The 2015 M.A.P. checklists for improving BP control

**Measure accurately**

**Screening checklist**
When screening patients for high blood pressure:
- Use a validated, automated device to measure BP\(^1\)
- Use the correct cuff size on a bare arm\(^2\)-\(^{10}\)
- Ensure patient is positioned correctly\(^2\),\(^3\),\(^{11\text{-}19}\)

**Confirmatory checklist**
If screening blood pressure is ≥140/90 mm Hg, obtain a confirmatory measurement:
- Repeat screening steps above
- Ensure patient has an empty bladder\(^2\),\(^{20}\)
- Ensure patient has rested quietly for at least five minutes\(^2\),\(^3\),\(^{21\text{-}22}\)
- Obtain the average of at least three BP measurements\(^2\),\(^3\),\(^{23}\)

**Evidence-based tips for correct positioning**
Ensure patient is seated comfortably with:
- Back supported
- Arm supported
- Cuff at heart level
- Legs uncrossed
- Feet flat on the ground or supported by a foot stool
- No one talking during measurement

**Act rapidly**
If patient has blood pressure ≥140/90 mm Hg confirmed:
- Use an evidence-based protocol to guide treatment\(^{24\text{-}26}\)
- Re-assess patient every 2–4 weeks until BP is controlled\(^{27\text{-}29}\)
- Whenever possible, prescribe single-pill combination therapy\(^{30\text{-}32}\)

**Evidence-based protocols typically include**
- Counsel on and reinforce lifestyle modifications
- Ensure early follow-up and add preferred medications in a step-wise fashion, until BP is controlled
- For most patients, give preference to:
  - Thiazide diuretics
  - Dihydropyridine calcium channel blockers
  - ACE inhibitors (ACEI) or
  - Angiotensin receptor blockers (ARB)
- Do not prescribe both ACEi and ARB to same patient
- If BP ≥160/100 mm Hg, start therapy with two medications or a single pill combination

**Partner with patients, families and communities**
To empower patients to control their blood pressure:
- Engage patients using evidence-based communication strategies\(^{33\text{-}35}\)
- Help patients accurately self-measure BP\(^{36\text{-}37}\)
- Direct patients and families to resources that support medication adherence and healthy lifestyles

**Evidence-based communication strategies include**
- Begin with open-ended questions about adherence, including recent medication use
- Explore reasons for possible non-adherence
- Elicit patient views on options and priorities to customize a care plan for each patient
- Remain non-judgmental at all times
- Use teach-back to ensure understanding of the care plan

**Evidence-based tips for patient self-measurement of BP**
- Instruct patient to measure BP accurately using a validated, automated device and correct positioning for measurement
- Ask patient to record ≥2 morning BP measurements and ≥2 evening BP measurements for ≥ 4 consecutive days between office visits
- Develop a systematic approach to ensure patients can act rapidly to address elevated BP readings between office visits
- Counsel patients that self-measured BP ≥135/85 mm Hg is considered elevated

**Evidence-based lifestyle changes to lower BP include**
- Following the DASH diet, which is rich in fruits, vegetables and whole grains; low-fat dairy, poultry, fish and plant-based oils; and limits sodium, sweets, sugary drinks, red meat and saturated fats
- Engaging in moderate physical activity, such as brisk walking, for 40 minutes a day at least four days a week
- Maintaining a healthy body mass index (BMI)
- Limiting alcohol to ≤2 drinks/day in men, ≤1 drink/day in women

These checklists are not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.
References


