S I G N

PROPOSED REVIEW OF SIGN GUIDELINE 2005
CONSULTATION FORM

Title of guideline	SIGN 49: Hypertension in older people
Date of publication	2001
SIGN scoping search – sources	MeSH headings for the condition specified, plus any common variations as free text Sources: **Guidelines**: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. **Technology appraisals**: NICE; UK HTA database (Southampton); INAHTA database. **Cochrane reviews**: Cochrane library. **Other good quality systematic review**s: UK HTA database (Southampton); DARE. **Individual studies**: Embase and Medline. Date of publication - 2005.
SIGN scoping search - summary	**Guidelines** – 6 **HTAs** – 0 **Cochrane reviews** – 3 **Other good quality systematic reviews** – 8 **Individual RCTs** – 0 major studies in last 2 years
Other guidelines/HTAs	▪ Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL Jr, Jones DW, Materson BJ, Oparil S, Wright JT Jr, Roccella EJ. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension 2003 Dec;42(6):1206-52. ▪ Hypertension. **National Committee on Cardiac Care (Singapore)**, National Medical Research Council, Singapore Cardiac Society, Singapore Ministry of Health. 2000. ▪ **2003 European Society of Hypertension**–European Society of Cardiology guidelines for the management of arterial hypertension. Eur Heart J 2004;25:2243–2278 ▪ **National Institute for Clinical Excellence.** Hypertension (persistently high blood pressure) in adults. London;NICE:2004. ▪ **North of England Hypertension Guideline Development Group.** Essential hypertension: managing adult patients in primary care. Newcastle upon Tyne (UK): Centre for Health Services Research, University of Newcastle; 2004 ▪ Williams B, Poulter NR, Brown MJ, Davis M, McInnes GT, Potter JF, et al. Guidelines for management of hypertension: report of the fourth working party of the **British Hypertension Society**, 2004—BHS IV. J Hum Hyperten 2004;18:139-85.
Main conclusions from new evidence *current guideline content given in italics*	▪ Chronic high salt in the diet is an important determinant of systolic blood pressure in elderly hypertensive patients. Reducing salt intake lowers blood pressure in those with elevated or normal pressure, and an intake of 3g per day is suggested. *Guideline recommends a reducing to < 5g/day (A).* ▪ In practice, advice on lowering salt intake lowers blood pressure by only a small amount and the reduced intake was hard to sustain. *Dietary compliance not discussed specifically. Guideline recommends a multidisciplinary approach to improving compliance and concordance (C).* ▪ Reducing number of daily doses of blood pressure medication improves compliance. *Guideline recommends single daily dosing where possible (C).* ▪ Angiotension II antagonists, including losartan, have comparable efficacy. *AIIAs recommended as an alternative to ACE inhibitors where cough is a limiting adverse effect (good practice point).* ▪ Aerobic exercise reduces blood pressure in those with elevated or normal blood pressure. *Guideline recommends regular exercise to increase physical*

	activity (A). ▪ Biofeedback can reduce systolic and diastolic blood pressure. Not discussed.
New areas that could be added to the guideline	▪ Role of angiotension II antagonists ▪ Biofeedback
Summary of the recommendations that could be updated	▪ Could strengthen recommendation on daily dosing.
Results of consultation	
Contributions from:	▪ General practitioner x 3 ▪ Nurse ▪ Lay representative ▪ Consultant physician

1(a) Is there still a requirement for an evidence-based guideline on this topic?

- Yes - 5
- I think it is less relevant now than it was. Current practice as exemplified in the new GMS contract includes hypertension – but makes no special case/ provision for the elderly in particular.

1(b) If no, should the guideline be withdrawn?

- Probably

2(a) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? *Please give details.*

- **No – 4**
- not much new evidence. Probably most practical and useful point is the one about using AIIAs in place of ACE inhibitors where cough troublesome side effect.
- No – seems no significant change in evidence
- Probably not since there doesn't seem to be much that could be changed and there are probably more pressing needs for the available time slots.
- **Yes -2**
- As evidence above, also ASCOT trial demonstrates ACE-I + CA Blocker superior to diuretices and beta blockers. Also role of lipid lowering hypertensives to reduce risk further
- The hypertension debate is dynamic and evolutionary. I think that a revision is required, but not necessarily a rewrite.

2(b) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?

Yes – 5
No -1 – your assessment is not accurate and the actual evidence shows that diuretics and beta blockers might be less use.

Please list any additions to the remit of the guideline that you think would be beneficial

- None
- There is substantial evidence that could improve an updated guideline. There is a possiblity of a joint guideline with the British Geriatrics Society

4 Please tick your preferred option for reviewing this guideline

a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	4
b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	2
c. the entire guideline should be reviewed	