

# NHS FORTH VALLEY Hypertension Guideline

<b>Date of First Issue</b>	03/07/2012	
<b>Approved</b>	14/08/2012	
<b>Current Issue Date</b>	03/07/2012	
<b>Review Date</b>	03/07/2014	
<b>Version</b>	5.0	
<b>EQIA</b>	Yes	07/08/2012
<b>Author / Contact</b>	Leslie Cruickshank	
<b>Group Committee –</b>	CHP Quality Improvement Group	
<b>Final Approval</b>		

This document can, on request, be made available in alternative formats

## Management of Policies Procedure control sheet

(Non clinical documents only)

Name of document to be loaded	From front cover			
Area to be added to	* see areas available on the policy web-page			
	Policy	Guidance	Protocol	Other (specify)
Type of document	Default setting			
	Immediate	2 days	7 days	30 days
Priority				Default setting
	Questions			
Understanding	Yes		No	Default setting
	Required			
Archive file	Yes		No	Default setting
	Options			
Where to be published	External and Internal		Internal only	Default setting
Target audience	NHSFV wide	Default setting	Specific Area / service	

### Consultation and Change Record – for ALL documents

<b>Contributing Authors:</b>	NICE CE 127 adopted – see NICE website for authors		
<b>Consultation Process:</b>	Local short life working group chaired by Dr L Cruickshank, Clinical Lead, Falkirk CHP		
<b>Distribution:</b>	All GPs, PNs in NHS Forth Valley		
<b>Change Record</b>			
<b>Date</b>	<b>Author</b>	<b>Change</b>	<b>Version</b>

NICE Clinical Guideline 127 Hypertension; Clinical management of primary hypertension in adults should be followed. The quick reference guide is excellent and is available at –

<http://www.nice.org.uk/nicemedia/live/13561/56015/56015.pdf>

The following supplementary points should be noted –

- Ambulatory Blood Pressure Monitoring (ABPM) is recommended as the most cost-effective method of diagnosing hypertension, followed by Home Blood Pressure Monitoring (HBPM). Given capacity for both these is likely to be limited it is reasonable to base the decision to treat for those with co-morbidities on clinic blood pressure monitoring (CBPM).
- The width of the blood pressure cuff bladder is recommended to be about 40%, and its length 80% of the arm circumference. For a standard adult arm with circumference <33cm this equates to a 12x26cm bladder. When the bladder is too small it is likely to overestimate blood pressure.
- NICE CG 127 Quick reference guide page 10. Assessing cardiovascular risk. ASSIGN is the recommended tool for cardiovascular risk assessment in Scotland.
- NICE CG 127 Quick reference guide page 10. Lifestyle intervention. The DASH eating plan is recommended (Dietary Approaches to Stop Hypertension). Consume diet rich in fruit and vegetables (At least 5 portions a day), low-fat dairy products with reduced content of saturated and total fat. Expected systolic BP reduction 6mmHg.
- Blood pressure targets for those with co-morbidities are lower e.g. people with diabetes or CKD, acceptable BP <140/<80, optimal BP <130/<80. For those with type 1 diabetes and nephropathy lower targets apply (<120/70) and specialist care may be appropriate.
- If antihypertensive medication is stopped due to consistently good control recurrence of hypertension is most likely within the first 6 months of stopping therapy.

### **Publications in Alternative Formats**

NHS Forth Valley is happy to consider requests for publications in other language or formats such as large print.

To request another language for a patient, please contact 01786 434784.

For other formats contact 01324 590886,

text 07990 690605,

fax 01324 590867 or

e-mail - [fv-uhb.nhsfv-alternativeformats@nhs.net](mailto:fv-uhb.nhsfv-alternativeformats@nhs.net)