

INDIAN HYPERTENSION GUIDELINES-II

PREAMBLE

Hypertension is a major contributor to cardiovascular morbidity and mortality in India and worldwide. In view of our special geographical, ethnic, climatic conditions, dietary habits, literacy levels and socio-economic variables, there could be some areas where significant differences need to be addressed. With this in mind, the Association of Physicians of India (API), Cardiological Society of India (CSI), the Indian College of Physicians (ICP), and the Hypertension Society of India (HSI) developed the "FIRST INDIAN GUIDELINES FOR THE MANAGEMENT OF HYPERTENSION - 2001."

Significant new data has emerged in last 6 years in areas of epidemiology, classification of hypertension and management strategies. Guidelines such as the JNC, BHS, ESH/ESC, NICE, and WHO-ISH have been revised based on emerging evidence from large, randomized controlled clinical trials. It was, therefore, felt necessary to update the Indian guidelines to align them with the current best evidence. Henceforth, the first Indian guidelines have been revised and updated and the second guidelines IGH II -2007 are being published under the stewardship of API.

These guidelines have been prepared as a reference for treating physicians. The current level of practice patterns based on evidence-based medicine have been presented. We understand that with the evolving knowledge in the field of hypertension, these guidelines will need to be modified from time to time. The intention is not to cover the topic of hypertension in totality but to give useful information based on literature after extensive reference to Medline search and other latest guidelines (JNC VII, ESH/ESC, NICE-BHS, WHO-ISH) available to date. These guidelines do not include hypertension in children and adolescents.

The primary aim of these guidelines is to offer balanced information to guide clinicians, rather than rigid rules that would constrain their judgement about the management of individual patients, who will differ in their personal, medical, social, economic, ethnic and clinical characteristics.

Methodology

The first Indian guidelines were formulated by a core committee who in turn, were supported by a working group. The document was then circulated to about 250 doctors whose inputs were incorporated in the final version. The updated guidelines have been reviewed by a panel of experts so as to arrive at a consensus. There have been three meetings at which the evidence since 2001 and the US, European, British and WHO guidelines were reviewed. Relevant portions of the first Indian guidelines were revised. New data from the latest gold standard clinical trials was added as well as data from Indian studies wherever applicable. Once the document was drafted, it was circulated to a group of 25 reviewers. The final document has been endorsed by the API, CSI, HSI, Indian Society of Nephrology (ISN) and Indian Medical Association (IMA).

We hope these guidelines will help the practising physicians to address to a very important public health problem. Treatment of essential hypertension is a life-long commitment and should not be stopped even when the blood pressure is stabilised without consulting the physician.

The core committee recognizes that the responsible physician's judgment remains paramount for individual patients.