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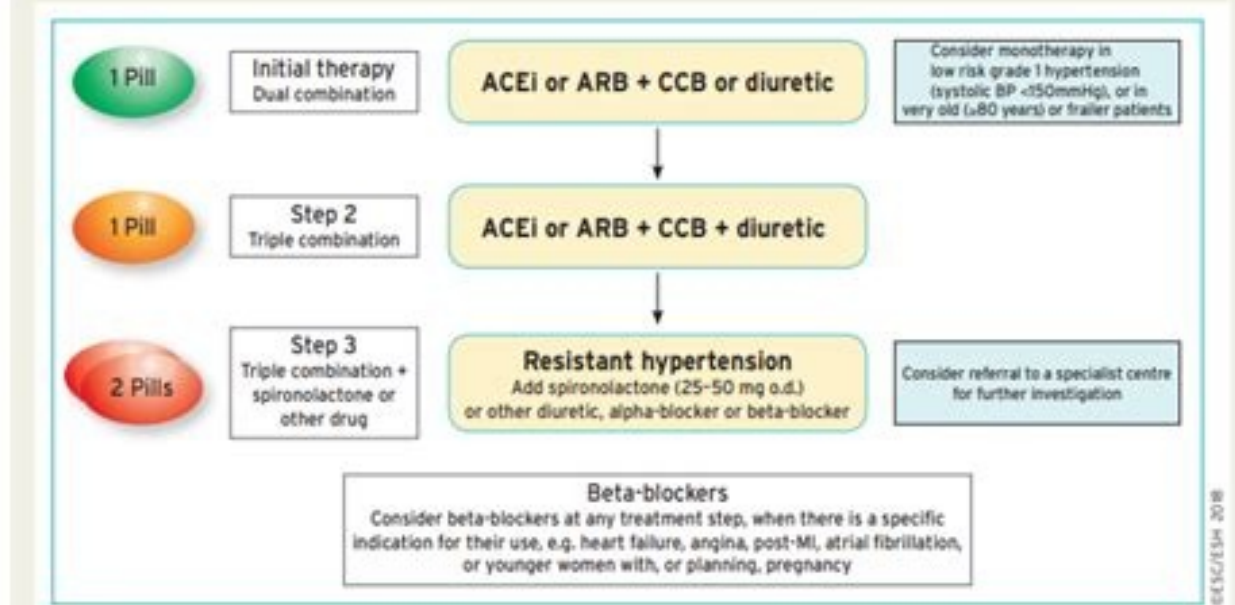
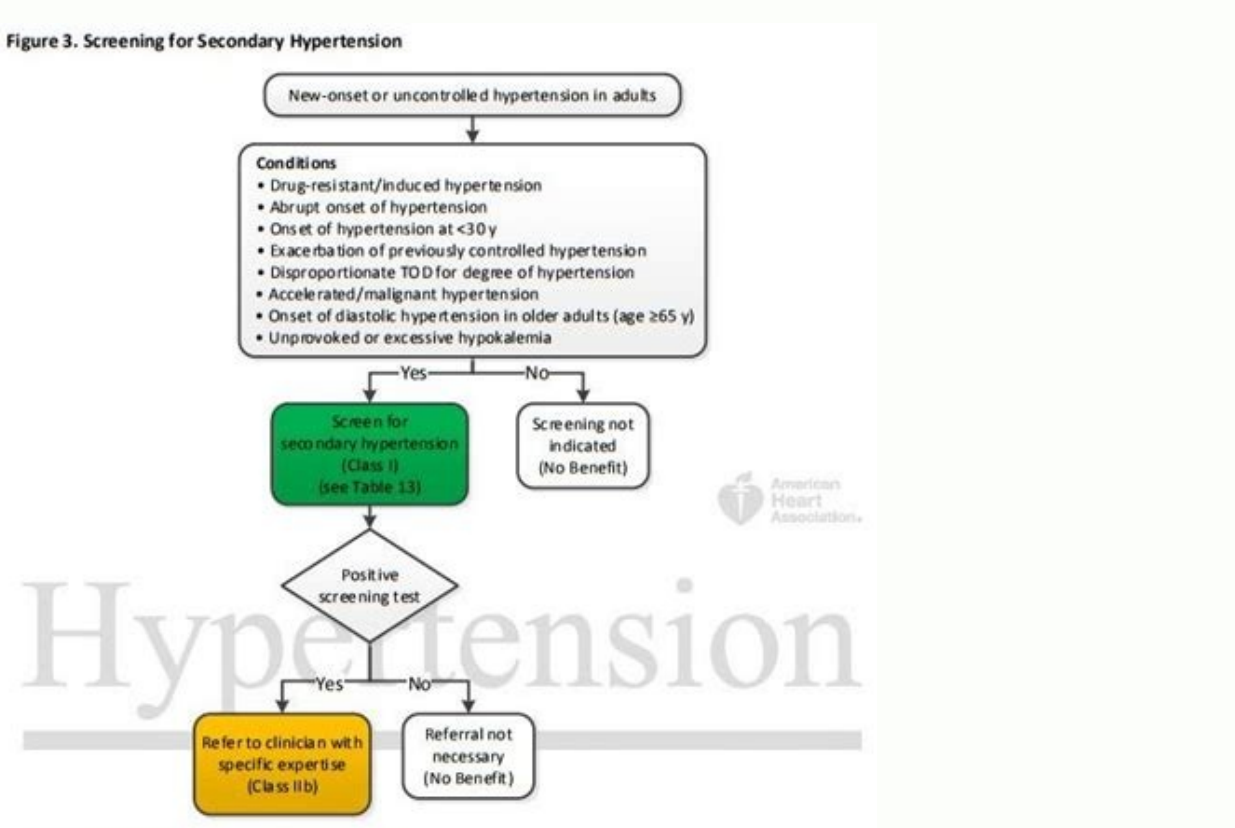


