Adult aged ≥18 years with hypertension

Implement lifestyle interventions (continue throughout management).

Set blood pressure goal and initiate blood pressure lowering-medication based on age, diabetes, and chronic kidney disease (CKD).

General population (no diabetes or CKD) vs. Diabetes or CKD present

- Age ≥60 years
  - Blood pressure goal: SBP <150 mm Hg DBP <90 mm Hg
  - Nonblack: Initiate thiazide-type diuretic or ACEI or ARB or CCB, alone or in combination.
  - Black: Initiate thiazide-type diuretic or CCB, alone or in combination.
  - Select a drug treatment titration strategy:
    A. Maximize first medication before adding second or
    B. Add second medication before reaching maximum dose of first medication or
    C. Start with 2 medication classes separately or as fixed-dose combination.

- Age <60 years
  - Blood pressure goal: SBP <140 mm Hg DBP <90 mm Hg
  - All ages: Blood pressure goal: SBP <140 mm Hg DBP <90 mm Hg
  - Diabetes present: No CKD
    - Initiate thiazide-type diuretic or ACEI or ARB or CCB, alone or in combination.
  - No CKD
    - Initiate ACEI or ARB, alone or in combination with other drug class.

- All ages
  - CKD present with or without diabetes
    - Blood pressure goal: SBP <140 mm Hg DBP <90 mm Hg
    - Initiate ACEI or ARB, alone or in combination with other drug class.

Reinforce medication and lifestyle adherence.

- For strategies A and B, add and titrate thiazide-type diuretic or ACEI or ARB or CCB (use medication class not previously selected and avoid combined use of ACEI and ARB).
- For strategy C, titrate doses of initial medications to maximum.

- At goal blood pressure?
  - Yes
  - No

Reinforce medication and lifestyle adherence.

- Add and titrate thiazide-type diuretic or ACEI or ARB or CCB (use medication class not previously selected and avoid combined use of ACEI and ARB).

- At goal blood pressure?
  - Yes
  - No

Reinforce medication and lifestyle adherence.

- Add additional medication class (eg, β-blocker, aldosterone antagonist, or others) and/or refer to physician with expertise in hypertension management.

- At goal blood pressure?
  - Yes
  - No

Continue current treatment and monitoring.