Clinical Guideline
Hypertension (primary uncomplicated) — treatment (adults)

Hypertension (primary uncomplicated) - Treatment (adults) - clinical guideline, v2.
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1 Signs of papilloedema or retinal haemorrhage 2 Labile or postural hypotension, headache, palpitations, pallor and diaphoresis
3 In patients aged over 80 take account of co-morbidities and risk factors (e.g. falls)
4 Ambulatory blood pressure monitoring 5 Home blood pressure monitoring

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

Reference
NICE Guidance CG127 Hypertension – Clinical management of primary hypertension in adults, November 2016
Antihypertensive drug treatment — summary

Aged under 55 years

ACE inhibitor (ACEI)\(^1,2\)
orrangiotensin II receptor blocker (ARB) e.g. losartan if intolerant to ACEI

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

Calcium channel blocker (CCB)\(^3\)
(felodipine, amlodipine)

Step One

Step Two

Step Three

Step Four

ACEI\(^1\) or ARB (ramipril) + CCB\(^3,4\) (felodipine, amlodipine)

ACEI\(^1\) or ARB (ramipril) + CCB\(^3,4\) + Thiazide-like diuretic\(^5\) (indapamide)

Resistant hypertension

Add:

i Further diuretic
Low dose spironolactone (unlicensed indication) if potassium <4.5mmol/L
Consider higher dose thiazide-like diuretic if potassium >4.5mmol/L

ii Consider alpha blocker (doxazosin) or beta-blocker
If above further diuretic therapy is not tolerated, or is contraindicated or ineffective

iii Consider 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

1 If ACEI poorly tolerated (e.g. intractable cough), offer ARB (e.g. losartan). Do not combine ACEI with ARB for treatment of hypertension

2 Consider beta-blocker as preferred initial therapy in:
   - patients with previous intolerance or contra-indication to ACEI or ARB
   - women of child-bearing potential
   - patients where there is increased sympathetic drive

   If second agent is then required, add CCB in preference to thiazide-like diuretic to reduce risk of diabetes

3 If CCB unsuitable (oedema, intolerance, heart failure) offer thiazide-like diuretic

4 For black people of African or Caribbean family origin, consider ARB in preference to ACEI in combination with CCB

5 For patients already taking bendroflumethiazide or hydrochlorothiazide whose BP and potassium remain stable and well controlled, continue treatment