

## Hypertension in adults: diagnosis and management (update)

Consultation on draft scope – deadline for comments by 5pm on 16<sup>th</sup> March 2021

Email: [HTAupdate@nice.org.uk](mailto:HTAupdate@nice.org.uk)

	<p><b>Please read the checklist for submitting comments at the end of this form.</b> We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>In addition to your comments below, we would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?</li></ol> <p><a href="#">Developing NICE guidance: how to get involved</a> has a list of possible areas for comment on the draft scope.</p>
<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	<b>[British and Irish Hypertension Society]</b>
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<b>[None]</b>
<b>Name of person completing form:</b>	<b>[Dr Wayne Sunman]</b>
<b>Type</b>	[for office use only]

Comment No.	Page number or 'general' for comments on the whole document	Line number or 'general' for comments on the whole document	Comments  Insert each comment in a new row.  Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....
1	1	19	Consider prioritising different antihypertensives after ischaemic stroke as there is evidence some are possibly harmful (CCBs) and others ineffectual (ARBs/ACEIs), similarly newer agents (qv) need positioning in type 2 diabetes mellitus (T2DM) and there is reason to vary treatment order for people with Heart Failure with preserved Ejection Fraction (HFpEF).
2	3	10	Consider type 1 diabetes mellitus (T1DM) also, as it is confusing to have varying target BPs for T1 and T2DM. The two conditions are inadequately separated in trial evidence.
3	4	Table: 1.4	Include T1DM, not just T2DM. Choosing antihypertensive drugs treatments for people with or without DM and post-stroke. How would Sodium-Glucose Transport Protein 2 inhibitors (SGLT2-inhibitors) be positioned in people with T2DM? New evidence is to be published in the Summer.
4	6	26	After this line, insert an extra outcome measure: modified Rankin Scale (mRS)-post stroke also a further line of falls and standing systolic blood pressure (in frail people and those with orthostatic hypotension).
5	1	21	Frailty is increasingly featuring in trials, although the definition and hence its measurement are not fully-agreed. Suggest adding amending 'multimorbidity' to 'multimorbidity and frailty'.
6	3	4	Add in another line: People with orthostatic hypotension. These are particularly hard to treat properly. Recent SIGN guidelines have dealt with the issue. Add in a line or qualify the line for those people 80 years and older to specifically evaluate evidence with moderate and with severe frailty. Finally, add a line to evaluate evidence for those with (HFpEF). Evidence is accruing for earlier use of mineralocorticoid receptor antagonists.
7	4	Table 1.4	Change the statement to 'Choosing antihypertensive drugs for non-diabetic patients with no end-organ damage'. Add in another new area: New evidence to consider treatment choices for people with T2DM and position of SGLT-2 inhibitors, for people with HFpEF and after ischaemic stroke.
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Add extra rows if needed

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- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
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- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
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