Clinical Guideline

Hypertension (primary uncomplicated) — treatment (adults)

Clinical blood pressure < 140/90 mmHg
Normotensive

Clinic blood pressure ≥ 140/90 mmHg
Stage 1 hypertension

Clinic blood pressure ≥180/110 mmHg
If accelerated hypertension¹ or suspected phaeochromocytoma²

Consider starting antihypertensive drug treatment immediately

Offer ABPM³ (or HBPM⁴ if ABPM is declined or not tolerated)

Offer to assess cardiovascular risk and target organ damage

ABPM/HBPM < 135/85 mmHg
Normotensive

ABPM/HBPM ≥ 135/85 mmHg
Stage 1 hypertension

If target organ damage present or 10-year cardiovascular risk > 20%

Offer antihypertensive drug treatment

If younger than 40 years
Consider specialist referral

If younger than 40 years

Offer lifestyle interventions

Offer patient education and interventions to support adherence to treatment

Offer annual review of care to monitor blood pressure, provide support and discuss lifestyle, symptoms and medication

References
NICE Guidance CG127 Hypertension – Clinical management of primary hypertension in adults, August 2011

¹ Signs of papilloedema or retinal haemorrhage.
² Labile or postural hypotension, headache, palpitations, pallor and diaphoresis.
³ Ambulatory blood pressure monitoring.
⁴ Home blood pressure monitoring.
Antihypertensive drug treatment — summary

Aged under 55 years

ACE inhibitor
ACEI* (Ramipril, lisinopril)

Aged over 55 years or black person of African or Caribbean family origin of any age

Calcium channel blocker
CCB (Amlodipine)

Step One

Step Two

ACEI* (Ramipril, lisinopril) + CCB (Amlodipine)

Step Three

ACEI* (Ramipril, lisinopril) + CCB (Amlodipine) + Thiazide type diuretic (Indapamide 2.5mg tablet)

Step Four

Resistant hypertension

Add:
1. Further diuretic
Consider a low dose of spironolactone

2. Consider an alpha blocker (doxazosin) or a beta blocker (atenolol) - Consider if further diuretic therapy is not tolerated, or is contraindicated or ineffective

3. Consider seeking specialist advice

If BP remains uncontrolled with either optimal or maximum tolerated doses of four drugs, check adherence and seek expert advice if it has not already been obtained

*If an ACE inhibitor is prescribed and is not tolerated (e.g. due to an intractable cough), offer a low cost angiotensin receptor blocker (ARB) (e.g. losartan).

For black people of African or Caribbean family origin, consider a low cost ARB (e.g. losartan) in preference to an ACEi in combination with a CCB at step 2 or 3.

NOTE: For patients taking bendroflumethiazide or hydrochlorothiazide whose BP remains stable and well controlled, continue treatment