

BIHS Statement on Referral to a Hypertension Specialist

The BIHS recommend that practitioners considering referral to a hypertension specialist will have demonstrated:

- 1. Raised blood pressure evidenced by ABPM and/or HBPM
- 2. The NICE guideline "Hypertension in adults: diagnosis and management [NG136]" has been followed
- 3. Concordance with medication has been assessed
- 4. One or more of the BIHS referral criteria have been met

| BIHS criteria for routine referrals | Supported by |
|--|-----------------------|
| Age under 40 years at diagnosis, irrespective of current age | NICE, ESC/ESH |
| Suspected secondary hypertension, including but not limited to hyperaldosteronism (e.g. hypokalaemia); phaeochromocytoma (e.g. palpitations, headache, flushing, family history, history of neurofibromatosis); drug induced hypertension (e.g. OCP, tricyclic antidepressants, SSNRI, Methylphenodate). | NICE, ESC/ESH, ISH |
| Please note these are common examples but do not represent an exhaustive list of the secondary causes of hypertension. | |
| Hypertension in pregnancy and women who remain hypertensive postpartum. Requires a multi-disciplinary team approach. | NICE |
| Resistant hypertension defined as blood pressure uncontrolled on maximum tolerated doses of A+C+D, Step 4 treatment considered, confirmed by repeat ABPM, concordance assessed. | NICE, ESC/ESH, ISH |
| Persistent symptomatic postural hypotension despite medication adjustment (supine to standing ≥ 20 mmHg AND/OR sitting to standing ≥ 15 mmHg). | NICE |
| Complex polypharmacy | ESC/ESH |
| BIHS criteria for emergency/same day referrals | Supported by |
| Malignant/accelerated phase hypertension. Blood pressure ≥ 180/120 mmHg with retinal haemorrhage or papilloedema | NICE, ESC/ESH |
| Hypertensive crisis. Life threatening end-organ damage even in the context of severe or mild hypertension. Including acute aortic dissection, acute renal failure, stroke, acute myocardial ischaemia, acute heart failure, phaeochromocytoma. | NICE, ESC/ESH |
| Pre-eclampsia and severe hypertension in pregnancy. Requires a multi-disciplinary team approach. | NICE, ESC/ESH |

References

- [1] National Institute for Health and Care Excellence. Hypertension in adults: diagnosis and management. **NICE guideline** [NG136]. Updated 2022. https://www.nice.org.uk/guidance/ng136
- [2] National Institute for Health and Care Excellence. Hypertension in pregnancy: diagnosis and management. **NICE guideline** [NG133]. 2019. https://www.nice.org.uk/guidance/ng133
- [3] Bryan Williams, Giuseppe Mancia, Wilko Spiering, Enrico Agabiti Rosei, Michel Azizi, Michel Burnier, Denis L Clement, Antonio Coca, Giovanni de Simone, Anna Dominiczak, Thomas Kahan, Felix Mahfoud, Josep Redon, Luis Ruilope, Alberto Zanchetti, Mary Kerins, Sverre E Kjeldsen, Reinhold Kreutz, Stephane Laurent, Gregory Y H Lip, Richard McManus, Krzysztof Narkiewicz, Frank Ruschitzka, Roland E Schmieder, Evgeny Shlyakhto, Costas Tsioufis, Victor Aboyans, Ileana Desormais, ESC Scientific Document Group, 2018 ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH), European Heart Journal, Volume 39, Issue 33, 01 September 2018, Pages 3021–3104, https://doi.org/10.1093/eurheartj/ehy339
- [4] Unger T, Borghi C, Charchar F, Khan NA, Poulter NR, Prabhakaran D, Ramirez A, Schlaich M, Stergiou GS, Tomaszewski M, Wainford RD, Williams B, Schutte AE. 2020 International Society of Hypertension Global Hypertension Practice Guidelines. Hypertension. 2020 Jun;75(6):1334-1357. doi: 10.1161/HYPERTENSIONAHA.120.15026. Epub 2020 May 6. PMID: 32370572.