

PSH PULSE

**Official Online Newsletter of the Philippine Society of Hypertension
5th Issue, November 2021**





Officers & Members of the Board of Trustees 2021-2023



Dr. Deborah Ignacia D. Ona
President



Dr. Gilbert C. Vilela
Secretary



Dr. Marlon T. Co
Trustee



Dr. Alejandro F. Diaz
Treasurer



Dr. Arnold Benjamin C. Mina
Trustee



Dr. Dolores D. Bonzon
Vice President



Dr. Benjamin A. Balmores Jr
Trustee



Dr. Leilani B. Mercado-Asis
Immediate Past President

Executive summary of the 2020 clinical practice guidelines for the management of hypertension in the Philippines

This guideline provides the definition of hypertension, treatment thresholds, blood pressure targets, and appropriate medications to reach targets. This guideline also includes recommendations for the specific management of hypertension among individuals with uncomplicated hypertension, hypertension among those with diabetes, stroke, chronic kidney disease, as well as hypertension among pregnant women and pediatric populations.





Glimpse of the 2020
Clinical Practice
Guidelines for the
Management of
Hypertension in the
Philippines

Foundation of Hypertension Therapy



D.A.S.H.- Dietary Approaches to Stop Hypertension



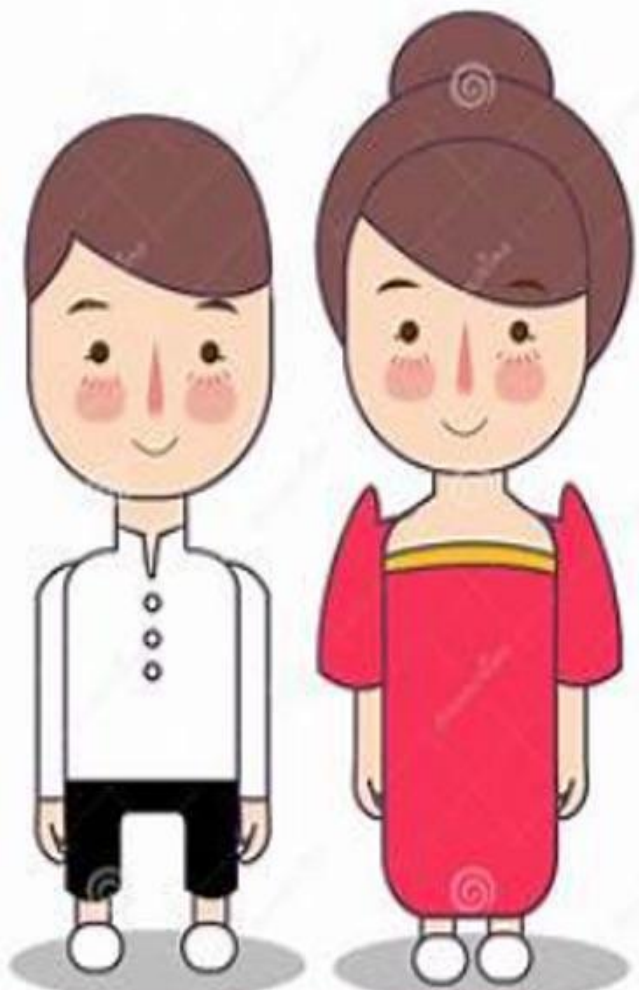
In ADULTS

- Hypertension is defined as an office blood pressure (BP) of **140/90mmHg or above**, typically at least twice taken on two separate days.
- It is recommended that office BP be classified as **Normal, Borderline, Hypertension.**
- Among persons with **uncomplicated hypertension**, angiotensin converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), calcium channel blockers, thiazide/thiazide-like diuretics are all suitable first-line antihypertensive drugs, either as monotherapy or combination.





Blood Pressure for Adult Filipinos



Category

Blood pressure range

Normal BP

< 120/80 mm Hg

Borderline BP

120-139/ 80-89 mm Hg

Hypertension

\geq 140/90 mm Hg

Diabetes

TYPE 2



- A blood pressure target of **<130/80 mm Hg** is recommended for most persons with diabetes mellitus and hypertension; however, **do not lower down the blood pressure below 120/70** due to an increased risk for adverse events.
- It is recommended to initiate treatment with a low-dose combination of a **RAAS blocker (ACE-I or ARB)** with a **CCB or thiazide/thiazide-like diuretic**.

