

Quick Reference Guide

Older patients with hypertension have a higher absolute benefit from treatment since they are at higher risk of vascular events and tolerate antihypertensive treatment at least as well as younger patients. Number needed to treat (NNT) to prevent one death in patients aged:

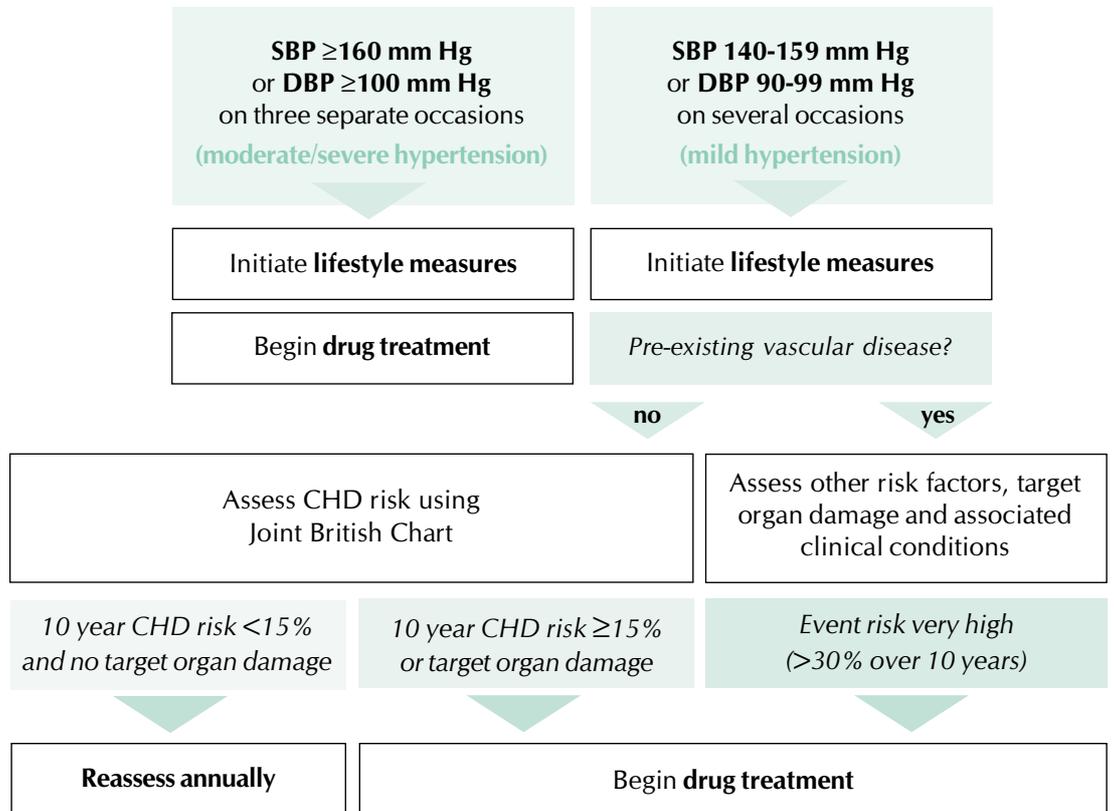
- under 60 years = 167
- over 60 years = 72

✓ For patients over the age of 75, a blood pressure check should be performed in those who attend for their annual health care check.

Practices should also have a strategy for case finding in the 60-75 year age group.

C A full assessment of cardiovascular risk should be carried out for all hypertensive patients. Treatment thresholds should take into account the level of blood pressure and other risk factors.

A A target blood pressure of < 140/90 mm Hg is a reasonable goal for most hypertensive patients. Even a small reduction in blood pressure is worthwhile if targets prove difficult to achieve.



Target organ damage

- Left ventricular hypertrophy (ECG or echo)
- Proteinuria and/or creatinine >150 μmol/l
- Atherosclerotic plaque (x-ray or ultrasound evidence in carotid, iliac, or femoral arteries, or aorta)

Associated clinical conditions

- Cerebrovascular disease (ischaemic stroke, haemorrhagic stroke, TIA, vascular dementia)
- Cardiovascular disease (MI, angina, congestive cardiac failure)
- Renal disease
- Peripheral vascular disease
- Aortic aneurysm
- Retinopathy



A B C

indicates grade of recommendation



good practice point

LIFESTYLE MODIFICATION

C Lifestyle measures aimed at controlling hypertension should be recommended in all cases

B Reduce alcohol intake if > 21 units/week for men, > 14 for women

A Eat more fruit and vegetables, less saturated fat and salt

A Reduce weight if overweight or obese (BMI \geq 25.0)

