



# Hypertension Policy Letter



1. Untreated hypertension and its complications reduce the health and strength of Army National Guard forces. This policy is for the screening, diagnosis, and management of hypertension among all Army National Guard members.

2. The hypertension medical fitness standards for induction, training, mobilization, special occupations, and retention remain the same as in AR 40-501. The Army Cardiovascular Disease Screening Program remains the same as in AR 40-501, paragraph 8-25. Hypertension policy letters from special occupation medical review authorities remain in effect.

3. A blood pressure screening of each Army National Guard member is completed annually as a public health and medical readiness initiative as required by the Periodic Health Assessment. The gold standard is to accomplish the screening by trained medical personnel using a mercury sphygmomanometer. Aneroid sphygmomanometers and oscillometric automatic blood pressure devices, to include blood pressure screening kiosks, may be used for screening when mercury sphygmomanometers are not available.

4. The measurement standards are:

Patient is seated with erect back and without crossed legs in a comfortable chair.
Patient's upper arm is held comfortably at the heart level and is free of constrictive clothing.
The blood pressure cuff encircles at least 80% of the arm circumference.
The mercury column or aneroid needle is deflated at 2 mm Hg per second, and the first and fourth Korotkoff sounds are taken as the systolic and diastolic pressure to the nearest 2 mm Hg pressure.

5. The recommended blood pressure cuff sizes are:

Arm circumference	Blood pressure cuff size
22 to 26 cm	small adult size: 12x22 cm
27 to 34 cm	adult size: 16x30 cm
35 to 44 cm	large adult size: 16x36 cm
45 to 52 cm	adult thigh size: 16x42 cm

6. The Army National Guard adopts the American Heart Association hypertension diagnostic criteria as defined in the Seventh Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure. The criteria are applied to adult persons who are not acutely ill or on hypertension medications. Apply the criteria to

the average of two or more sitting clinical blood pressure measurements with the arm at heart level taken on two or more clinical encounters after the annual screening blood pressure measurement.

<b>Diagnosis</b>	<b>Systolic BP (mm Hg)</b>	<b>Diastolic BP (mm Hg)</b>
Normal	Less than 120	and less than 80
Prehypertension	120 to 139	or 80 to 89
Hypertension Stage 1	140 to 159	or 90 to 99
Hypertension Stage 2	160 or higher	or 100 or higher

7. Forty percent of adults with hypertension are unaware of their condition or not under treatment. Sixty-five percent of adults being treated for hypertension are poorly controlled. Untreated or poorly controlled hypertension results in a significant increased risk for premature death or medical board for vital organ damage, such as stroke, myocardial infarction, or renal failure. Therefore, to reduce these risks and enhance the health of the force, refer Army National Guard members with hypertension screening abnormalities for clinical care.

a. Army National Guard members with prehypertension will be referred to their primary health care provider for evaluation, education, and life style modification intervention.

b. Army National Guard members with untreated or uncontrolled Stage 1 and Stage 2 hypertension will be referred expeditiously to their primary care provider for evaluation and treatment.