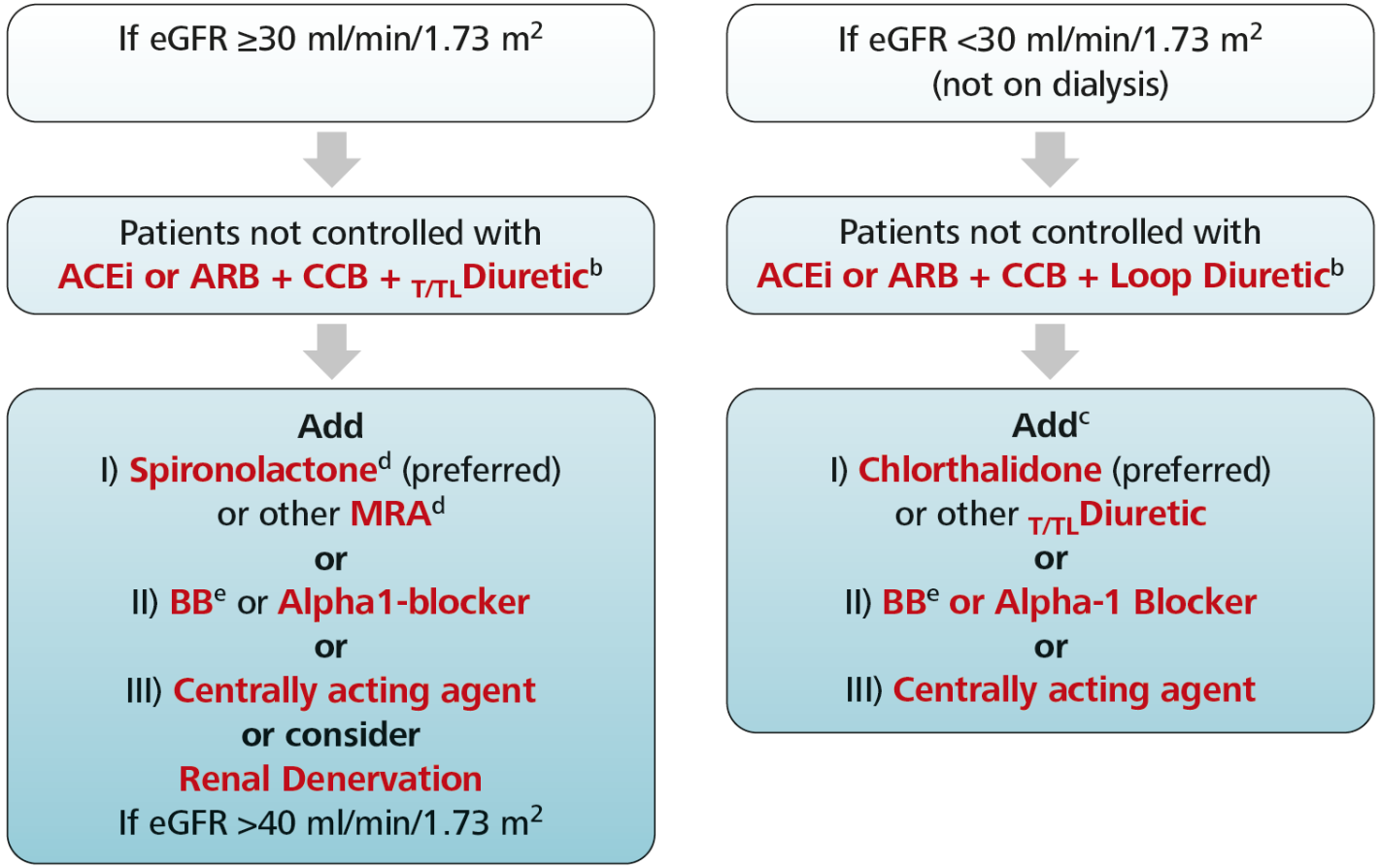
BP-lowering therapy in true resistant hypertension[a]



suppl. Figure 1.

