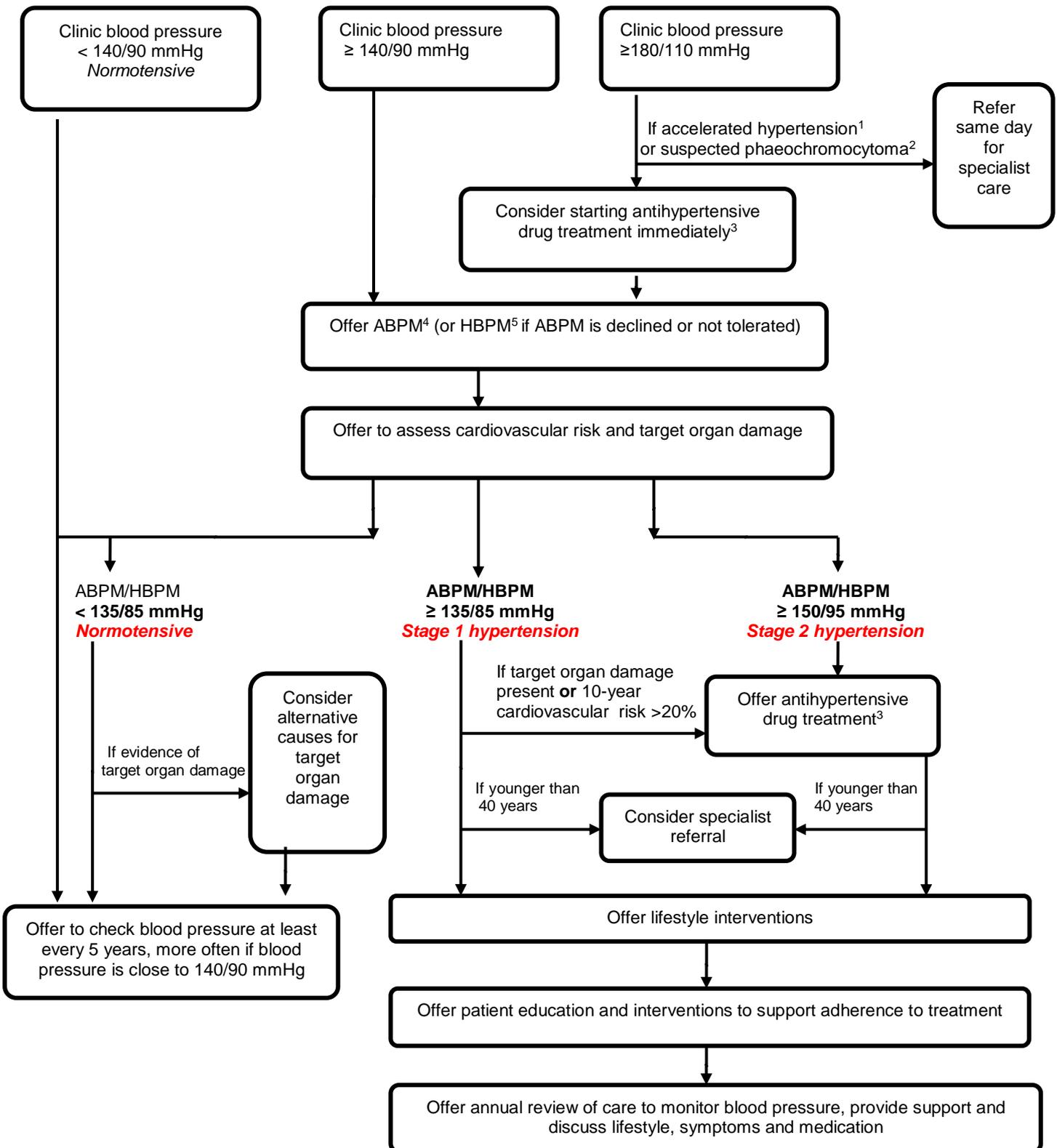


Clinical Guideline Hypertension (primary uncomplicated) — treatment (adults)



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

Reference

NICE Guidance CG127 Hypertension – Clinical management of primary hypertension in adults, November 2016

