

NHS GG&C Heart Disease MCN Hypertension Guideline



Investigation and assessment of risk

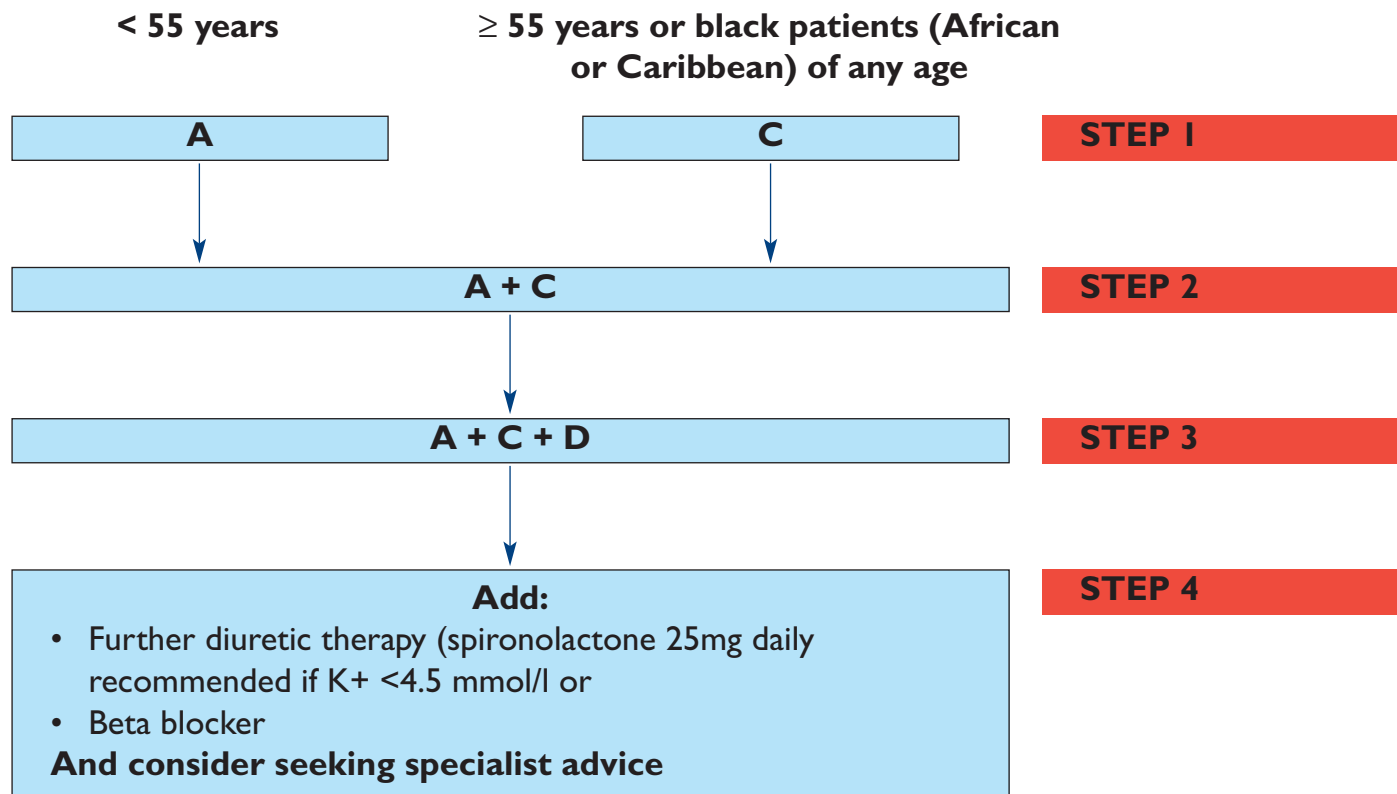
- All adults ≥ 40 years should have their blood pressure recorded every 5 years.
- High Risk category patients are those with:
 1. Target organ damage (TOD)
 2. Known cardiovascular disease
 3. Previous stroke or TIA
 4. Renal disease
 5. Diabetes mellitus

Essential investigations in all hypertensives:

- 1. Urinalysis
- 2. Renal function
- 3. Glucose
- 4. Lipids
- 5. ECG

Treatment of hypertension

- Do not change drugs in patients who already well controlled.
- Take into account co-morbidities when choosing an anti-hypertensive drug e.g. beta-blockers and angina or ACEI and heart failure. Otherwise follow algorithm below:
- Consider compelling contraindications: Pregnancy- ACEI,ARB; Bilateral Renovascular disease – ACEI,ARB; Gout-Thiazides; Asthma- Beta blockers; Heart block – Beta blockers.



