

ADULT BLOOD PRESSURE SCREENING RECOMMENDATIONS

Screening blood pressure is a basic tool to detect pre-hypertension and to determine the blood pressure of clients who have been diagnosed with hypertension. Blood pressure screening is important in the behavioral health setting as clients are at significant risk for developing metabolic syndrome. Risk factors include treatment with antipsychotic medications, poor diet, sedentary lifestyle, and obesity.

1. Guidelines for Response to Blood Pressure Results

LACDMH clinics are not primary care clinics and do not manage hypertension. Below are guidelines for responding to blood pressure screening results.

Table 1: Recommendations for follow-up based on initial blood pressure measurements for adults without any organ damage:

Category	SBP	DBP mmHg	Follow-up
Normal	<120	and <80	Recheck in 1 year or sooner based on LACDMH guidelines.
Pre-hypertension	120-139	or 80-90	Recheck in 1 year. If patient has primary care provider, patient should be referred for follow-up appointment within 6-12 months. If patient does not have primary care provider, he or she should be referred for primary care.
Stage one hypertension	140-159	or 90-99	Confirm within 2 months. If patient has primary care provider, patient should be referred for follow-up appointment within 2 months. If patient does not have primary care provider, he or she should be referred for primary care.
Stage two hypertension	160-179	100-109	If patient has primary care provider, patient should be referred for follow-up appointment within 1 month. If patient does not have primary care provider, he or she should be referred for primary care.

Hypertensive urgency	>180	or >110	Refer patient to urgent care within 2 days. Patient should be sent to the emergency room by ambulance if he or she exhibits any of the following signs or symptoms: confusion or altered mental status, chest pain, or difficulty breathing; irregular heart rate or appearance of severe illness.
Pregnancy	>140	>90	Patient should be referred to her prenatal provider or urgent care if no prenatal provider exists within 48 hours.

Reference: "The Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation and Treatment of High Blood Pressure," U.S. Department of Health and Human Services, National Institutes of Health, National Heart Lung and Blood Institute, October 2012.

2. Lifestyle Modification Recommendations from The Joint National Committee on Prevention and Treatment of High Blood Pressure, Seventh Report (JNC7):

Table 2: Lifestyle goals

Modification	Recommendation	Average SBP Reduction Range
Weight reduction	Maintain normal body weight (BMI range: 18.5-24.9 kg/m ²).	5-20 mmHg/10 kg
DASH eating plan	Diet high in fruits, vegetables, and low fat dairy products. Diet low in saturated and total fat.	8-14 mmHg
Dietary sodium reduction	Reduce sodium.	2-8 mmHg
Aerobic physical activity	Regular aerobic physical activity 30 minutes per day on most days of the week.	4-9 mmHg
Moderation of alcohol consumption	Men: No more than 2 drinks/day. Women: No more than 1 drink/day.	2-4 mmHg

Table 3: Blood pressure goals

	Goal SBP mmHg	Goal DBP mmHg
Patients without diabetes or chronic kidney disease	<140	<90
Patients with diabetes or chronic kidney disease	<130	<80

Reference: "The Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation and Treatment of High Blood Pressure," U.S. Department of Health and Human Services, National Institutes of Health, National Heart Lung and Blood Institute, October 2012.