Dr. Nadia Khan
President
Hypertension Canada

**Mission:** Advancing health through the prevention and control of high blood pressure and its complications

**Vision:** Canadians will have the best managed blood pressure in the world
Hypertension Canada

• Dedicated solely to the prevention and control of hypertension and its complications
  – **Education:** Improve diagnosis and management through dissemination of recommendations targeting health care professionals and people with hypertension
  – **Advocacy:** Collaborate with stakeholders and governments to create supportive environments through improved awareness, prevention, and treatment
  – **Research:** Building research capacity, hypertension surveillance
Powered by Volunteers

• Canadian Leaders in Hypertension
  – Over 80 volunteers representing almost all of the regions of Canada

• Multidisciplinary
  – Primary care physicians
  – medical specialists in cardiology, internal medicine, endocrinology, nephrology, neurology, pediatrics, maternal-fetal medicine
  – nursing
  – pharmacy
  – dieticians
  – psychologists
  – researchers
Formation

- Registered non-profit organization since 1979
- Today’s structure formed through the 2010 merger of three heritage organizations:
  - Canadian Hypertension Society
  - CHEP (Canadian Hypertension Education Program)
  - Blood Pressure Canada
- Conscious effort to engage professionals across disciplines to continually build credibility and relevance
Genesis of Hypertension Canada Guidelines

• Episodic evidence based hypertension recommendations from 1978
• Hypertension coalition of governmental, non-governmental and private sector organizations since 1986 including primary care (doctors, nurses and pharmacists)
• Awareness that the USA had an education program with simplified recommendations and had 25% control vs Canada’s 13% control
• Strategic planning identified a need for ongoing implementation.
The Need for Intensive Guidelines

- Enhanced Hypertension National Guidelines
  - Hypertension Canada Guidelines (formerly “CHEP”)
  - Annually updated in first 15+ years
  - Rigorous and unique
Implementation

• Dedicated Education & Implementation Committee

• Evolving with needs and changing environment
Research & Evaluation Committee

- Formerly “Outcomes Research Task Force”
- Surveillance
- Evaluation
- Capacity Building
Chair in Hypertension Prevention and Control

• Leading advocacy since 2006

• Educate Canadians with or at risk for hypertension using lay language versions of the clinical practice guidelines

• Educate the public and health care professionals about environmental factors, such as:
  – Dietary sodium and to advocate for reduction policies
  – Restricting the marketing of unhealthy food from children
Our Hypertension Paradigm

- Hypertension Canada Guidelines
  - Proactive: Booklets, Mobile App

- Research & Outcomes Research
  - Proactive: Capacity Building, Monitoring

- Advocacy & Marketing
  - Proactive: Government Relations, Awareness

- Professional Education
  - Proactive: Annual Congress, PEP On-Line Workshops

- Patient Education

Resources:
- Materials, Website
World Hypertension Day
May 17

8 MILLION
Media Impressions

43,500
Health care professionals reached

8 Monuments lit in red
- Niagara Falls
- Toronto’s CN Tower
- 3D TORONTO sign
- Edmonton’s High Level Bridge
- Calgary Tower
- BC Place
- Calgary’s TELUS Spark
- Vancouver’s Science World
JOIN THE COMMUNITY
getdownbp.ca

GET DOWN BP

facebook: GetDownBP
Hypertension Awareness, Treatment and Control


Changes in Stroke, Heart failure (CHF) and Acute Myocardial Infarction (AMI) after inaugural Guidelines in 1999
Hypertension Canada Guidelines
Organizational Chart

Guidelines Task Force

Central Review Committee

- Topic Sub-group
- Topic Sub-group
- Topic Sub-group
- Topic Sub-group

- Education & Implementation Committee
- Research & Evaluation Committee
Managing Conflict and Bias

1. All participants must make annual declarations of COI
2. Central Review Committee cannot have any potential conflicts
3. Participants are not allowed to participate in deliberation or voting on recommendations where conflict is possible
Hypertension Canada Guidelines’ Knowledge Translation Cycle

Education & Implementation Principles

• Guidelines must be perceived as both valuable and feasible

• Recognize that care community is diverse and includes multiple providers, disciplines, patient and families
  – Messaging must be consistent and tailored

• Engage provider and patient community with novel tools and provide easy access to educational materials
Welcome to Hypertension Canada

- Hypertension Canada is a volunteer-based, not-for-profit organization representing over 50 years of expertise in the field of hypertension.