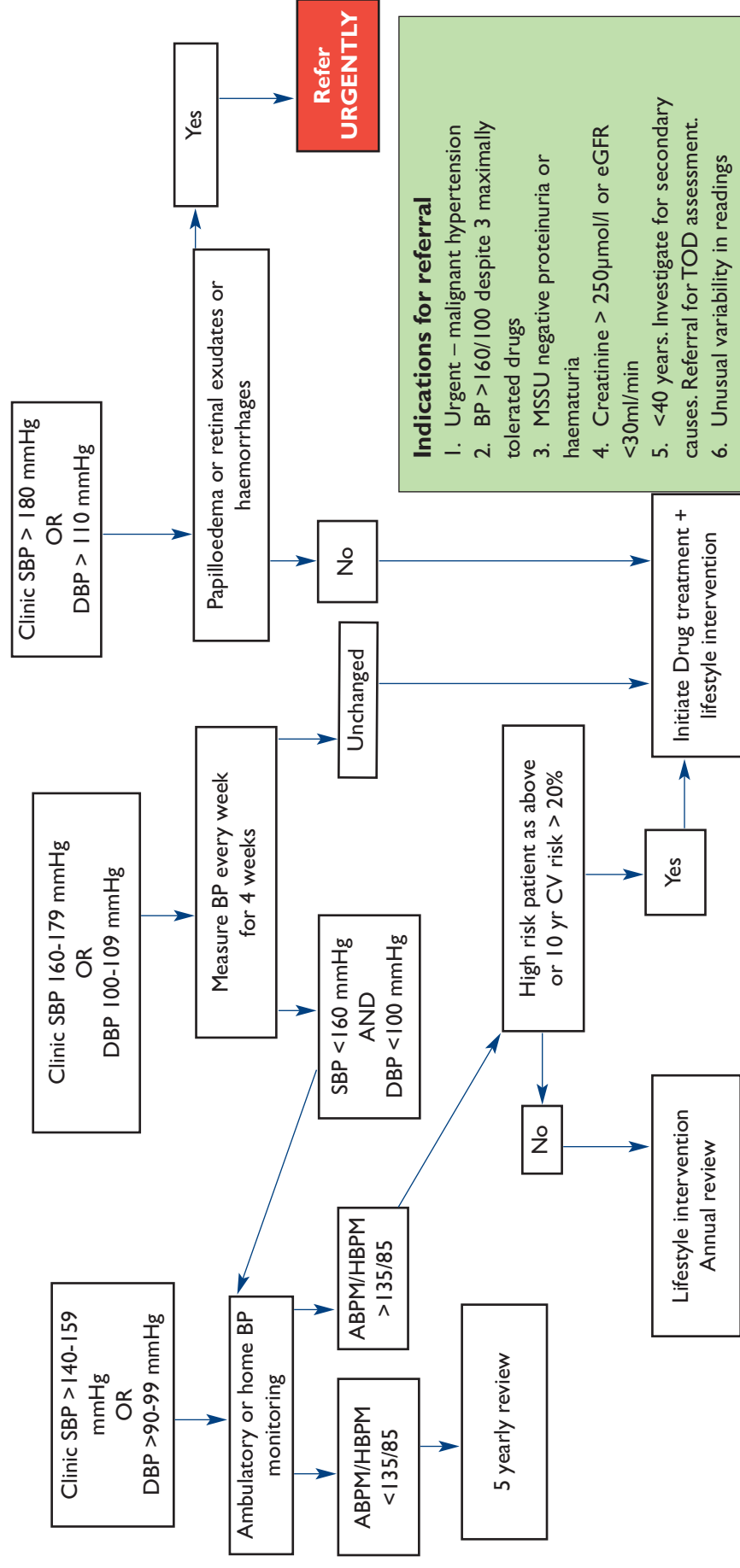
A = ACE inhibitor (or ARB if intolerant to ACE inhibitor). Consult the Formulary preferred list for choice of therapy in each class.

C = calcium channel blocker,

D = thiazide-type diuretic

The outcome evidence for the benefit of alpha blockers is lacking and are therefore not routinely recommended

NHS GG&C guideline for Management of Hypertension



Indications for referral

1. Urgent – malignant hypertension
2. BP > 160/100 despite 3 maximally tolerated drugs
3. MSSU negative proteinuria or haematuria
4. Creatinine > 250µmol/l or eGFR < 30ml/min
5. < 40 years. Investigate for secondary causes. Referral for TOD assessment.
6. Unusual variability in readings

Treatment targets

Aim for BP < 140/85 (A 135/85)
 For patients > 80 years : < 150/90 (A 145/85)
 For patients with diabetes : < 130/80
 For patients with proteinuria and CKD: < 130/80 (A=ABPM/HBPM)

Treatment of very frail older people with hypertension should be guided by individual circumstances and co-morbidities and need not follow guideline recommendations.

Notes on ABPM or HBPM

ABPM – 2 measurements/ hour during waking hours. Average at least 14 measurements during waking hours.

HBPM (H) – 2 measurements, 1 minute apart, twice daily, preferably morning and evening. Continue for 4 – 7 days. Discard measurements on first day and average remaining measurements.