

10 MINUTE CLINIC PODCAST

HYPERTENSION MANAGEMENT

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After smoking and diet, hypertension is the biggest risk factor in the UK for premature death and disability. One in four people have hypertension in the UK with around one in three treated to target. This 10 minute clinic podcast looks at an overview of the management of hypertension including risk factors, lifestyle management, investigations and medical treatments including the latest NICE guidelines. It also gives a reminder as to how hypertension is defined and what antihypertensive drugs should be used to lower high blood pressure to a satisfactory level.

Key references

[Overview | Hypertension in adults: diagnosis and management | Guidance | NICE](#)

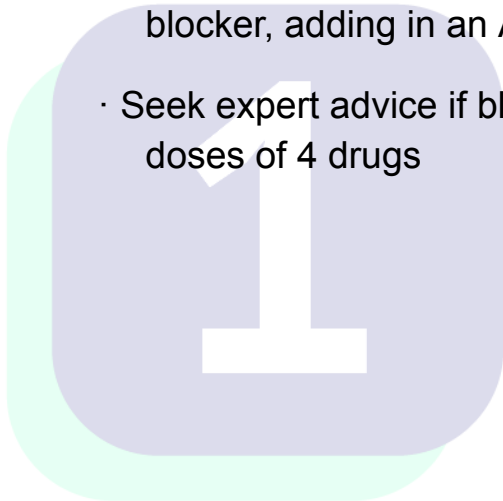
[Management of hypertension: summary of NICE guidance | The BMJ](#)

[Essential hypertension - Symptoms, diagnosis and treatment | BMJ Best Practice](#)

Take home points

- After smoking and obesity, hypertension is the biggest risk factor in the UK for premature death and disability
- At least 90% of cases are primary, or essential hypertension where no obvious cause is found
- The remainder (secondary hypertension) are usually linked to endocrine problems, renal disease or pregnancy
- Non modifiable risks include getting older, gender, a family history of hypertension and ethnicity
- Modifiable risks include obesity, smoking, alcohol, a sedentary lifestyle and too much salt in the diet
- Stage 1 hypertension is classified as a BP greater than 140/90 mm Hg, stage 2 is greater than 160/100 mm Hg and stage 3 is greater than 180/120 mm Hg

- The diagnosis is confirmed if blood pressure taken in surgery is repeatedly greater than 140/90 and the average ambulatory blood pressure readings are 135/85 or higher
- Consider treating patients under the age of 60 with stage 1 hypertension and an estimated CVD risk greater than 10%
- Offer treatment to adults of any age with stage 2 hypertension
- If type 2 diabetes is present, or under the age of 55 and not of black African or African-Caribbean family origin, start treatment with an ACE inhibitor or angiotensin receptor blocker, adding in a calcium channel blocker or thiazide-like diuretic if required
- For hypertension without type 2 diabetes, start treatment with a calcium channel blocker, adding in an Ace or an ARB, **or** a thiazide-like diuretic
- Seek expert advice if blood pressure remains uncontrolled on optimal tolerated doses of 4 drugs



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