

MANAGING HYPERTENSION IN ADULTS

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HYPERTENSION

Primary (essential) hypertension

- No identifiable cause
- Can develop gradually over many years
- May be hereditary

Secondary hypertension

- Caused by underlying condition
- Tends to appear suddenly
- Causes higher blood pressure than primary hypertension
- Various medications

Nice definitions (2011)

- Definitions
- In this guideline the following definitions are used.
- **Stage 1 hypertension** Clinic blood pressure is 140/90 mmHg or higher **and** subsequent ambulatory blood pressure monitoring (ABPM) daytime average or home blood pressure monitoring (HBPM) average blood pressure is 135/85 mmHg or higher.
- **Stage 2 hypertension** Clinic blood pressure is 160/100 mmHg or higher **and** subsequent ABPM daytime average or HBPM average blood pressure is 150/95 mmHg or higher.
- **Severe hypertension** Clinic systolic blood pressure is 180 mmHg or higher **or** clinic diastolic blood pressure is 110 mmHg or higher.

Underlying Conditions for Secondary Hypertension

- Obstructive sleep apnoea
- Kidney problems
- Adrenal gland tumours
- Thyroid problems
- Certain congenital blood defects
- Medications such as birth control pill, cold remedies, decongestants, analgesia and some prescription drugs
- Illicit drugs such as cocaine and amphetamines
- Alcohol abuse
- Depression, anxiety and stress

Risk Factors for Hypertension

Age

Race

Family history

Overweight or
obesity

Lack of exercise

Smoking

Salt intake

Low potassium
levels

Vitamin D
deficiency

Alcohol abuse

Stress

Chronic conditions
(CKD, diabetes and
lung disease)

Pregnancy

Risk Factors

Modifiable

- Overweight or obesity
- Lack of exercise
- Smoking
- Salt intake
- Low potassium levels
- Vitamin D deficiency
- Alcohol abuse
- Stress
- Chronic conditions (CKD, diabetes and lung disease)
- Pregnancy

Non-modifiable

- Age
- Race
- Family history

Symptoms

- Used to be known as the “silent killer”
- Often no signs or symptoms of the underlying hypertension, even at high level readings.
- May sometimes present as headaches, SOB and nosebleeds.
- Symptoms are not specific and can vary from person to person

Normal Values

- Heart rate? 60-80 bpm
- Bradycardia <60 bpm
- Tachycardia >80 bpm
- BP: Systolic = 120-140
- Diastolic = <85



Diagnosis

- Annual health check for population > 40 years
- High risk for blood pressure between 18 to 35 years should be checked annually
- Look for underlying conditions or risk factors which may precipitate HTN
- Check BP in both arms (if difference >20 mmHg, repeat measurement)
- Ensure you use the appropriate sized cuff
- If diagnosed with raised BP 140/90 or higher, take the best of three readings
- Offer ABPM and HBPM if 140/90 or higher
- Manage conservatively i.e. lifestyle changes
- Start treatment immediately for severe HTN
- Monitor for control
- Medications

Uncontrolled Hypertension

- CKD
- CHD
- Cardiomyopathy
- CVD
- CVA
- Glaucoma
- Papilloedema
- Aneurysms

Nice Guidelines 2011

- HTN is one of the most important preventable causes of premature morbidity and mortality in the UK.
- Major risk for stroke, heart attack, heart failure, CKD, cognitive decline and premature death.
- Untreated HTN can lead to a progressive rise in BP.
- Vascular and renal damage can culminate in treatment resistant state.

Follow Nice Guidelines 2019

[See guidelines](#)

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