

Hypertension: diagnosis

Check blood pressure (BP)

- Seat patient with back against chair and arm supported at heart level for 5 minutes.
- Use a larger cuff if mid-upper arm circumference is $> 34\text{cm}$.
- Record systolic BP (SBP) and diastolic BP (DBP): SBP is the first appearance of sound, DBP is the disappearance of sound.
- Check two readings 5 minutes apart. Use the lowest reading to determine the patient's BP.
- If patient is pregnant, interpret reading $\rightarrow 93$.

Give urgent attention to the patient with BP $\geq 180/110$ and one or more of:

- Visual disturbances
- Headache
- Dizziness
- Chest pain $\rightarrow 18$
- Weakness or numbness
- Difficulty breathing worse on lying flat or with leg swelling $\rightarrow 75$
- Confusion
- BP $> 200/120$

Management:

- Antihypertensives can cause a severe drop in BP and a stroke. Discuss with specialist whether to give BP-lowering treatment before referral.
- Refer urgently.

Approach to the patient not needing urgent attention:

BP $< 140/90$

BP $\geq 140/90$

Repeat BP check on 2 more occasions.

Do not diagnose hypertension based on one reading alone.

BP $< 140/90$ on repeat checks

BP confirmed on 3 occasions $\geq 140/90$

Assess CVD risk $\rightarrow 68$.

BP $< 120/80$

BP $120/80$ – $139/89$

Recheck BP after 5 years.

Patient's BP is a CVD risk factor.

- Manage CVD risk $\rightarrow 69$.
- Recheck BP after 1 year.

Diagnose hypertension

- Give routine hypertension care $\rightarrow 74$.
- If patient is < 40 years, refer to exclude secondary hypertension.