ASHCROFT SURGERY
HYPERTENSION MANAGEMENT GUIDELINES

Research continues to show significant underdiagnosis, undertreatment, and poor blood pressure control in the UK.

Many patients are still prescribed monotherapy for treatment, contrary to the British Hypertension Society Guidelines.

OBJECTIVES OF THE GUIDELINES

- Improve primary prevention of hypertension and cardio-vascular disease by altered lifestyle and dietary choices
- Improve the diagnosis and treatment of hypertension by routine screening, and increased awareness by the general public.
- To ensure that patients taking medication to control their hypertension, achieve target blood pressure levels.
- Reduce the risk of cardiovascular disease by appropriate use of statins and aspirin.
- To improve the identification of patients with hypertension in high risk groups such as the elderly, patients with ischaemic heart disease, diabetes or multiple risk factors.
- To encourage concordance when medications are prescribed.

ROLE OF THE NURSING TEAM

Identification of patients with raised blood pressure on the practice list, and recording of these patients on EMIS hypertension register.

Opportunistic recording of blood pressure at routine practice nurse appointments for eg:
Cervical smear
Contraception review
New patient health check
Chronic disease monitoring reviews
Well woman/well man check
Over 75 check

Targetting patients at higher risk, eg:

Patients with BMI>25
Smokers
Family history of cardiovascular disease
Elderly patients >75
Lifestyle risk factors, ie; lack of exercise/excess alcohol
Men >50 have a greater cardiovascular disease risk than women>50

BLOOD PRESSURE RECORDING

- Use a standard mercury sphygomomanometer, calibrated and validated. Routine use of home monitoring devices in primary care is not recommended.
- Blood pressure should be measured sitting with arm relaxed, with no tight clothing around upper arm. No talking during procedure.
- Blood pressure should also be recorded standing at initial appointment, for diabetic and elderly patients.
- Cuff size is IMPORTANT, see guidelines for cuff size.
- Blood pressure is measured to nearest 2mmHg
- Diastolic reading is taken at phase V, disappearance of sounds.
- Blood pressure is taken twice at each appointment and mean recorded.
- Blood pressure should be measured on both arms, and the higher value "arm" used for future measurements.
- Blood pressure should never be treated on the basis of one isolated reading.

EVALUATION OF READINGS

See flowchart

- If blood pressure <130/85, review 5 yearly as per BHS guidelines for all adults.
- If blood pressure <140/90, review annually.
- If blood pressure >140/90, patient will be asked to return for at least two separate readings, preferably at monthly intervals.
- Patients with blood pressure >180/110 should be referred to a Dr immediately, as they may need specialist referral.

CARDIOVASCULAR RISK

Patients who are found to be hypertensive should have their cardiovascular risk assessed, using the Joint British Societies Cardiovascular Disease risk chart. This calculates cardiovascular risk, not coronary heart disease risk as before.
The chart is now simplified into 3 age ranges and excludes diabetics who would already have higher cardiovascular disease risk.
The chart also helps decision-making re the use of statins and aspirin.

LIFESTYLE MEASURES

- Lifestyle advice should be provided to all patients with high or borderline high blood pressure, including;
- Information for smokers to help them stop smoking.
- Advice to patients regarding a healthy low saturated fat diet, and five portions of fruit or vegetables daily.
- Advice about the benefits of aerobic exercise at least three times per week.
- Encouragement for patients to reduce alcohol to safe limits of 21 units/week for men, and 14 units per week for women.
- Discourage excessive intake of caffeine rich products.
- Encourage patients to reduce their salt intake.

INVESTIGATIONS

- All patients with diagnosed hypertension should have the following routine investigations carried out to identify target organ damage.
- Urine dipstick for protein and blood
- Blood tests for urea, creatinine and electrolytes
- Fasting blood glucose
- Fasting blood lipid profile to include cholesterol, HDL, LDL and triglycerides.
- 12 lead Electrocardiogram

All patients should also have recorded:

- Height, weight and Body Mass Index.
- Weekly alcohol intake.
- Smoking status.
- Family history of cardiovascular or coronary heart disease.
- Personal medical history.

Following 3 blood pressure readings >140/90 and the above investigations, the patient would be referred to a doctor.

Patients who commence pharmacological treatment should then be reviewed in one month to check:

- Blood pressure.
- Medication concordance and side effects.
- Urea and electrolytes for those patients on Ace Inhibitors.
- Reinforce lifestyle and dietary advice.

Patients on treatment will then be called annually or sooner, by computer recall.

INDICATIONS FOR THE USE OF AMBULATORY BLOOD PRESSURE MONITORING

- Wide variability of blood pressure
- "White coat" hypertension.
- To aid treatment decisions.
- Evaluation of drug resistant hypertension.
- Hypertension in pregnancy.