Clinical Guideline

Hypertension (primary uncomplicated) — treatment (adults)

- If accelerated hypertension\(^1\) or suspected phaeochromocytoma\(^2\)
  - ABPM/HBPM
  - ABPM/HBPM
    - \(< 135/85\) mmHg
    - \(\geq 135/85\) mmHg
    - \(\geq 150/95\) mmHg
  - Normotensive
  - Stage 1 hypertension
  - Stage 2 Hypertension
- If target organ damage present or 10-year cardiovascular risk > 20%
- If evidence of target organ damage
- If younger than 40 years
- If younger than 40 years

Offer ABPM\(^3\) (or HBPM\(^4\) if ABPM is declined or not tolerated)

Offer to assess cardiovascular risk and target organ damage

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)

Step One

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

Calcium channel blocker
CCB (Amlodipine)

Step Two

ACE inhibitor
ACEI* (Ramipril, lisinopril)

Step Three

Calcium channel blocker
CCB (Amlodipine)

Thiazide type diuretic
Indapamide 2.5mg tablet

Red text indicates preferred agents within drug class

Resistant hypertension

Add:
1. Further diuretic
   Consider a low dose of spironolactone (unlicensed indication)

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