BP-lowering strategy in true resistant hypertension according to renal function. (a) When SBP is ≥140mmHg or DBP is ≥90 mmHg provided that: maximum recommended and tolerated doses of a three-drug combination comprising a RAS blocker (either an ACEi or an ARB), a CCB and a T/TL Diuretic were used, inadequate BP control has been confirmed by ABPM or by HBPM if ABPM is not feasible, various causes of pseudo-resistant hypertension (especially poor medication adherence) and secondary hypertension have been excluded. (b) Use of Diuretics: Use T/TLDiuretic if eGFR >45 ml/min/1.73 m^2. Consider transition to Loop Diuretic if eGFR is between 30 to 45 ml/min/1.73 m^2. Use loop Diuretic if eGFR <30 ml/min/1.73 m^2. (c) MRA contraindicated. (d) Caution if eGFR <45 ml/min/1.73 m^2 or serum potassium >4.5 mmol/l. (e) Should be used earlier at any step as guideline directed medical therapy in respective indications or considered in several other conditions.

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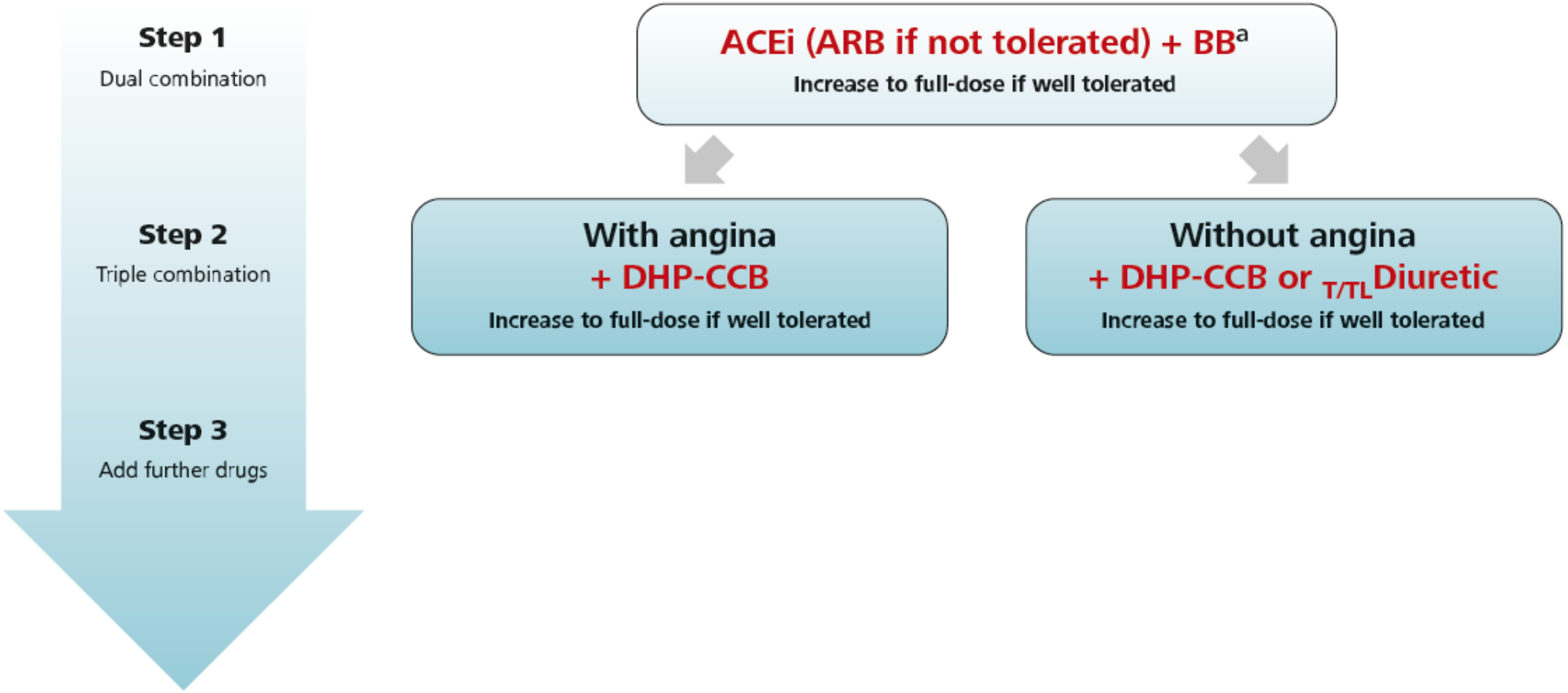
BP-lowering therapy in patients with hypertension and coronary artery disease



suppl. Figure 2

[a]Target heart rate below 80 beats per minute, if BBs are contraindicated or not tolerated consider use of non-DHP CCB at any step instead of DHP-CCB

