

## 14. ANTIHYPERTENSIVE TREATMENT IN DENGUE

### FEVER:

1. Patients with uncomplicated hypertension, once diagnosed to have Dengue Fever (irrespective of plasma leak) should stop taking diuretics as soon as the diagnosis is suspected. Patients taking diuretics for other reasons (Chronic heart failure, valvular lesions, etc.) should be evaluated individually.
2. Other antihypertensive agents (beta blockers, Calcium channel blockers, ACE inhibitors) may be continued with frequent monitoring of blood and pulse pressure at home - (at least 6 hourly). For in hospital management refer to [Appendix 2](#)
3. A declining trend in blood pressure or pulse pressure on two consecutive occasions should be taken as warning sign for the patient at home or the GP to refer to a better equipped health facility.
4. Dengue related hospital admissions, taking antihypertensive treatment, should be monitored regularly as per monitoring charts. [Appendix 2](#)
5. Fall in pulse pressure  $\leq 30$  mm Hg indicates that patient may be developing hemodynamic instability. If blood pressure measured on 3 successive occasions at hourly intervals reveal PP to be  $\leq 30$  mm Hg; **Stop All antihypertensive treatment** - patient monitored as per [Appendix 2b](#).
6. Once the pulse pressure starts rising above 30mm Hg, depending upon the clinical judgment, antihypertensive medication may be carefully reintroduced. One may like to choose shortest acting agent, from within the class of antihypertensives, patient was already taking; avoiding diuretics.
7. Once the patient is stable and in convalescent phase regular anti hypertensives may be reintroduced one by one according to the clinical status.

- Diuretics should be stopped as soon as the probable diagnosis of dengue is made.
- Other anti-hypertensive treatment may be continued if the Pulse Pressure stays above 30 mm of Hg.
- In case the Pulse Pressure drops,  $\leq 30$  mm Hg, stop all anti-hypertensive treatment and introduce monitoring –[Appendix 2b](#).