



**NATIONAL REGISTER**  
OF HEALTH SERVICE PSYCHOLOGISTS

# **Pharmacology for Common Medical Conditions: Hypertension**

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# Recommendations for Cardiovascular Health

- **Total cholesterol < 200 mg/dl**
- **Lean Body Mass (BMI of  $\leq 25$ ,  $\leq 23$  for Asian-Americans)**
- **BP < 120/80**
- **Fasting blood glucose < 100 mg/dl**
- **Regular physical activity**  
(>150 min./week moderate; > 75 min./week strenuous or combination)
- **Healthy eating habits**
- **No smoking**

# Hypertension parameters:

- **Normotensive  $\leq 120/80$**
- **Prehypertensive  $\leq 135/89$**
- **Hypertension  $\geq 140/90$**

# **SPRINT trials 2015**

- **Lower mortality in elders with aggressive hypertension management**
- **Should systolic Blood Pressure less than 120 be the treatment goal?**

## Recommended medications:

- **ACE inhibitors (the “prils”)**
- **Angiotensin receptor blockers**
- **Thiazide diuretics**
- **Beta blockers**
- **Calcium channel blockers**

# BHC Strategies

- Monitor **physiologic, psychologic side effects of medication**
- Monitor adherence to **dietary and medication regimens**
- Monitor for **potential interactions** between psychotropics and antihypertension medication
- Ensure treatment plan **addresses behavioral component**

# Behavioral Management

- The patient as clinician: **Involvement in monitoring, recording blood pressure**
- Encourage **positive interaction, information seeking** with team
- Problem solve **adherence to diet and exercise regimens**
- Examine and problem solve **medication adherence issues:**  
Special attention to **adverse side effects**





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