

NICE Hypertension in Adults: Diagnosis and Management Guideline (NG136)

BIHS Statement on Implementation

December 2019

The new NICE Hypertension in adults: diagnosis and management guideline (NG136) was published in August 2019. Eight members of the guideline committee are Members or Fellows of the BIHS. The guideline scope limited the guidance to the management of people with raised blood pressure without established cardiovascular disease but did, for the first time, include people with type-2 diabetes.

The key differences from the former guideline, that require implementation, are as follows:

1. The need to offer medication to people, under the age of 80, who have stage 1 hypertension and moderate risk of developing cardiovascular disease, as defined by a QRisk score between 10 and 19%.
2. People with severe hypertension, defined as a clinical blood pressure measurement (CBPM) $\geq 180/120$ mmHg, should have their CBPM repeated within seven days. If the second CBPM confirms they have severe hypertension, treatment should be initiated. People with severe hypertension and red flag signs such as chest pain, new onset confusion, heart failure, acute kidney failure, retinal haemorrhage or papilloedema should be referred for a same day assessment by a specialist in hypertension.
3. In the initial diagnosis stage, blood pressure should be measured in both arms and, if there is a difference of 15 mmHg, the blood pressure should always be measured in the arm with the higher pressure.
4. Standing blood pressure should be measured in people with type-2 diabetes, those aged ≥ 80 , and people with symptoms of postural hypotension. If this reveals an element of postural drop then the treatment target for those people should be the standing measurements.
5. People with multi-morbidity or frailty should have this taken into account when deciding how to treat them.

6. Whilst the treatment target blood pressure remains at <140/90 mmHg, and <150/90 mmHg for those aged ≥80, NICE have emphasised that these targets must be 'achieved and maintained'. Clinicians are encouraged to follow the treatment algorithm to step four to achieve this.

Updated visual summaries for diagnosis and treatment, as well as a patient decision aid, are available on the NICE website. The treatment summary has been adapted, but still carries the Society's logo as the original treatment pathway was devised by the Society.

There has been debate, within the Society, regarding the differences between the ESH/ESC 2018 guideline and the new NICE guideline. An explanation of why those differences have occurred has been published in the European Heart Journal, which is available on the following links:

Abstract

<https://academic.oup.com/eurheartj/article-abstract/40/42/3456/5583202>

Article (Free Access)

<https://academic.oup.com/eurheartj/article/40/42/3456/5583202?guestAccessKey=99d01ad2-2d77-4c16-b7e9-e3934b5e84b7>

"The guideline referred to in this article was produced by the National Guideline Centre for the National Institute for Health and Care Excellence (NICE). The views expressed in this article are those of the author and not necessarily those of NICE."

The BIHS has not endorsed the ESC/ESH guideline, the NICE guideline or these articles but recognises that colleagues in the Society, and beyond, are likely to follow NICE guidelines in clinical practice.

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