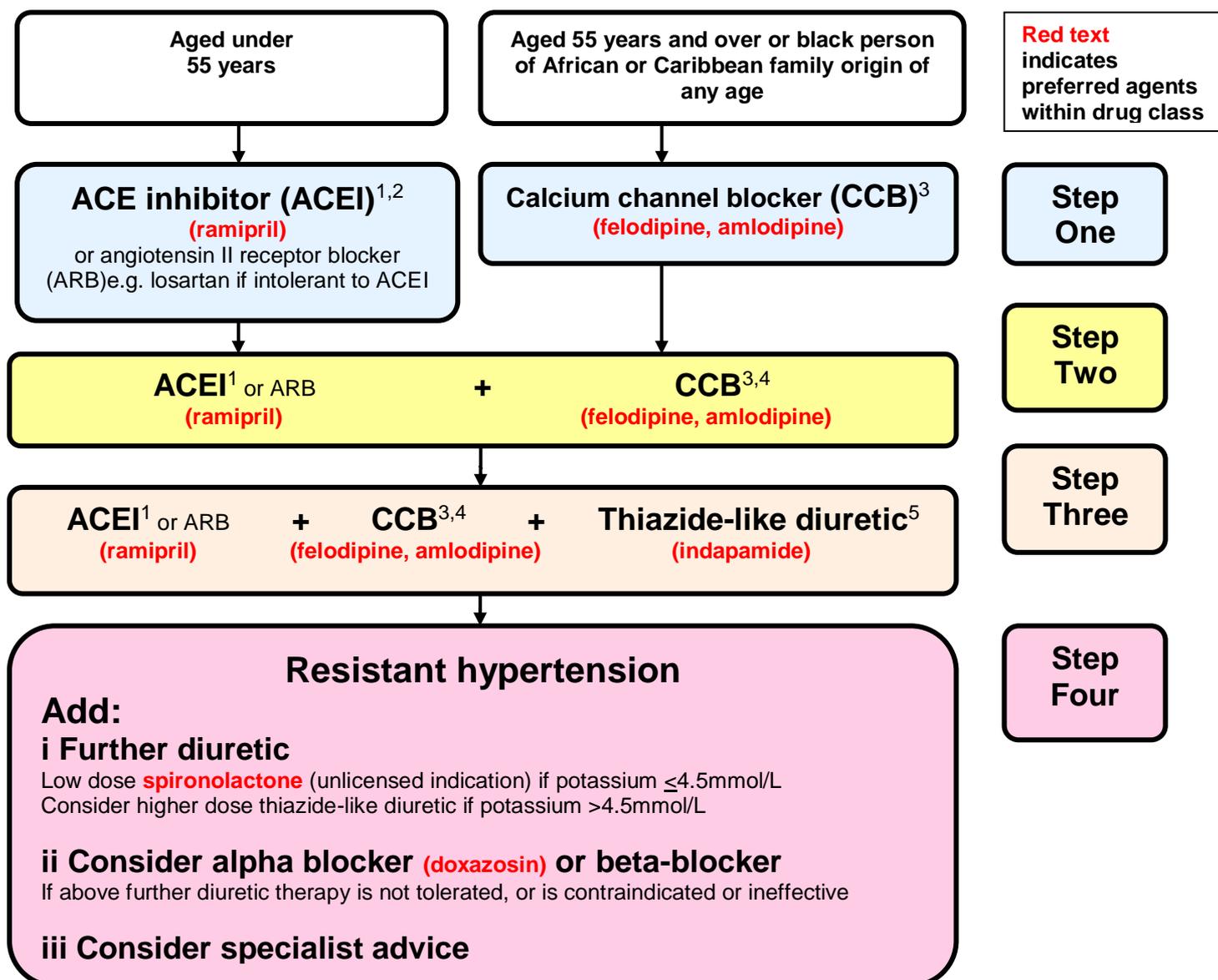
Hypertension (primary uncomplicated) - Treatment (adults) - clinical guideline, v2.

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Antihypertensive drug treatment — summary



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