



CLINICAL GUIDELINE

Hypertension Management, Heart MCN

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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Lead Author:	Adrian Brady
Approval Group:	Medicines Utilisation Subcommittee of ADTC

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.



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Heart MCN Hypertension Guidelines

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Writing Committee

Professor Adrian Brady, GRI, University of Glasgow, Chairman

Dr Ronnie Burns, General Practitioner, Parkhead

Dr Alison Blair, General Practitioner, Bearsden

Dr Ciara Duthie, General Practitioner, Kirkintilloch

Dr Keith Mercer, General Practitioner, Tollcross

Professor Christian Delles, QEUH, University of Glasgow

NHSGGC 2024 Heart MCN Hypertension Guidelines

This guideline is intended for use by primary care clinicians to guide diagnosis and subsequent management of hypertension in adult patients in GG&C

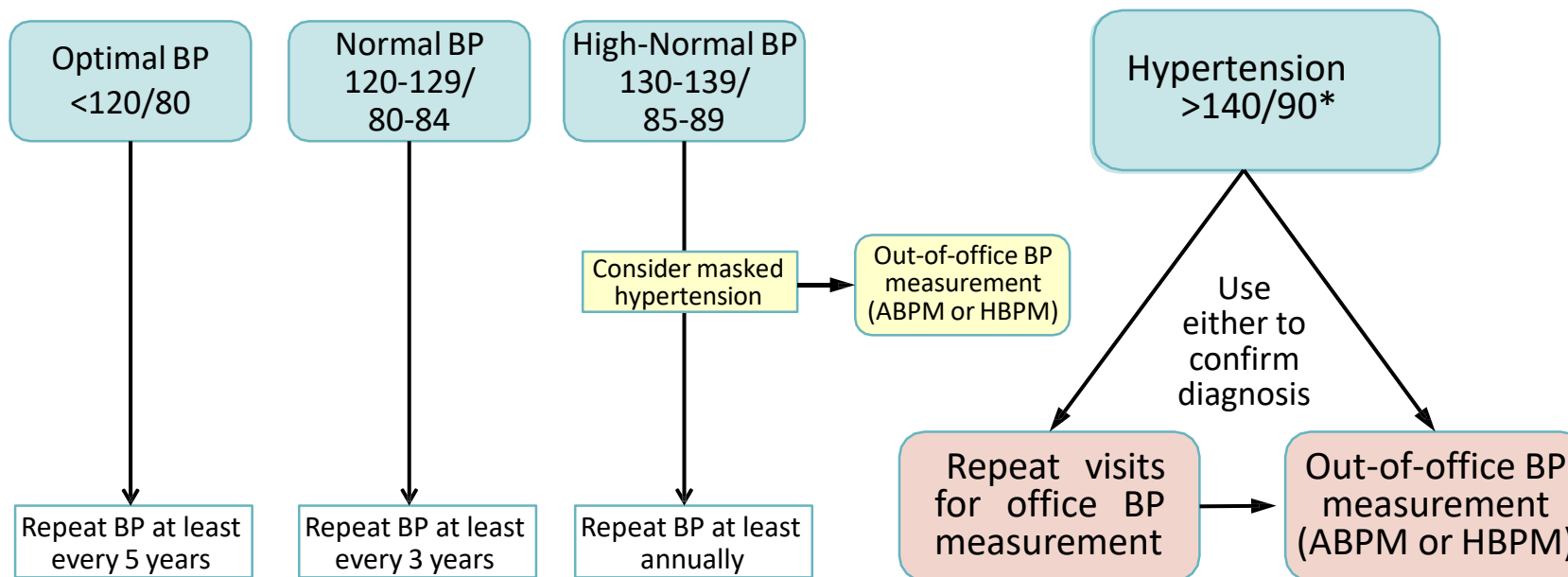
Investigation and Assessment of Risk: All patients ≥ 40 years should have their blood pressure recorded.

High Risk category patients are those with:

1. Target organ damage (TOD)
2. Known cardiovascular disease
3. Previous stroke or Transient Ischaemic Attack
4. Renal disease
5. Diabetes mellitus
6. Previous hypertension (HTN) in pregnancy

Essential investigations in all hypertensives:

1. Urinalysis for protein/albumin
2. U&Es/eGFR
3. Fasting (preferable) glucose
4. Fasting (preferable) lipid profile
5. ECG
6. Use ASSIGN score to define cardiovascular risk



Measurement of Clinic Blood Pressure

- The patient should be seated on an upright chair for 5 minutes, with the arm supported.
- Blood pressure must be measured in silence, the patient not talking.
- Ideally three readings should be taken. The first should be discarded, and the second and third averaged.
- A validated automatic device is recommended, if in sinus rhythm.
- In atrial fibrillation blood pressure must be measured manually.
- If there are any postural symptoms, standing BP must be measured. Use standing BP as the target, if lower than seated BP.

