Objective: The incidence of hypertension and its complications including heart attack, heart failure and stroke has been increased, recently. The management of hypertension consists of lifestyle interventions and medication. The medication may require rearrangement during the follow-up period. Therefore, we planned to determine the antihypertensive medication. Methods: 339 patients hospitalized in our inpatient clinic including 167 women and 172 men were evaluated retrospectively. The 88.2 percent of patients had hypertension. Diabetes mellitus was obtained as 48.2%, coronary heart disease was 41.3%, serebrovascular disease was 14.5%, chronic renal failure was recorded as 17.4%. The hospitalization period was 9.5±6.2 days. Results: In pre-hospitalization period the prevalence of using anti-hypertensive medication was 29.5, while in post hospitalization period the prevalence reached to 90.6. It was found to be statistically significant. The anti-hypertensive medications before the hospitalization period were as following; beta blocker (BB) 11.2 %, angiotensin converting enzyme inhibitors (ACE-I) 10%, the combination therapy 8.6%, angiotensin receptor blockers (ARB) 2.1%, alpha blockers (AB) 1.8%. The anti-hypertensive medications after hospitalization period were as following BB %50.1, diuretic (DU) %45.4, calcium channel blocker (CCB) %35.7, ACE-I %28.3, the combination 6.2, AB %3.8, ARB 2.1%. The increase in the incidence of antihypertensive treatment were statistically significant. Taking anti-hypertensive medication including ACE-I, CCB, BB was observed to be increased in patients with diabetic and coronary artery disease. Taking anti-hypertensive medication including CCB, AB, DU was statistically higher and taking ACE-I was statistically lower in patients with renal failure. In patients with SVO and renal failure the incidence of taking CCB, BB, DU was increased. In with diabetic and coronary artery disease using ACE-I, CCB, BB, DU were significantly higher rate. Discussion: Our study showed a significant increase in treatment with multiple drug combination for hypertension, during hospitalization. Hypertension treatment is compatible with recently published guidelines. Antihypertensive choice in hypertension and comorbidities varies from stand-alone treatment of hypertension.