Hypertension: routine care

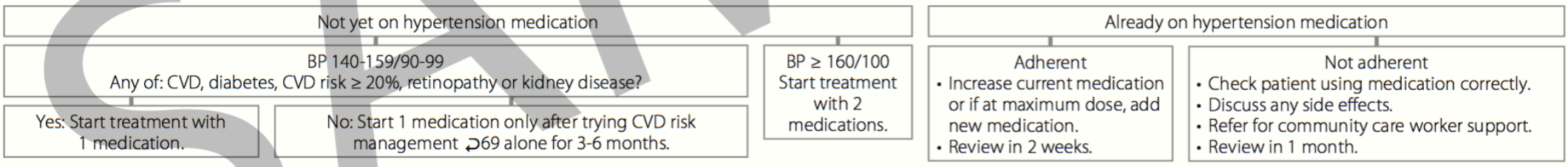
Assess	When to assess	Note
Symptoms	Every visit	Manage symptoms on symptom pages. Ask about symptoms of heart failure →75, ischaemic heart disease →77 or stroke/TIA →76.
BP	• Check 2 readings at every visit. • For correct method ⮌73.	• If BP < 140/90 (< 150/90 if ≥ 60 years), BP is **controlled**: continue current treatment and review 6 monthly. • If BP ≥ 140/90 (≥ 150/90 if ≥ 60 years), BP is **not controlled**: decide treatment below. If ≥ 180/110: also check if needs urgent attention ⮌73.
CVD risk	At diagnosis, then depending on risk	Assess CVD risk ⮌68. If < 10% with CVD risk factors or 10-20% reassess after 1 year, if > 20% reassess after 6 months.
Eyes for retinopathy	At diagnosis, then yearly and if visual problems	If new retinopathy, visual problems or cataracts, refer.
Glucose	At diagnosis, then yearly	If able, check fasting glucose after an 8-hour overnight fast. If not, check random glucose. Interpret result ⮌70.
eGFR	At diagnosis, then yearly	If eGFR < 60mL/min/1.73m², discuss with specialist.
Urine dipstick	At diagnosis, then yearly	If blood or protein on dipstick, refer to doctor and repeat dipstick at next visit. If glucose on dipstick, screen for diabetes ⮌70.
Random total cholesterol	• At diagnosis, then yearly • 3 months after starting simvastatin	• If cholesterol ≥ 8mmol/L start simvastatin as below and refer for further assessment. • If repeat cholesterol > 5mmol/L increase simvastatin as below. If already on 40mg daily discuss with specialist.
ECG	At diagnosis, then yearly	If abnormal, discuss with doctor.

Advise the patient with hypertension

- Help patient to manage his/her CVD risk ⮌69. Emphasise salt restriction ≤ 1 teaspoon/day, weight reduction and smoking cessation.
- Advise patient to avoid NSAIDs (e.g. ibuprofen) and oestrogen-containing oral contraceptives ⮌91. If pregnant or planning pregnancy, discuss with specialist.
- Explain importance of adherence and that patient will need lifelong hypertension care to prevent stroke, heart disease and kidney disease. Refer for community care worker support if newly diagnosed.

Treat the patient with hypertension

- Give **simvastatin** if CVD, cholesterol ≥ 8mmol/L, diabetes in patient ≥ 40 years or CVD risk > 20%. Start 20mg daily. If repeat cholesterol > 5mmol/L increase to 40mg daily.
- Give **aspirin** 150mg daily if patient has CVD. Avoid if peptic ulcer, dyspepsia, kidney or liver disease.
- If BP is not controlled, decide treatment for hypertension using algorithm and table below:



Medication	Decide which medication to use	Start dose	Maximum dose	Side effects
Hydrochlorothiazide	First-line therapy. Avoid in gout, severe liver/kidney disease. Discuss if impaired glucose tolerance, diabetes or raised cholesterol.	12.5mg daily in morning	50mg daily or in 2 divided doses	Impaired glucose tolerance, gout attack, gastrointestinal disturbances
Enalapril	Use first if diabetes with proteinuria or kidney disease. Avoid if previous angio-oedema. Add to hydrochlorothiazide if patient needs > 1 medication.	5mg daily or in 2 divided doses	20mg daily in 2 divided doses	Cough (common, discuss with doctor), dizziness, angio-oedema (swelling tongue, lips, face, difficulty breathing: stop enalapril immediately ⮌14).
Amlodipine	Use if peripheral vascular disease. Discuss if patient has heart failure.	2.5mg daily	10mg daily	Dizziness, flushing, headache, fatigue
Metoprolol (immediate release)	Use if ischaemic heart disease. Avoid in uncontrolled heart failure, asthma, COPD.	50mg daily	200mg daily	Tight chest, fatigue, slow pulse, headache, cold hands/feet, impotence