Notes on ambulatory or home blood pressure monitoring (ABPM/HBPM)

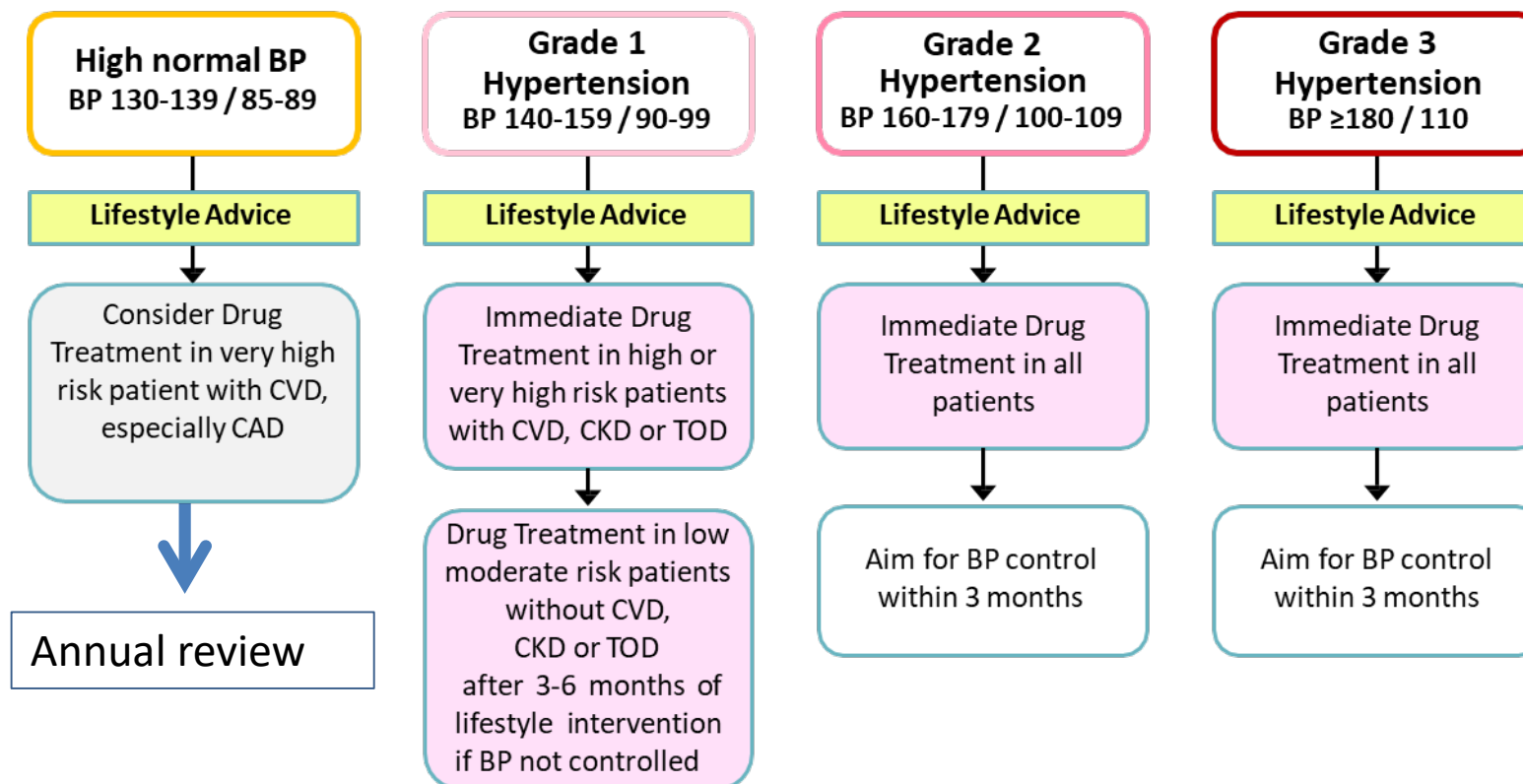
HBPM – Two measurements, one minute apart, twice daily, preferably morning and evening. Continue for four to seven days. Discard measurements on first day and average remaining measurements.

* Thresholds/targets for ABPM/HBPM are 5/5 mm Hg lower than clinic BP values.

ABPM/HBPM should use a validated device. Results from ABPM/HBPM are broadly similar

