



CLINICAL GUIDELINE

Heart MCN Hypertension Guidelines

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

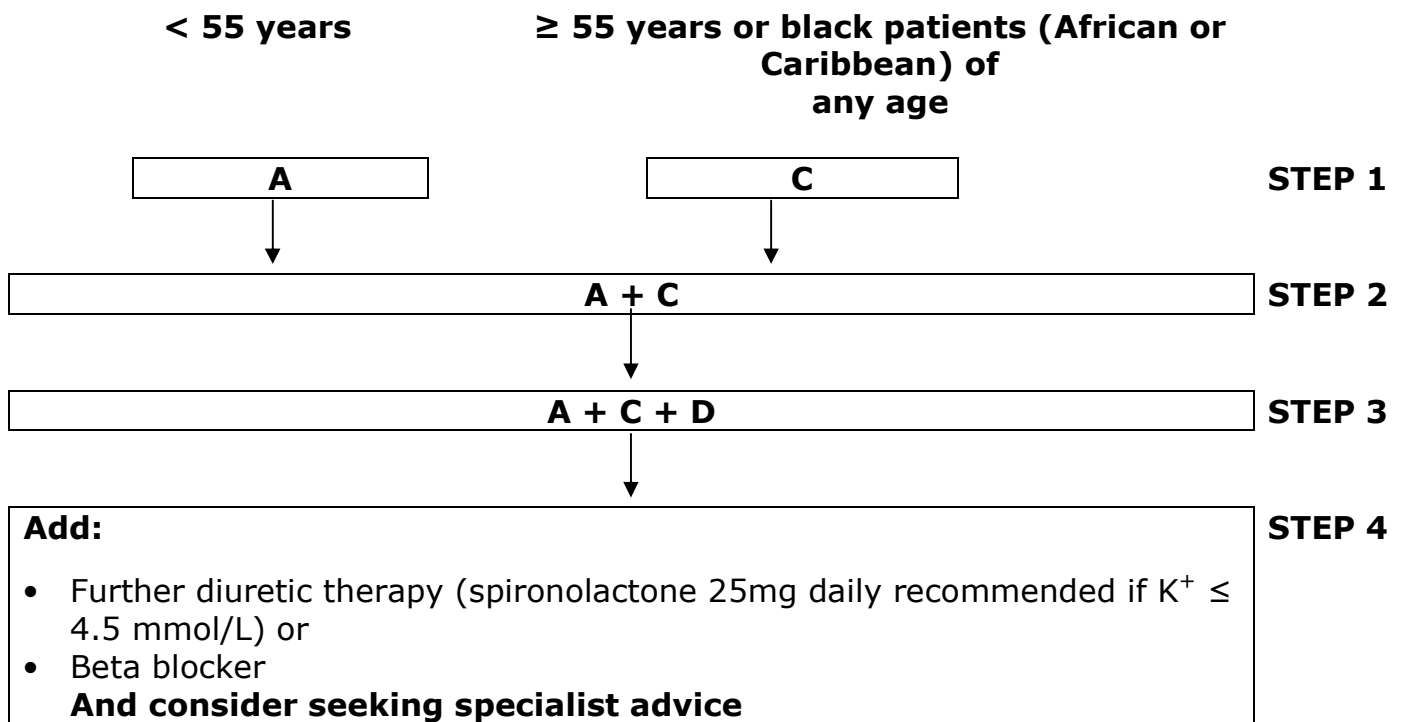
If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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NHSGGC Heart MCN Hypertension Guidelines

<p>Investigation and Assessment of Risk All adults ≥ 40 years should have their blood pressure recorded every five years.</p> <p>High Risk category patients are those with:</p> <ol style="list-style-type: none"> 1. Target organ damage (TOD) 2. Known cardiovascular disease 3. Previous stroke or TIA 4. Renal disease 5. Diabetes mellitus 	<p>Essential investigations in all hypertensives:</p> <ol style="list-style-type: none"> 1. Urinalysis 2. Renal function 3. Glucose 4. Lipid profile 5. ECG
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<p>Treatment of hypertension</p> <ul style="list-style-type: none"> • Do not change drugs in patients who are well controlled and the drugs are well tolerated • Take into account co-morbidities when choosing an anti-hypertensive drug e.g. beta-blockers with angina or ACEI with heart failure. Otherwise follow algorithm below: • Consider compelling contraindications: Pregnancy - ACEI, AIIRA; Bilateral renovascular disease - ACEI, AIIRA; Gout -Thiazides; Asthma - Beta-blockers; Heart block - Beta-blockers



Consult the Formulary preferred list for choice of therapy in each class.