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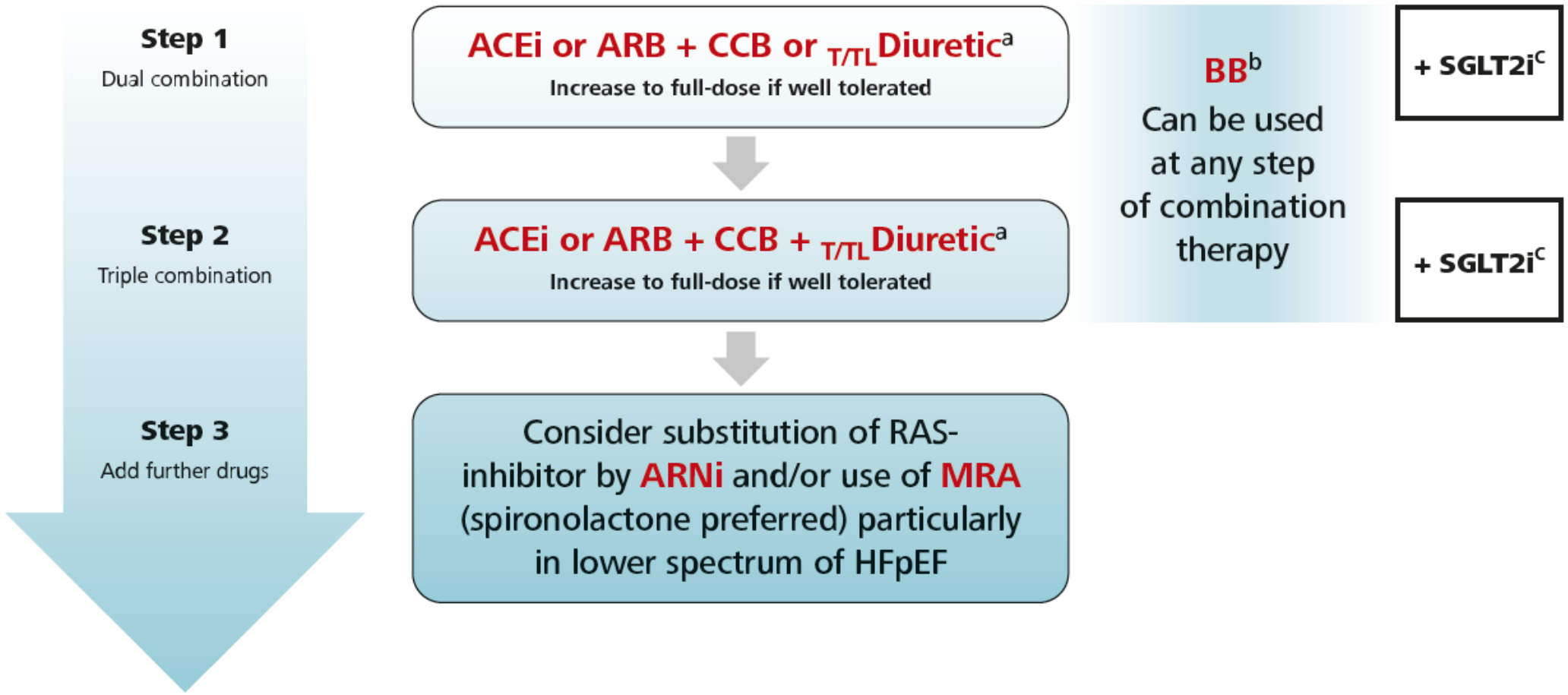
BP-lowering therapy in patients with hypertension and HFpEF



suppl. Figure 3

(a) Use of Diuretics: Use T/TLDiuretic if eGFR >45 ml/min/1.73 m^2. Consider transition to Loop Diuretic if eGFR is between 30 to 45 ml/min/1.73 m^2. Use loop Diuretic if eGFR <30 ml/min/1.73 m^2 or in patients with fluid retention/edema. (b) BB should be used as guideline directed medical therapy in respective indications or considered in several other conditions. (c) Use SGLT2i according to approval.

