Role of GP

Patients who have had their ambulatory blood pressure checked, with a average blood pressure of greater than 135/85 will be asked by the HCA to make a routine appointment with the GP. They will have investigations including ECG, Urine dip, ACR and Bloods checked by the HCA prior to the appointment.

The GP will depending on the results of investigations and average blood pressure make a decision on whether a patient has stage 1 or stage 2 hypertension. They will also decide if the patient warrants any further investigations such as RENAL U/S or 24h urine collection for catecholamines, and remind patients on lifestyle measures.

If the patient has a BP 135-149/85-94 treat only if 10y CVD risk >20% or end organ damage . Otherwise ask them to come back in 12m to see HCA and coded as suspected hypertension.

If the patient has a BP of 150/95 or higher, then they have stage 2 hypertension and start treatment. All stage 2 patients should have a QRISK2 performed and offered statin if CVD risk is >20%.

The choice of medication should be done on age and ethnicity as per the OCMC hypertension pathway. Patients who are started on ACE-I should be asked to a repeat U+E in 2w to check K+ and renal function. After initiation of treatment the patient should be handed over to the chronic disease nurses for titration and management of their blood pressure. There can be a lag between initiation of drugs/titration of drugs and optimum effect. Patients should be asked to wait atleast 4w before making appointment to see nurse.

Role of Chronic disease nurse.

The aim of monitoring and titration of medication is to try and achieve a clinic blood pressure of 140/90 or less in the <80y age and clinic blood pressure of 150/90 in patients over >80y. However if a patient has known white coat hypertension (greater than 20/10 difference between clinic blood pressure and home blood pressure monitor), then home bp monitoring should be used to monitor and titrate blood pressure. But please remember that the targets are lower if home bp monitoring is used – the target should be 135/85 in the under 80y age and 145/85 in the over 80y age group.
All patients should be given lifestyle advice.

Rules for titration:

Single drugs should be titrated to maximum tolerated dose. If the patient has side effects when increased, the drug should be lowered back to previous dose and a second or third agent should be added. If a new drug is needed please speak to oncall GP to confirm/agree. This drug then should be titrated up as before. The treatment pathway lists the commonly used drugs and order they should be used in. Commonly start with an ACE-I, then CCB (calcium channel blocker) and then thiazide like diuretic.

Please remember that ACE-I can cause hyperkalaemia and deteriorating renal function. U+E should be rechecked after 2-3 w of dose change. Patients should be left for at least 1m before coming back for a blood pressure check. Patients given diuretics should also have U+E checked after dose increases. When the patient s blood pressure is normal they should have normal BP recall (6m).