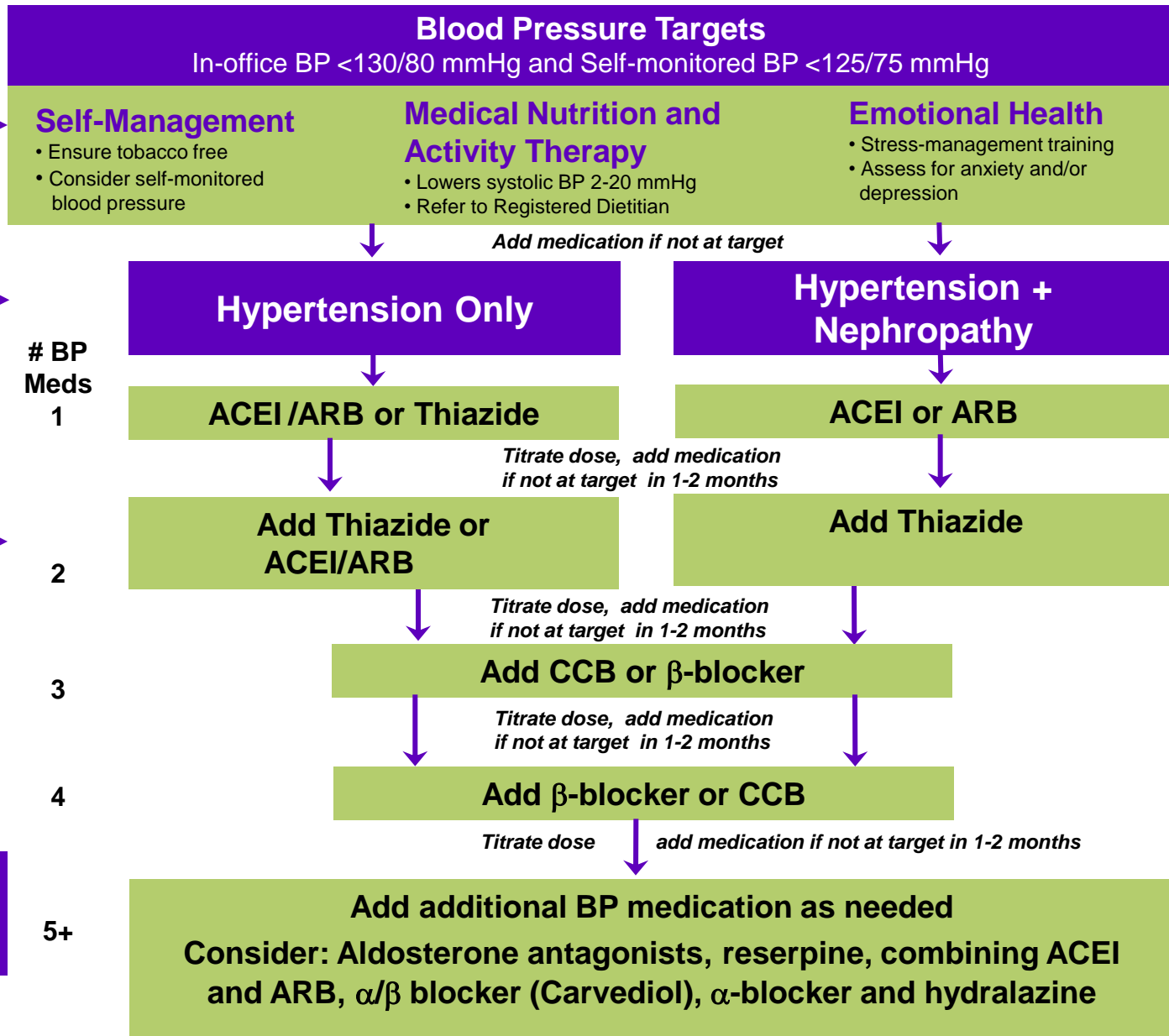


# Diabetes and Hypertension Master Decision Path

At Presentation



(Please see back for clinical considerations, and a key to abbreviations)

# Diabetes and Hypertension Master DecisionPath

## Abbreviations and Clinical Considerations

### Abbreviations

- ACEI:** Angiotensin converting enzyme inhibitor  
**ARB:** Angiotensin II receptor blocker  
**eGFR:** Estimated glomerular filtration rate  
**CCB:** Calcium channel blocker  
**SBP:** Systolic blood pressure

### Clinical Considerations

1. Consider electronic blood pressure monitoring device for accurate blood pressure measurement.
2. To help self-management: If BP is higher at different times of day, consider dosing 2 times a day to get more consistent BP readings throughout the day.
3. Nephropathy defined as micro- or macroalbuminuria and/or eGFR  $<60$  ml/min/1.73 m<sup>2</sup> for  $>3$  months
4. Switch ACEI to ARB if persistent dry cough; small to modest rise in SrCr expected with ACEI therapy.
5. Use nondihydropyridine CCB (diltiazem, verapamil) with caution in combination with  $\beta$ -Blockers due to bradycardia.
6. Adding ACEI to ARB or ARB to ACEI has additional effect on reducing albuminuria, minimal additional BP lowering, and no additional reduction in CV events.
7. Direct renin inhibitor (DRI) directly targets renin to decrease the activity of the renin angiotensin aldosterone system (RAAS), helping blood vessels to relax and widen so blood pressure is lowered.