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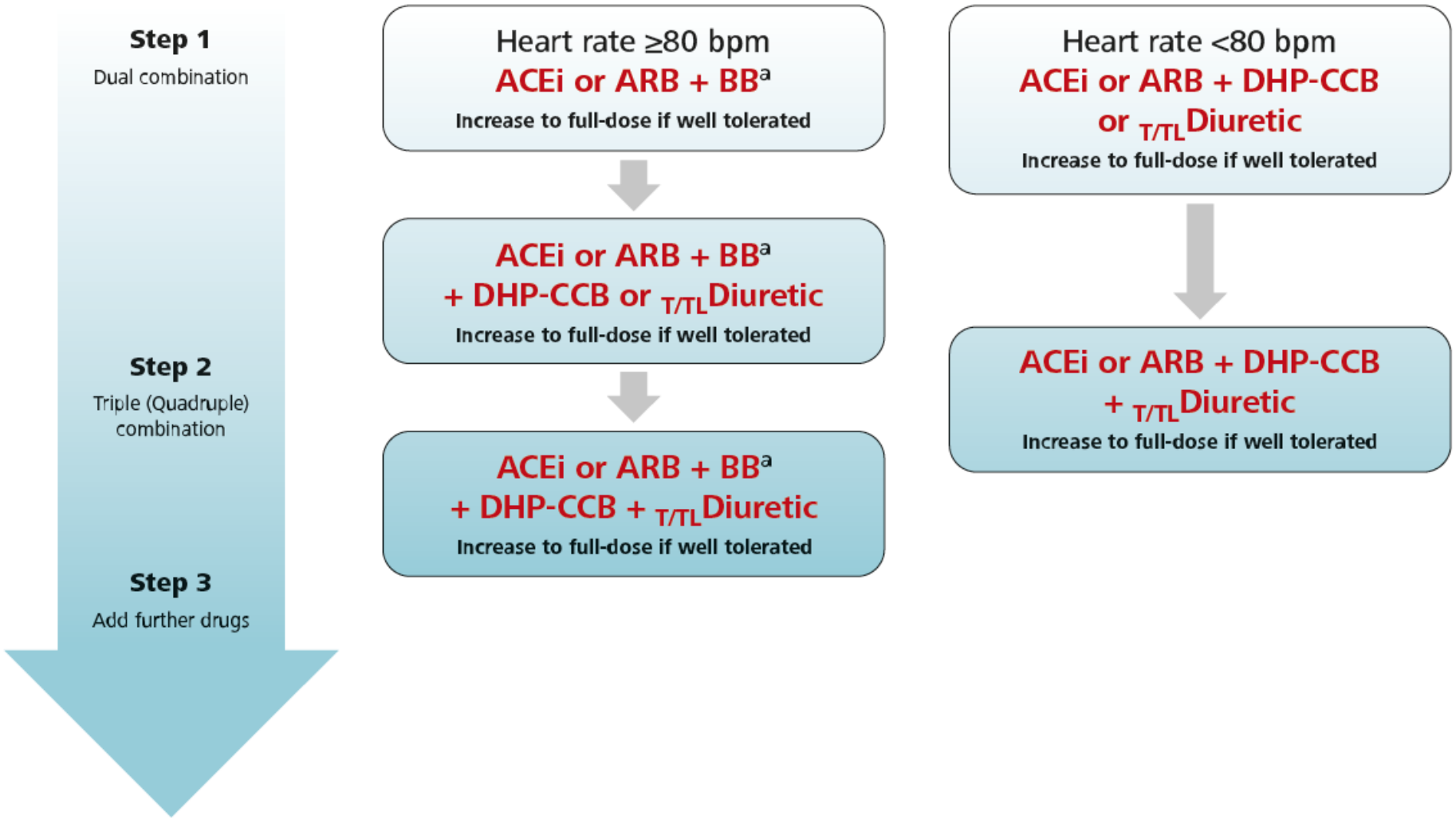
BP-lowering therapy in patients with hypertension and atrial fibrillation



suppl. Figure 4

(a) Target heart rate below 80 beats per minute, if BBs are contraindicated or not tolerated consider use of non-DHP CCB at any step instead of DHP-CCB.

