Orchard Croft Hypertension pathway Update 6/2018

Single clinic BP reading (NOT established hypertension)

If BP>140/90 in consultation, repeat during consultation. If 2nd reading substantially different from 1st, take a 3rd reading.

BP<140/90
NORMOTENSIVE
Recheck BP at least every 5y,
More frequently if close to 140/90

BP 140-179

Needs confirmation of diagnosis by HOME/ABPM

BP> 180/110 severe hypertension
Speak to doctor before patient leaves
(Usually repeat BP within a few days)
If ? phaeochromocytoma/?accelerated hypertension/ consider admission.
(NICE recommend immediate drug therapy

Home BP Readings (2x daily for 5 days)
Each time take 2 readings>1 min apart, whilst seated.
Discard 1st day's reading,average the remaining.

Appt HCA for clinic BP x1
(If still elevated fit ABPM)
ABPM:at least 14 readings, daytime only

After ABPM/Home BP Readings

ABPM/HBPM <135/85
NORMOTENSIVE
Results to HCA for telephone FU, Tell patient normal, Rpt in 5y.

ABPM/HBPM>135/85
Confirmed Hypertension
Results to nurse for surgery appt: See protocol below.

Hypertension confirmed on ABPM/Home readings

Average ABPM/HBPM>135/85: Appt HCA for BP work up AND SEE GP WITH RESULTS.

1. Look for end organ damage: Bloods: FBC Glu, U&E/eGFR, TOTAL Chol,& HDL, LFT ESR
   Urine for ACR & Dipstick for haematuria & ECG
   Fundi for hypertensive retinopathy (dr)
   GP WILL TO CONSIDER IF PT NEEDS FURTHER INVESTIGATIONS FOR CAUSES OF SECONDARY HYPERTENSION (see page 3*)
2. Assess CVD Risk with QRISK
3. Start Lifestyle Counselling

REMEMBER TO refer patient to GP for diagnosis coding and initiating treatment.

Average ABPM/HBPM
135-149/85-94
= **Stage 1 Hypertension**
GP TEL APPT

Average ABPM/HBPM
>150/95
= **Stage 2 Hypertension**
GP FACE 2 FACE

10y CVD risk <20%
AND
NO end organ Damage

10y CVD >20%
Or
End organ damage present

CODE as Suspected Hypertension: Annual Ob's
Anti-hypertensives NOT recommended.
Annual recall.
If <40 y consider specialist referral as 10 y CVD risk tool underestimated risk in this group.

Code as Essential Hypertension
Offer Anti-Hypertensives
(See OverLeaf)
Refer patient to NURSE for monitoring and titration of meds.
(GP FU apt not needed)

OFFER ANTIHYPERTENSIVE TREATMENT IF:

ABPM/HBPM BP 135-149 / 85-94 IF <80Y
(STAGE 1 HYPERTENSION)

and either
10Y CVD Risk >20%
OR
Established CVD/Diabetes/Renal Disasese
OR
End organ damage

OR

ABPM/HBPM >150/95
At any age

(Stage 2 hypertension)

STEP 1

Age <55Y

ACE Inhibitor OR ARB
Use Ramipril (or similar) or Losartan
(Reminder – start low dose - repeat U+E after 2weeks. Nurse to check results and uptitrate monthly)
NEVER USE ACE-I + ARB in combinations

AGE > 55y

African/Caribbean descent of any age

Calcuim channel blocker (CCB)
Use Amlodipine (10mg) (**NOT** Felodipine)
If failure/high risk of failure use thiazide- like diuretic (details below)

STEP 2: ADD ON THERAPY : CCB OR ACE
If failure or high risk of failure or oedema: use ACE + thiazide like diuretic
In those of African/Caribbean descent people consider ARBs in preference to ACE (ARB = Losartan)

STEP3: ACE = CCB = Thiazide like diuretic, NOT Bendroflumethiazide
Use indapamide (2.5mg normal release once daily, 56 tablets is cheapest
Do NOT use Bendroflumethiazide

STEP 4: ACE + CCB + Thiazide like Diuretic plus further diuretic
(Spironolactone 25mg od if K*<4.5 (unlicensed) or higher dose of current thiazide like diuretic if K*>4.5)
OR alpha blocker OR Beta Blocker
AND
Consider specialist advice (e consultation) and consider secondary hypertension (Page 3)

Clinic BP targets

BP Targets
Use **CLINIC BP** to assess response to therapy. Add additional drug if these are not met:

<80Y <140/90
>80Y <150/90

Use ABPM/HBPM to assess response to treatment *ONLY if* marked white coat hypertension (>20/10 difference between home & clinic readings at diagnosis.) In this case aim for:

<80Y ABPM/HBPM BP <135/85 >80Y ABPM/HBPM BP <145/85

STEP 4: ACE + CCB + Thiazide like Diuretic plus further diuretic
(Spironolactone 25mg od if K*<4.5 (unlicensed) or higher dose of current thiazide like diuretic if K*>4.5)
OR alpha blocker OR Beta Blocker
AND
Consider specialist advice (e consultation) and consider secondary hypertension (Page 4)

NOTES FOR HCA

1. If BP is below 135/85 then patient does not have hypertension

2. If BP is between 135-149 systolic
   85-95 diastolic

   The patient has TYPE 1 hypertension. They do NOT need a face to face appoint. They still should have bloods and ECG and advised to make a **Telephone appointment with the GP**

3. If BP is over 149/95 Then patient should be advised that they have high blood pressure and make a **face to face appointment with GP**

IF you are not sure please discuss with Tracy or Michelle