Hypertension in Chronic Kidney Disease

- For routine office blood pressure measurement, **maintain a BP target consistently <140 mm Hg systolic and <90 mm Hg diastolic** on patients with **low risk of CV** disease and CKD grade 4 and 5, or if with adverse effect on intensive target of <130/80 mm Hg.
- CKD patients with **high CV risk** or CKD grade 3 or earlier is recommended to have a blood pressure target of **<130/80mmHg**.
- Treatment for hypertension should include drug classes demonstrated to reduce CV events in patients with CKD such as **ACE inhibitors, Angiotensin Receptor Blockers, Thiazide-like diuretics, and dihydropyridine calcium channel blockers**.



Blood Pressure Thresholds and Targets for Persons with Stroke

Context	BP threshold for initiating pharmacotherapy	Blood pressure targets	Preferred agents
In-hospital Mgt	Refer to Neurologist for specialist management		Intravenous titratable anti-hypertensives
Acute Ischemic Stroke (AIS), eligible for IV thrombolysis but not for mechanical thrombectomy	>185/110 mm Hg	<185/110 mm Hg prior to thrombolysis and during infusion; 180/105 mm Hg in the next 24 h	Nicardipine 1–5 mg/h IV, titrate up by 2.5 mg/h every 5–15 min, with maximum of 15 mg/h. If available: alternative of labetalol 10 mg IV over 1–2 min followed by continuous IV infusion of 2–8 mg/min.
AIS, not eligible for IV thrombolysis or mechanical thrombectomy	Severe hypertension: SBP of > 220 mm Hg DBP of > 120 mm Hg	If with severe hypertension, reduce the BP by 15% during the first 24 h after the onset of stroke	IV Nicardipine as indicated above
Intracerebral Hemorrhage (ICH)	SBP \geq 180 mm Hg	<180 mm Hg Careful SBP lowering, avoiding reductions \geq 60 mm Hg in 1 h Do not lower the BP acutely to <140 mm Hg	First choice: IV Nicardipine Second choice: IV labetalol
Secondary prevention Adults with history of stroke	140/90 mm Hg	\leq 130/80 mm Hg	First line: RAS blockers (ACE-Inh, ARB), CCBs and thiazide diuretics

Hypertension in Pregnancy



Gestational Hypertension

- Systolic blood pressure 140 mm Hg or more or a diastolic blood pressure of 90 mm Hg or more, or both, on two occasions at least 4 h apart after 20 weeks of gestation, in a woman with a previously normal blood pressure.
- Hypertension without proteinuria or severe features develops after 20 weeks of gestation and blood pressure.
- The first line drugs are methyldopa, calcium channel blockers or beta blockers, and ACE inhibitors and angiotensin-receptor blockers (ARBs) are generally not recommended. Antihypertensives may be used to keep systolic blood pressure at 130 to 155 mm Hg and diastolic blood pressure at 80 to 105mmHg.

Hypertension in Children

Filipino children 1-13 years

Normal BP: <90th percentile

Elevated BP: ≥ 90 th percentile to <95th percentile or 120/80 mm Hg to <95th percentile (whichever is lower)

Stage 1 HTN: ≥ 95 th percentile to <95th percentile + 12 mm Hg, or 130/80 to 139/89 mm Hg (whichever is lower)

Stage 2 HTN: ≥ 95 th percentile + 12 mm Hg, or $\geq 140/90$ mm Hg (whichever is lower)

Filipino children ≥ 13 years

Normal BP: <120/<80 mm Hg

Elevated BP: 120/<80 to 129/<80 mm Hg

Stage 1 HTN: 130/80 to 139/89 mm Hg

Stage 2 HTN: $\geq 140/90$ mm H

- The use of **proper technique** and **appropriately-sized cuff** is critical for the accurate measurement of BP in children.



May Measurement Month

- May Measurement Month (MMM) is a global awareness campaign led by the International Society of Hypertension (ISH).
- Participation comes from the world's multisectoral groups like scientists, clinicians, health care providers and allied health care workers, all with a common interest in the diagnosis and management of hypertension.
- The Philippine Society of Hypertension is a partner since 2017.



*Adapted from

<https://www.awarenessdays.com/awareness-days-calendar/may-measurement-month-2021/>

Doc Bimbo (MMM Lead) with Doc Marlon, Doc Mina, Doc Abet and Doc Lani, meeting with ISH, WHO, PSH Chapter officers and nationwide collaborators.





