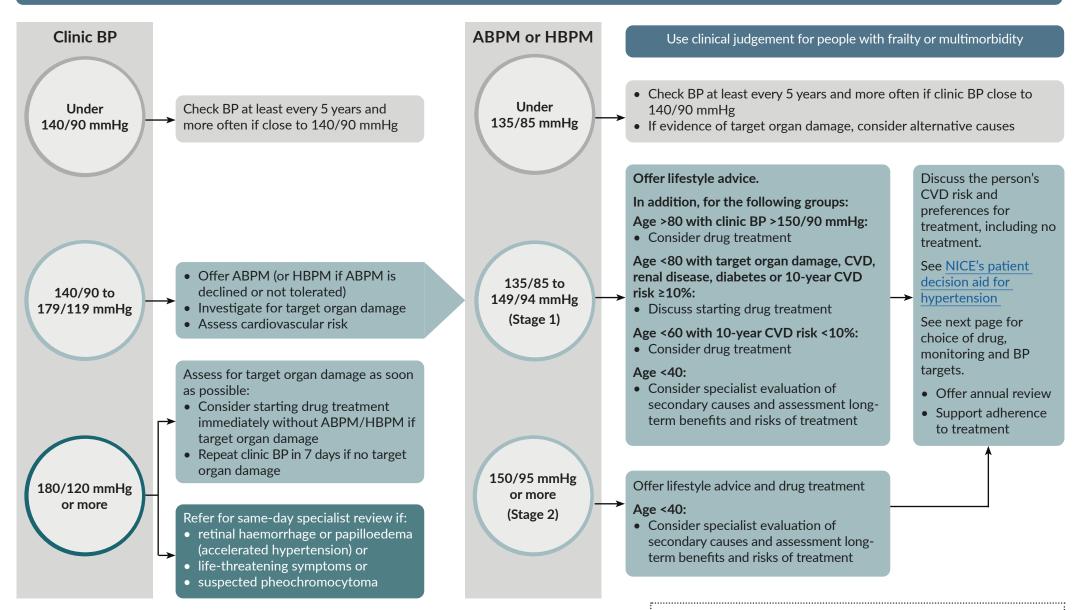
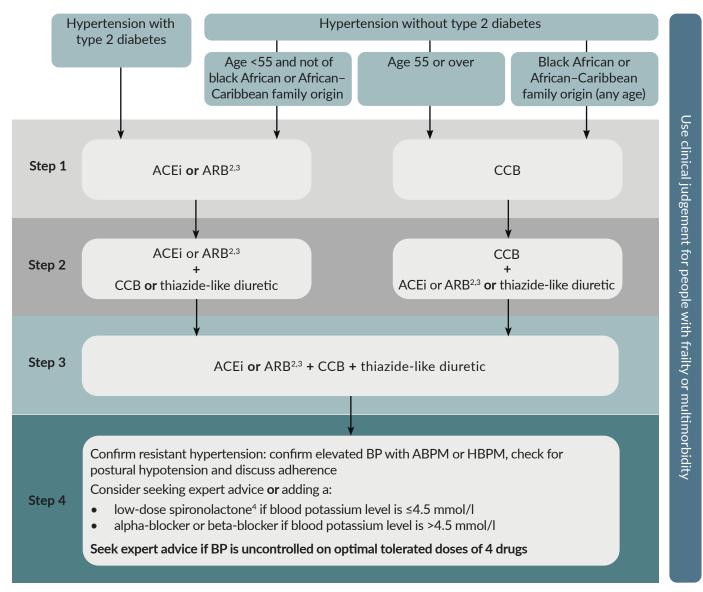


Offer lifestyle advice and continue to offer it periodically



This is a summary of the recommendations on diagnosis and treatment from NICE's guideline on hypertension in adults. See the original guidance at www.nice.org.uk/guidance/NG136

Choice of antihypertensive drug¹, monitoring treatment and BP targets



¹ For women considering pregnancy or who are pregnant or breastfeeding, see NICE's guideline on hypertension in pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in pregnancy. For people with heart failure, see NICE's guideline on hypertension in-pregnancy. For people with heart failure, see NICE's guideline on hypertension in-pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in-pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in-pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in-pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in-pregnancy. For people with chronic kidney disease, see NICE's guideline on hypertension in-pregnancy. For people with chronic kidney disease, see NICE's guideline on <a href="https://pyseu.org/hy

²See MHRA drug safety updates on <u>ACE</u> inhibitors and angiotensin-II receptor antagonists: not for use in pregnancy, which states 'Use in women who are planning pregnancy should be avoided unless absolutely necessary, in which case the potential risks and benefits should be discussed', <u>ACE</u> inhibitors and angiotensin II receptor antagonists: use during breastfeeding and clarification: <u>ACE</u> inhibitors and angiotensin II receptor antagonists. See also NICE's guideline on hypertension in pregnancy.

Monitoring treatment

Use clinic BP to monitor treatment.

Measure standing and sitting BP in people with:

- type 2 diabetes or
- symptoms of postural hypotension or
- aged 80 and over.

Advise people who want to self-monitor to use HBPM. Provide training and advice.

Consider ABPM or HBPM, in addition to clinic BP, for people with white-coat effect or masked hypertension.

BP targets

Offer lifestyle advice and continue to offer it periodically

Reduce and maintain BP to the following targets:

Age <80 years:

- Clinic BP <140/90 mmHg
- ABPM/HBPM <135/85 mmHg

Age ≥80 years:

- Clinic BP <150/90 mmHg
- ABPM/HBPM <145/85 mmHg

Postural hypotension:

• Base target on standing BP

Frailty or multimorbidity:

• Use clinical judgement



This visual summary builds on and updates previous work on treatment <u>published by the BIHS</u> (formerly BHS)

³Consider an ARB, in preference to an ACE inhibitor in adults of African and Caribbean family origin.

⁴At the time of publication (August 2019), not all preparations of spironolactone have a UK marketing authorisation for this indication.