- 7.5 million people in Canada live with hypertension. Hypertension Canada’s mission is to advance health through the prevention and control of high blood pressure and its complications.
# What’s New Booklet

<table>
<thead>
<tr>
<th>Initial Therapy</th>
<th>Second-line Therapy</th>
<th>Notes and/or Cautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypertension Without Other Compelling Indications for a Specific Agent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diastolic hypertension with or without systolic hypertension (target BP &lt;140/90 mmHg).</td>
<td>Combinations of first-line drugs.</td>
<td>Not recommended for monotherapy. Alpha blockers, beta-blockers, ACE inhibitors, ARBs, or long-acting CCBs (consider ASA and statins in selected patients). Consider initiating therapy with a combination of first-line drugs if the BP is ≥20 mmHg systolic or ≥10 mmHg diastolic above target. Combination of an ACE inhibitor with an ARB is not recommended.</td>
</tr>
<tr>
<td>Isolated systolic hypertension without other compelling indications (target BP for age &lt;80 is &lt;140/90 mmHg; for age ≥ 80 the target systolic BP is &lt;150 mmHg).</td>
<td>Combinations of first-line drugs.</td>
<td>Same as diastolic hypertension with or without systolic hypertension.</td>
</tr>
<tr>
<td><strong>Diabetes Mellitus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes mellitus with microalbuminuria*, renal disease, cardiovascular disease or additional cardiovascular risk factors.</td>
<td>ACE inhibitors or ARBs</td>
<td>Addition of dihydropyridine CCB is preferred over thiazide/thiazide-like diuretic. A loop diuretic could be considered in hypertensive CKD patients with extracellular fluid overload.</td>
</tr>
<tr>
<td>Diabetes mellitus not included in the above</td>
<td>ACE inhibitors, ARBs, dihydropyridine CCBs or thiazide/thiazide-like diuretics.</td>
<td>Combination of first-line drugs. If combination with ACE-inhibitor is being considered, a normal albumin to creatinine ratio [ACR] &lt;2.0 mg/mmol.</td>
</tr>
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Hypertension Canada SPRINT Expert Exchange:

This series of free, online, interactive panel discussions explores the implications of the Systolic Blood Pressure Intervention Trial (SPRINT) for the management of hypertension.

The U.S. National Heart, Lung and Blood Institute presented the results of SPRINT at a meeting of the American Heart Association on November 9, 2015. The study suggests that in certain hypertensive patients, controlling systolic blood pressure to 120 mmHg - lower than the well-established 140 mmHg - may significantly reduce cardiovascular complications and deaths.

The study, which will continue to generate publications throughout 2016, may have significant implications for the way hypertension is managed by primary health care providers, including physicians, nurses and pharmacists. The 2016 Hypertension Canada Guidelines for the prevention, treatment and control of hypertension have already been updated as a result of SPRINT. Participating in the SPRINT Expert Exchange sessions is an important opportunity for clinicians to understand the new guidelines and to gain insight into their development and implementation.

Wednesday, April 6, 2016: SPRINT + Diabetes
12:15 p.m. - 12:45 p.m. EDT

To log into the session or view a recording, click the applicable link below:

Google+ (best for Desktops and Laptops): https://plus.google.com/events/cj4gad7r85aet8n5fr93e330
YouTube (best for Phones and Tablets)*: http://youtu.be/Ci_dSFkJ5Xo

*Ensure you have the YouTube app installed.

George Dresser, MD, PhD, Emcee
General Internal Medicine and Clinical Pharmacology, London Health Sciences Centre

Phil McFarlane, MD, PhD
Nephrology, St. Michael's Hospital
Assistant Professor, University of Toronto

Doreen Rabi, MD, MSc
Associate Professor, Clinical Endocrinology, Hypertension and Nephrology, Departments of Medicine, Community Health and Cardiac Sciences, University of Calgary

Sheidon Tobe, MD, MSc (HPTE)
Sunnybrook Hospital, Toronto
HSF/NOSM Chair in Aboriginal and Rural Health Research, Professor in Medicine, University of Toronto and Northern Ontario School of Medicine
Research & Evaluation

- Hypertension Surveillance
- Hypertension Health Services Evaluations
- Interventionsal Research (trials & programs supporting trans-disciplinary care)
- Patient Preferences & Priorities
Hypertension Canada’s Paradigm Moving Forward

• Expand guidelines to focus on Health System Improvement
• Community level programs – medical homes within a medical neighborhood
• Engaging patients
  – GetDownBP campaign
• Expanding the workforce
  – Alberta Model of Pharmacists with independent prescribing
OUR IMPACT