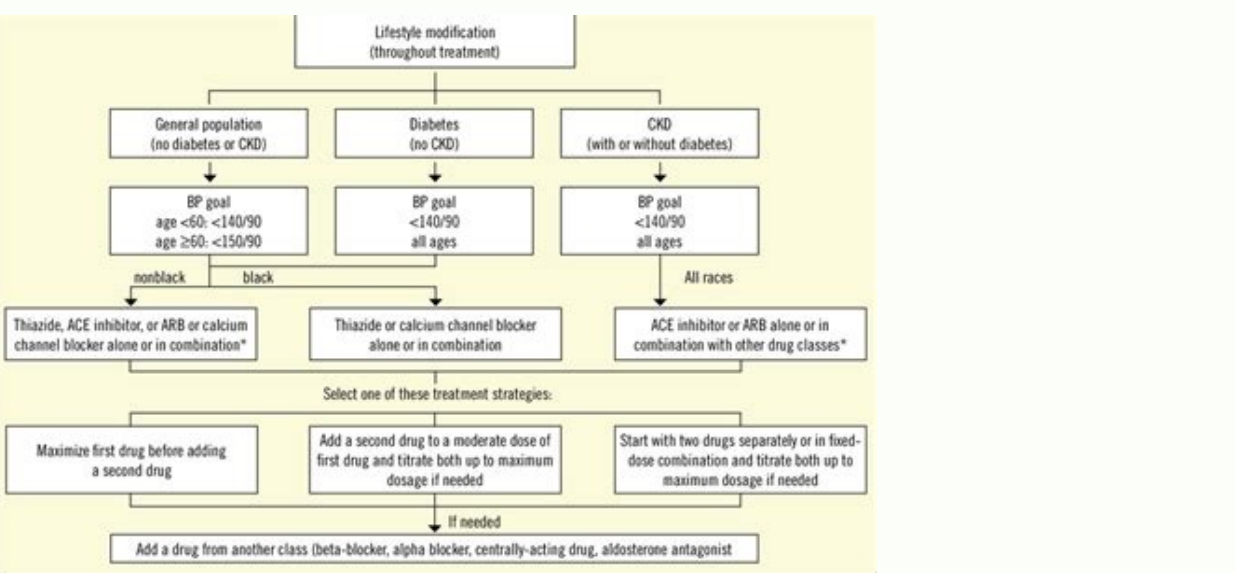
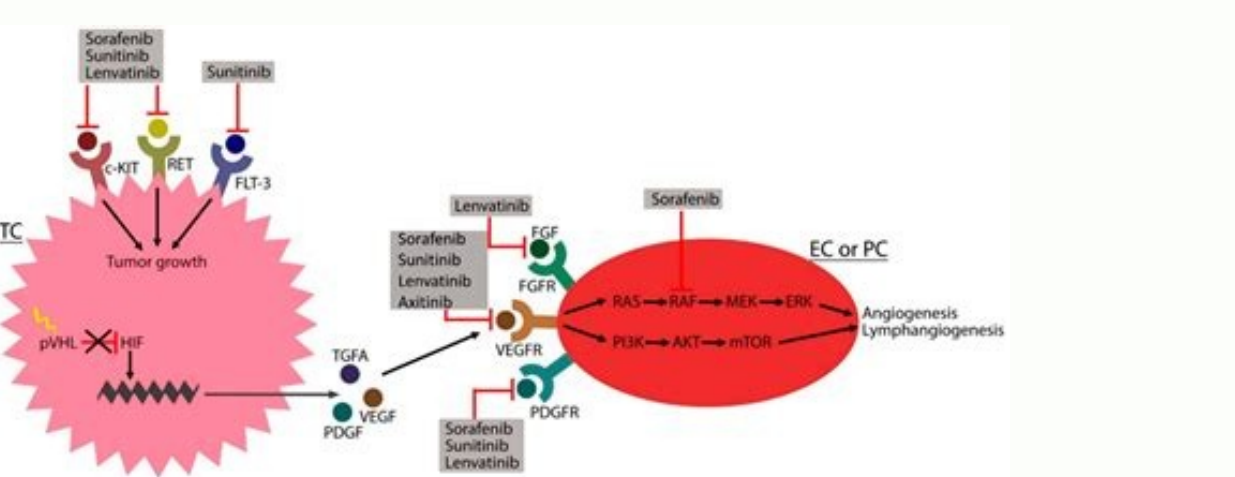
Figure 4 Core drug treatment strategy for uncomplicated hypertension. The core algorithm is also appropriate for most patients with HMO, cerebrovascular disease, diabetes, or PAD. ACEI = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; CCB = calcium channel blocker; HMO = hypertension-mediated organ damage; MI = myocardial infarction; o.d. = once daily (every day); PAD = peripheral artery disease.