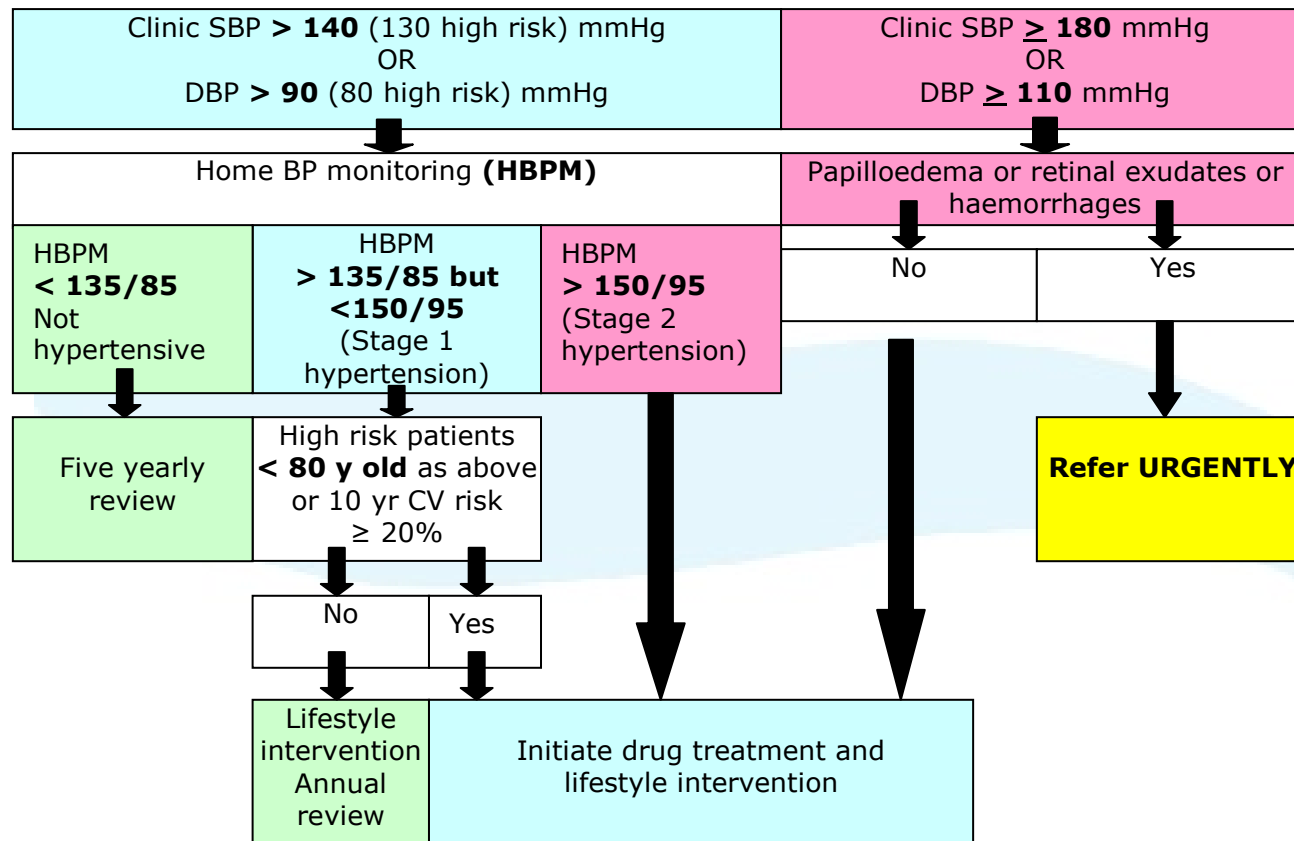
A = ACE inhibitor (AIIRA if intolerant to ACE inhibitor).

C = Calcium channel blocker,

D = Thiazide diuretic

Outcome evidence for the benefit of alpha blockers is lacking; they are therefore not routinely recommended

NHSGGC Heart MCN Algorithm for Management of Hypertension



- Indications for referral**
1. Urgent – malignant hypertension
 2. BP > 160/100 mmHg despite three maximally tolerated drugs
 3. MSSU negative proteinuria or haematuria
 4. eGFR < 30mL/min
 5. < 40 years. Investigate for secondary causes. Referral for TOD assessment.

Notes on HBPM.

HBPM (H) – Two measurements, one minute apart, twice daily, preferably morning and evening. Continue for four to seven days. Discard measurements on first day and average remaining measurements.

Treatment targets

Aim for BP < 140/90 (H 135/85)

For patients > 80 years : < 150/90 (H 145/85)

For patients with diabetes : < 130/80 (H 125/75)

For patients with proteinuria and CKD: < 130/80 (H 125/75)

(H = HBPM)