Classification of high blood pressure

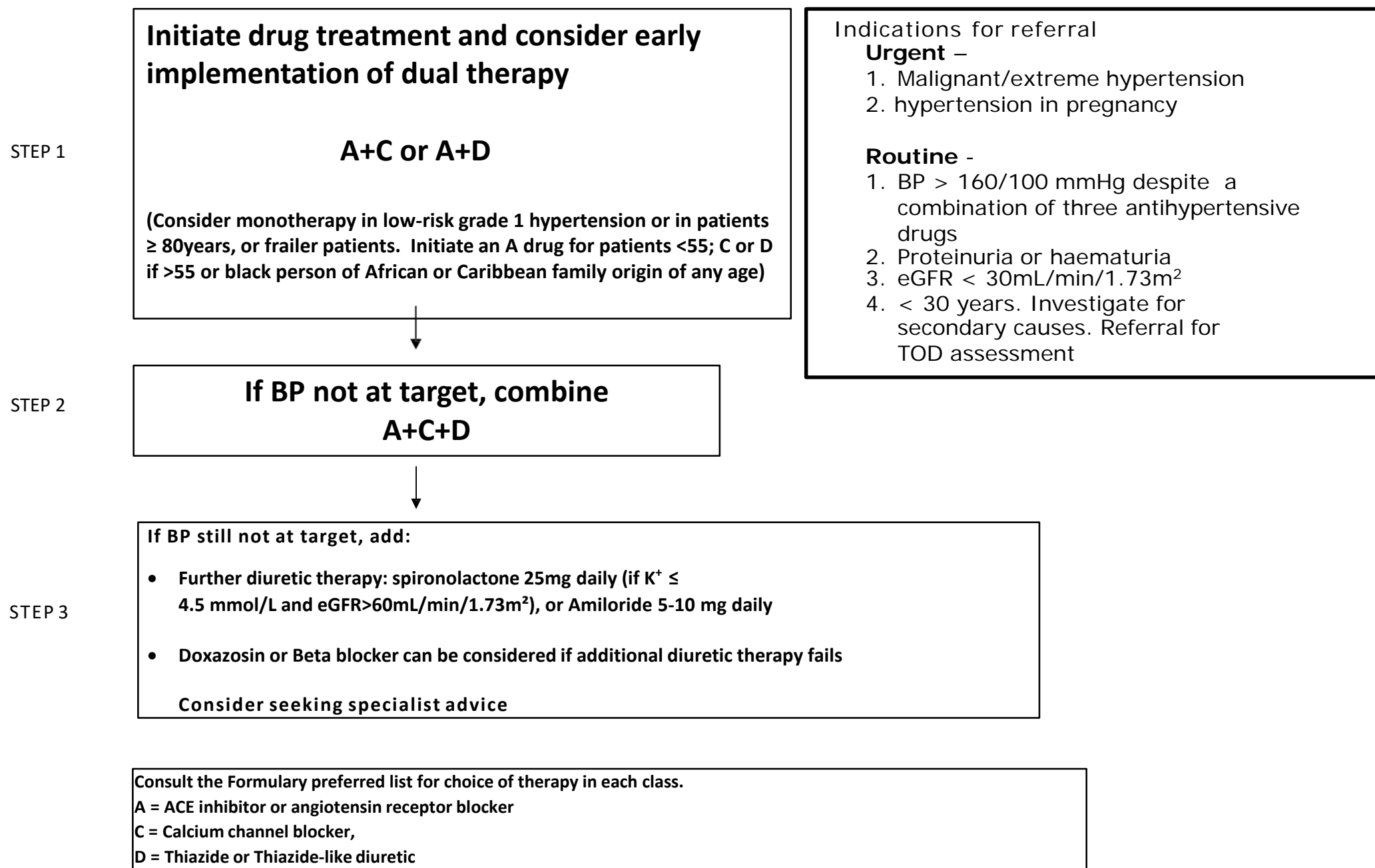
Category	Systolic (mmHg)		Diastolic (mmHg)
Optimal	< 120	and	< 80
Normal	120–129	and/or	80-84
High normal	130–139	and/or	85-89
Grade 1 hypertension	140–159	and/or	90-99
Grade 2 hypertension	160–179	and/or	100-109
Grade 3 hypertension	≥ 180	and/or	≥ 110
Isolated systolic hypertension	≥ 140	and	< 90



Lifestyle advice:
 Restrict salt to 3-5 g/day
 Lose weight if obese
 Alcohol <14U/week
 Regular aerobic exercise
 Diet high in fibre especially oats

* CVD is Cardiovascular disease
 CAD is Coronary Artery Disease

NHSGGC 2024 Heart MCN Hypertension Guidelines



Treatment of hypertension

- While NICE suggests monotherapy when initiating treatment, dual therapy initiation at lower doses may be used (ESC and ESH)
- Consider single pill combination therapy if adherence an issue.
- Consider compelling contraindications: e.g. pregnancy - ACEI, ARBs, spironolactone; gout -Thiazides; Asthma – Beta-blockers
- Tailor treatment to the individual needs of the patient

NHSGGC 2024 Heart MCN Hypertension Guidelines

BP treatment targets: < 140/90 mmHg in all patients

Patients <65 years

< 140/90 mmHg in all patients.

If the treatment is well tolerated, target <130/80 mmHg

Older patients 65-80 years

< 140/90 mmHg in all patients

**Target SBP 130 to < 140 mmHg and DBP < 80 mm Hg
if tolerated**

Patients >80 years

<150/80 mm Hg if tolerated.

Check seated and standing BP in all older patients. Use standing BP if lower.

**Please see frailty guidelines for further advice when prescribing for the elderly,
tailor treatment to the individual needs of the patient**

[polypharmacy-review.pdf \(scot.nhs.uk\)](https://www.scot.nhs.uk/polypharmacy-review/pdf)

Encourage regular practice/home monitoring

Awareness of InHealthcare Portal for patient-generated BP data

[Login with Inhealthcare - Inhealthcare Ltd. \(thirdparty.nhs.uk\)](https://thirdparty.nhs.uk/login-with-inhealthcare)