Colors correspond to Class of Recommendation in Table 1. TOD indicates target organ damage (e.g., cerebrovascular disease, hypertensive retinopathy, left ventricular hypertrophy, left ventricular dysfunction, heart failure, coronary artery disease, chronic kidney disease, albuminuria, peripheral artery disease).

Table 13. Causes of Secondary Hypertension With Clinical Indications and Diagnostic Screening Tests

Common causes	Prevalence	Clinical Indications	Physical Examination	Screening Tests	Additional/Confirmatory Tests
Renal parenchymal disease (L, 2)	1%–2%	Urinary tract infections, obstructive, hematuria, urinary frequency and nocturia; analgesic abuse; family history of	Abdominal mass (polycystic kidney)	Renal ultrasound	Tests to evaluate cause of renal disease



Hypertension guidelines 2021. Hypertension guidelines. Hypertension guidelines 2020.

J Med Assoc Thai 2021; 104 (10):1729-38 Views: 797 | Downloads: 52 | Responses: 0 Clinical Practice Guideline Open Access 2019 Thai Guidelines on the Treatment of Hypertension: Executive Summary Kunanon S, Chattranukulchai P, Chotrungnapa C, Kositanurit W, Methavikul K, Boonyasirinant T, Rawdaree P, Tejavania S, Wataganara T, Satirapoj B, Roubansanthiuk W, Suwanwela NC, Sangwatanaroj S, Kunjara Na Ayudhya R, Sithitsook S, Sukonthasarn A Abstract | Full Text | References | Citation] Response The revision committee of the 2019 Thai Guidelines on the Treatment of Hypertension has reviewed new developments in the body of knowledge, together with the expertise in real-life clinical practice and evidence collected from clinical studies worldwide. The guidelines consist of newly highlighted key topics to ensure the guidelines remain up to date, user friendly, and suitable for the country's context. The guidelines still maintain the current office blood pressure (BP) cut-off point of 140/90 mmHg for the diagnosis of hypertension. The use of out-of-office BP measurements, including home BP monitoring (HBPM) or ambulatory BP monitoring (ABPM), is also advocated to confirm the diagnosis of hypertension. Target BP levels depend on the age of the patients, such as 120 to 130/70 to 79 mmHg for patients aged 18 to 65 years old, or 130 to 139/70 to 79 mmHg for patients over 65 years of age. There are five main groups of antihypertensive medication, angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, beta-blockers, calcium-channel blockers, and thiazides or thiazide-like diuretics. Two types of medications should be started for most patients, except for frail elderly patients, patients with a relatively low initial BP of 140 to 149/90 to 99 mmHg, and low-risk patients, in which only one type of starting medication should be selected. Medication that involves a combination of two types in one pill should ideally be selected. **Keywords:** Hypertension; Guidelines; Thailand DOI: doi.org/10.35755/jmedassocthai.2021.10.12199 Received 25 May 2021 | Revised 7 July 2021 | Accepted 12 July 2021 1. 6°C-Os³C-Os³-O(AAN)₂EO(AAN)₂EO Thai Guidelines on the Treatment of Hypertension 2021 2. 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