Until Nov
30th!!

#SleevesUp/#GetChecked

This year, May Measurement Month has been extended to run from May to November to allow safer screening schemes following global COVID-19 guidelines in over 80 countries.



We've screened 4million+ people in 100 Countries
And found almost 1 million people with untreated hypertension so far.
Join the cause today and #GetChecked.

*Adapted from: <https://maymeasure.org/>



MMM on the GO!!!





MISSION ACCOMPLISHED

Philippine Society of Hypertension

18th

Course on the Fundamentals of Clinical Hypertension

November 2020- June 2021

Virtual Course Description

Virtual Course Description

This is a free 33-hour course designed to serve as a review and update of clinical knowledge of hypertension and related disorders. This course is one of the requirements before taking the PSH Certifying Examination for Hypertension Specialists, for those teaching hypertension in medical schools and training institutions, for practicing cardiologists, nephrologists, endocrinologists, neurologists and other specialists or primary physicians who manage hypertension. Its most important characteristic is that it is an authoritative source of the most recent and important information about hypertension.

2021 PSH ONLINE CERTIFYING EXAM FOR HPN SPECIALISTS

Examinee	Examinee
Acosta, Tom-Louie J., MD	Laxamana, Abel G., MD
Agapay Jr., Nelson C., MD	Legaspi-Delloro, Richelle Ann, MD
Alindog, Webster S., MD	Lim, Christian Emmanuel T., MD
Alvarado, Mark Edsel G., MD	Lim, Gilda Rose B., MD
Angeles-Pines, April V., MD	Magma-Bajum, Ma. Librada C., MD
Aquino-Dioquino, Jennielyn Rose C., MD	Manalo, Rocelle T., MD
Araja, Advent Genesis M., MD	Marciano, Manolito N., MD
Araneta, Vince Edward C., MD	Montalbo, Jerome Dylan B., MD
Bello, Mary Hyacinth A., MD	Morfe, Carshoala J., MD
Caluag, Jane Jelly I., MD	Parado, Mikhail Vincent C., MD
Cano, Reyvenida P., MD	Perez, Anna Marie P., MD
Canoza, Dondon Davidge F., MD	Punzalan-Asi, Adora T., MD
Capuno Jr., Bernardo E., MD	Ramos-Fernando, Shirley Lorraine, MD
Cinco-Gialogo, Carla Mae O., MD	Rodolfo Jr., Arsenio D., MD
Corto, Mylene P., MD	Shih, Chun I S., MD
Costiniano, Joseph Brian L., MD	Sombreto, Aaron Foster C., MD
Dalumpines, Arvin L., MD	Sta. Ana, Jardine S., MD
Daus, Rachelle C., MD	Tan III, Andres Kim L., MD
Diampuan, Johara D., MD	Tan, Charlene Tinsel O., MD
Domato, Tahir A., MD	Tocao, Xylia Sahara E., MD
Estebar-Banoey, Maria Fatima, MD	Tupas III, Bienvenido A., MD
Garcia, Chiela J., MD	Uera-Aquino, Vera Veronica M., MD
Garcia, Marygrace T., MD	Usman, Delma T., MD
Gonzales-Montalbo, Michaela Ann A., MD	Uy, Carla Annabelle T., MD
Hernandez, Joy Abigail G., MD	Uy, Glenn Darryl D., MD
Ilada-Agapay, Perla Angelina, MD	Valdez-Sofis, Jill L., MD
Jimenez, Josephine S., MD	



PSH Supports 2022 WORLD HYPERTENSION LEAGUE AND RESOLVE TO SAVE LIVES DIETARY SODIUM (SALT) FACT SHEET AND GLOBAL CALL TO ACTION

- Approximately 30% of hypertension prevalence can be attributed to high dietary sodium, which could result in hypertension in 400 to 500 million people, worldwide.
- Meta-analyses of randomized controlled trials demonstrate that reducing dietary sodium intake decreases BP in both those with and without hypertension, in children and in adults, and in all ethnic groups.

