

Hypertension

Diagnosis

Stage	Office BP reading		Ambulatory/home average BP reading
1	≥140/90	and	≥135/85
2	≥160/100	and	≥150/95
Severe	≥180 systolic	or	≥110 diastolic
Emergency	Severe readings and Papilloedema/retinal haemorrhage or suspected pheochromocytoma Refer Immediately		

Target organ damage assessment and Cardiovascular risk assessment

- Dipstix urine-haematuria
- ACR
- Glucose HbA1c U+E creatinine eGFR total cholesterol and HDL
- Examine fundi
- ECG
- QRISK

Lifestyle

Obesity, exercise, diet, alcohol, smoking

Criteria for starting anti-hypertensive medication

<p>Stage 1 and one or more of</p> <ul style="list-style-type: none"> • target organ damage • established CV disease • renal disease • diabetes • 10-year CV risk ≥ 20% 	<p>Stage 1 and under 40 and NO evidence of</p> <ul style="list-style-type: none"> • target organ damage • renal disease • Diabetes <p>Consider specialist evaluation</p>	<p>Stage 2 Treat all</p>	<p>Severe Consider treating immediately without waiting for ABPM</p>
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[Treatment steps](#) (Link to NICE algorithm)

Treatment Targets (from BIHS)

Patient group	Features	Clinic Target	HBPM Target
No comorbidities	Under 80	<140/90	<135/85
	Over 80	<150/90	<145/85
Type 1 DM	None	<135/85	<130/80
	Microalbuminuria Or two or more features of metabolic syndrome	<130/80	<125/75
Type 2 DM	None	<140/80	<135/75
	Kidney damage Eye damage Cerebrovascular damage	<130/80	<125/75
CKD (stages 3-5)	None	<140/90 (target range 120-139)	<135/85
	Diabetes Proteinuria (ACR>70)	<130/80 (target range 120-129)	<125/75
Stroke and TIA	None	<130/80	<125/75
	Severe bilateral carotid stenosis	SBP 130-150	SBP 125-145

Annual Review

Review cardiovascular risk factors	Consider purchase of own monitor
Medication review	Encourage home monitoring 3 monthly
Consider blood tests /monitoring medication	Consider adherence/use of pharmacy new medicines service

References

[BIHS](#)
[NICE Hypertension in adults:diagnosis and management \(CG127\)](#)