A Take regular exercise

B Stop smoking

ADDITIONAL DRUG THERAPY

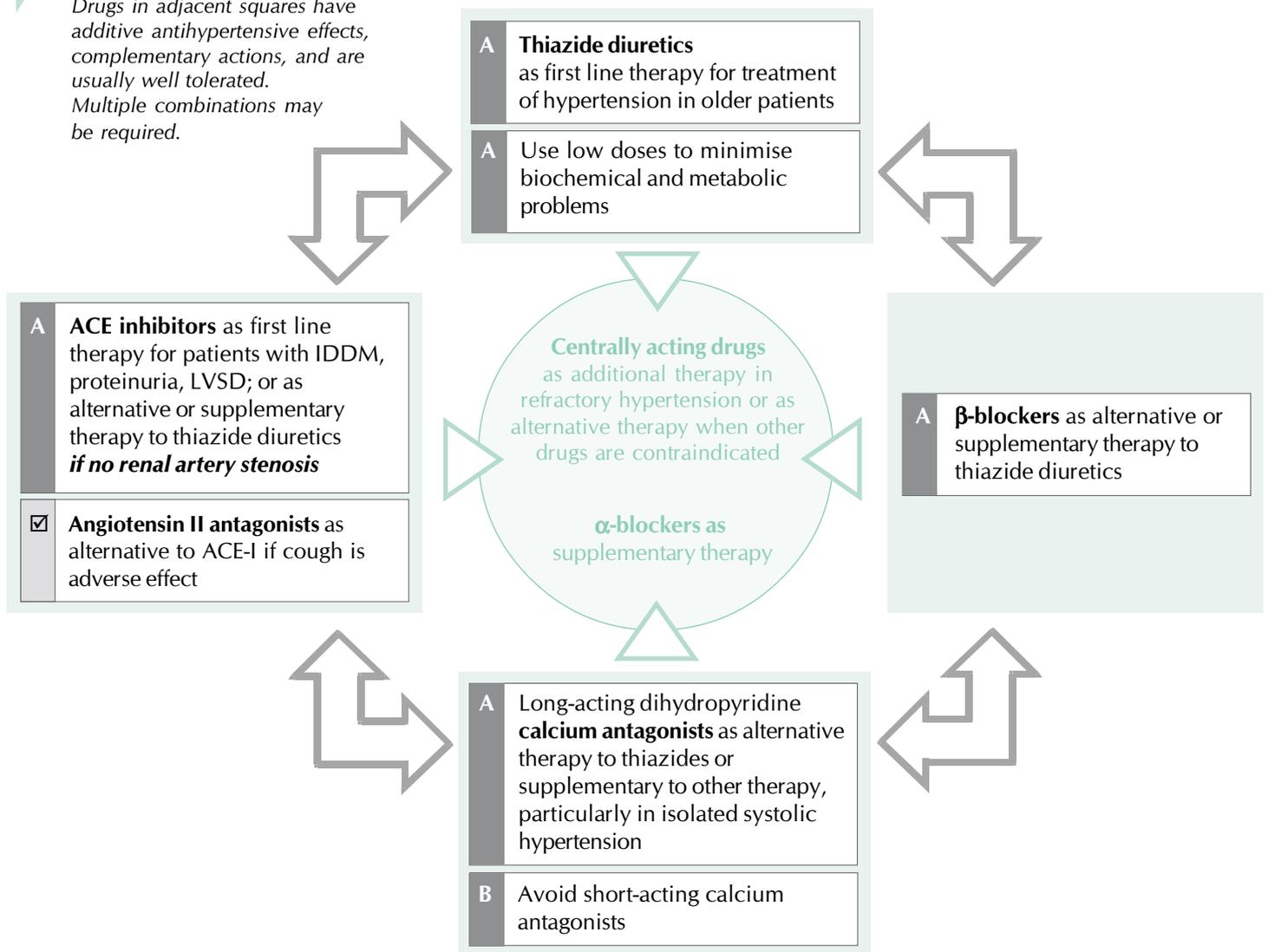
A **Aspirin 75 mg daily** if no contraindication, BP controlled to < 150/90 mm Hg and cardiovascular complications, target organ damage, 10 year CHD risk > 15% or 10 year CVD risk > 20%

Lipid lowering therapy may be required: see the SIGN guidelines on lipids and primary prevention of CHD and secondary prevention of CHD following MI (SIGN guidelines 40 and 41)

ANTIHYPERTENSIVE DRUG TREATMENT

Start therapy at any square and use add-on therapy on either side as shown by the arrows.

Drugs in adjacent squares have additive antihypertensive effects, complementary actions, and are usually well tolerated. Multiple combinations may be required.



© Scottish Intercollegiate Guidelines Network, 2001. This guideline was issued in January 2001 and will be reviewed in 2003

Derived from the national clinical guideline recommended for use in Scotland by the Scottish Intercollegiate Guidelines Network (SIGN), Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ

Available on the SIGN website: www.sign.ac.uk