measured according to the current techniques described in the Canadian Hypertension Education Program (CHEP) recommendations for office and out-of-office blood pressure measurement.*</p> <p>(Strong recommendation; moderate quality evidence)</p>	<p>3. For people who are found to have an elevated blood pressure during screening, the CHEP criteria for assessment and diagnosis of hypertension should be applied to determine whether the patient meets diagnostic criteria for hypertension.*</p> <p>(Strong recommendation; moderate quality evidence)</p>
<b>Basis of Recommendation</b>	<p>This recommendation places a high value on indirect evidence which indicates screening can effectively lead to hypertension diagnosis, and that diagnosis can lead to effective treatment, which results in decreased incidence of cardiovascular disease and stroke. It also places a high value on the fact that no studies were found to indicate that screening was not effective or was potentially harmful.</p>	<p>The 2012 CHEP recommendations for office and ambulatory blood pressure measurement have been critically appraised by the CTFPHC to assess the quality of the guideline development process, and have been found to meet the CTFPHC criteria for robust rigorously-developed guidelines.</p> <p>*Please see <a href="http://www.hypertension.ca/accurate-measurement-of-blood-pressure">http://www.hypertension.ca/accurate-measurement-of-blood-pressure</a></p>	<p>The 2012 CHEP recommendations for assessment and diagnosis of high blood pressure have been critically appraised by the CTFPHC to assess the quality of the guideline development process, and have been found meet the CTFPHC criteria for robust rigorously-developed guidelines.</p> <p>* Please see <a href="http://www.hypertension.ca/diagnosis">http://www.hypertension.ca/diagnosis</a> for details</p>
<b>Details of recommended service</b>	For all adults 18 years of age and older we suggest screening at all appropriate visits which may include new patient visits, periodic health exams, urgent office visits for neurological or cardiovascular related issues, medication renewal visits, and other visits where the Primary Care Physician deems it an appropriate opportunity to monitor blood pressure. It is not necessary to measure blood pressure on every patient at every office visit if not clinically indicated.		



	<p>The frequency and timing of blood pressure screening may vary between patients. The risk of high blood pressure and the risk of stroke or heart disease change over a person's natural lifespan and increases with age, comorbidities, and the presence of other risk factors. Therefore screening frequency may increase accordingly, especially in patients with more than one vascular risk factor.</p> <p>Having recent consistent normal blood pressure measurements may decrease the need for more frequent monitoring, while a tendency toward 'high normal' blood pressure could indicate that more frequent monitoring is needed.</p>
<b>Considerations for implementation</b>	<p>Consider using the electronic health record to flag a screening reminder for adults aged 18 years and older, especially those who have not had their blood pressure measured.</p>
<b>Special considerations</b>	<p>Adults identified as belonging to a high-risk ethnic group (South Asian, Aboriginal, African ancestry) may benefit from more frequent monitoring. Practitioners should remain alert for opportunities to screen infrequent visitors and others who have not been screened recently.</p>