Standardized Nomenclature of Levels of Sodium Intake

Terminology	Dietary Intake, per day		
	Salt (g)	Sodium (mg)	Sodium (mmol)
Recommended	< 5	< 2000	< 87
High	≥ 5-10	≥ 2000-4000	≥ 87-174
Very high	> 10-15	> 4000-6000	> 176-264
Extremely high	> 15	> 6000	> 264

[READ MORE HERE](#) (2022 Dietary Salt Fact Sheet and Call to Action)

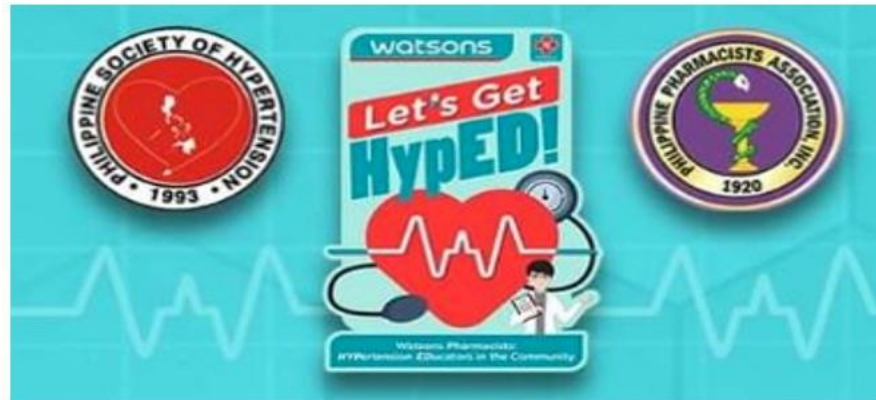
PSH Partnership



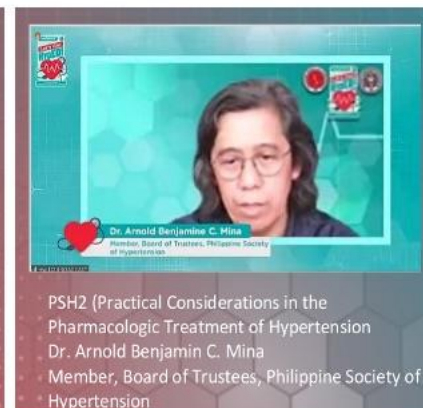
PHILIPPINE SOCIETY OF HYPERTENSION.



THE PHILIPPINE PHARMACISTS ASSOCIATION, INC.



Capacity building thru **PSH education program** in partnership with PPAI to equip pharmacists with the knowledge, attitudes and skills to deliver professional pharmacy services, specifically for cardiovascular health (“Hypertension”) to patients and their caregivers .



This seminar helped me to appreciate my job better as a healthcare provider.





Samu't Sari

ni Doc Gibo

When I was young, my
ASTROLOGER said I was BORN FOR
BIGGER THINGS IN LIFE.

pretty accurate prediction!!
I moved from

S • M • L • XL • XXL



Thoughts Within

Simply by making a decision to look for the good, happy, and beautiful in all things and all people, you will have completed the first and most important step in learning to accentuate the positive.

[Sue Patton Thoele](#)





- **Be a PSH Member.**
- **Membership fee is waived for years 2021 to 2023.**
- **You will receive the PSH Newsletter.**
- **You will have an access to 2020 Philippine CPG for Hypertension Management.**
- **You will receive scientific updates on hypertension.**

Contributors:

Dr. Deborah Ona, President
Dr. Dolet Bonzon, Vice-President
Dr. Gibo Vilela, Secretary
Dr. Bimbo Diaz, Treasurer

Board of Trustees:
Dr. Benjie Balmores
Dr. Marlon Co
Dr. Arnold Mina

Secretariat: Weng, Jeanette, Daisy

Office:
PSH-PLAS Secretariat
11th Floor, Unit H, Strata 100
Ortigas Ave., Pasig City
Philippines

Email: phiHPN@yahoo.com
Contacts: 63-2-8696-2819

0917-6255810

Website: <https://www.philippinesocietyofhypertension.org.ph>



Hello everyone! Let's all **be connected** thru PSH Pulse. We will provide updates on international and national researches, global events on hypertension, and even something to make your moments lighter. Come, join, and be engaged!

Doc Lani
Edit Lead

Rate us:



Please Rate us:

Philippine Society of Hypertension (PSH)



(Very Satisfied)



(Satisfied)



(Neutral)



(Unsatisfied)



(Very Unsatisfied)

Submit

Clear form