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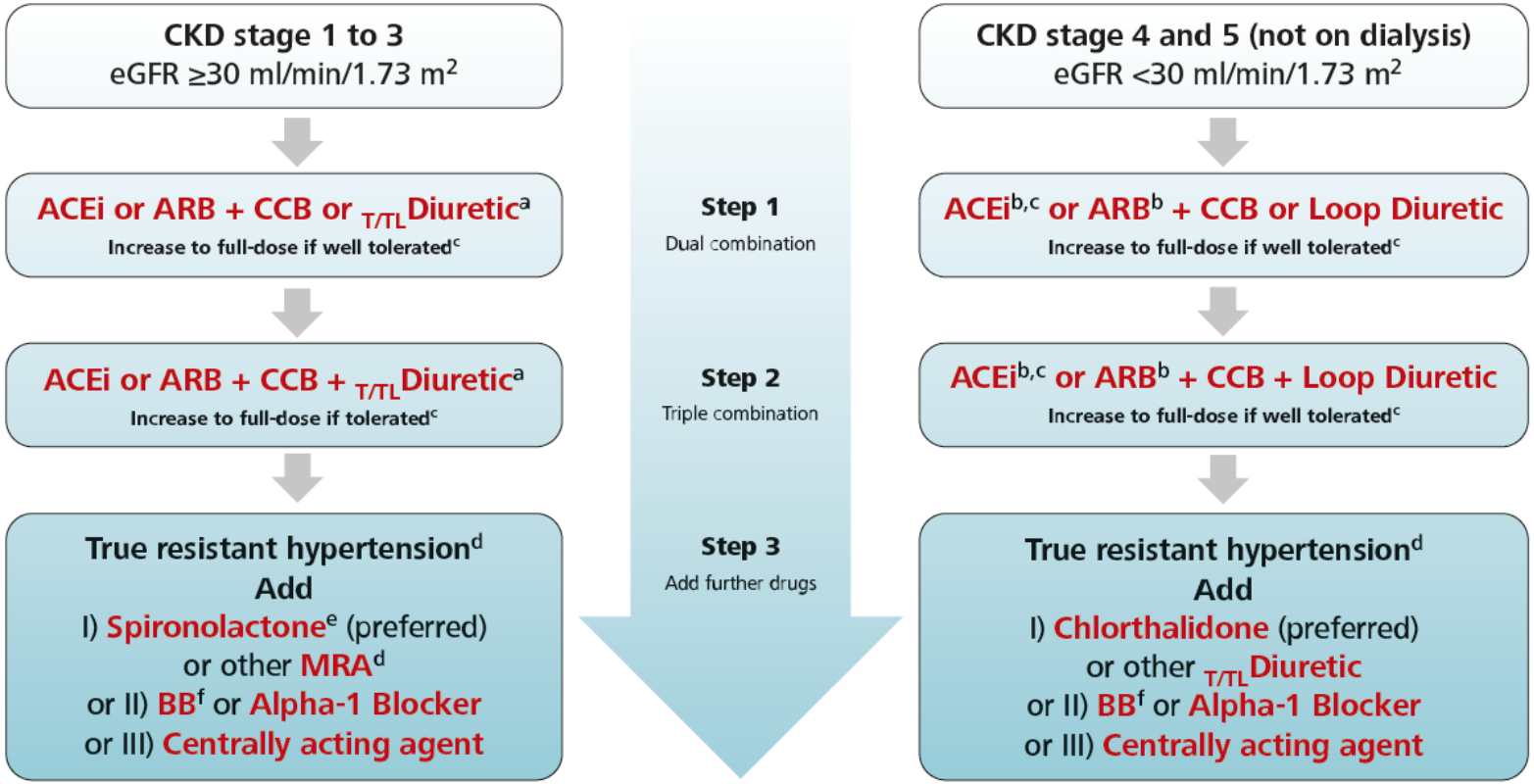
BP-lowering therapy in patients with hypertension and chronic kidney disease



suppl. Figure 5

(a) Transition from T/TLDiuretic to Loop Diuretic should be individualized in patients with eGFR < 45 ml/min/1.73 m^2. (b) Cautious start with low-dose. (c) Check for dose adjustment according to renal impairment for drugs with relevant renal excretion rate. (d) When SBP is ≥ 140mmHg or DBP is ≥ 90 mmHg provided that: maximum recommended and tolerated doses of a three-drug combination comprising a RAS blocker (either an ACEi or an ARB), a CCB and a T/TLDiuretic were used, inadequate BP control has been confirmed by ABPM or by HBPM if ABPM is not feasible, various causes of pseudo-resistant hypertension (especially poor medication adherence) and secondary hypertension have been excluded. (e) Caution if eGFR <45 ml/min/1.73 m^2 or serum potassium >4.5 mmol/l. (f) Should be used at any step as guideline directed medical therapy in respective indications or considered in several other conditions. (g) SGLT2is and Finerenone should be used according to their approval for CKD treatment.

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