Insert Healthlines Service logo

GP Name
GP Address line1
Address line 2
Address line 3
Address line 4
postcode

Todays date

The Healthlines Study
c/o Solent NHS Trust
Adelaide Health Centre
Western Community
Hospital Campus
William Macleod Way
Millbrook
Southampton
SO16 4XE

Telephone: [redacted]

Patient's Name: (*imported into note*)
Patient's date of birth: (*imported into note*)
Address: (*imported into note*)
NHS number: (*imported into note*)
Patient's Healthlines study number: (*imported into note*)

Healthlines Service Patient Assessment Form

Request for review of BP medication

Dear GP

This patient is participating in the Healthlines Service. This aims to support people with long term conditions and consists of regular phone calls from a Healthlines advisor, along with helping the patient to make good use of resources available over the internet. For patients with hypertension (and who do not have atrial fibrillation) we also monitor their home blood pressure readings.

- This patient has an average blood pressure reading of: [**XXX/XX]**
- Please see recent readings attached. **(*imported into note from web site*)**
- We have checked with the patient and they are/are not (*HIA to delete as appropriate*) taking their medication as prescribed.
- This patient has a blood pressure above the recommended threshold as set out by NICE (CG127).

The current NICE recommendations for blood pressure targets are:

Clinic BP < 140/90; ambulatory/home BP < 135/85 for people aged <80 years

NB:

Clinic BP < 130/80; ambulatory/home BP <125/75 for people with type 1 diabetes

Clinic BP < 140/80; ambulatory/home BP <135/75 for people with type 2 diabetes

Clinic BP < 130/80; ambulatory/home BP <125/75 for people with CKD and diabetes (type 1 or 2)

Additional information

We would advise the patient have a blood pressure medication review to optimise drug dosages and/or consider an escalation to next stage of blood pressure treatment as set out in the NICE treatment algorithm below. We have also provided a 'NICE Bite' summary of the NICE guidelines on hypertension.

This patient has/has not (*HIA to delete as appropriate*) been advised to make an appointment with you to review their medication.

Please return the attached form to the Healthlines Service so that we can continue to support you in managing this patient's blood pressure.

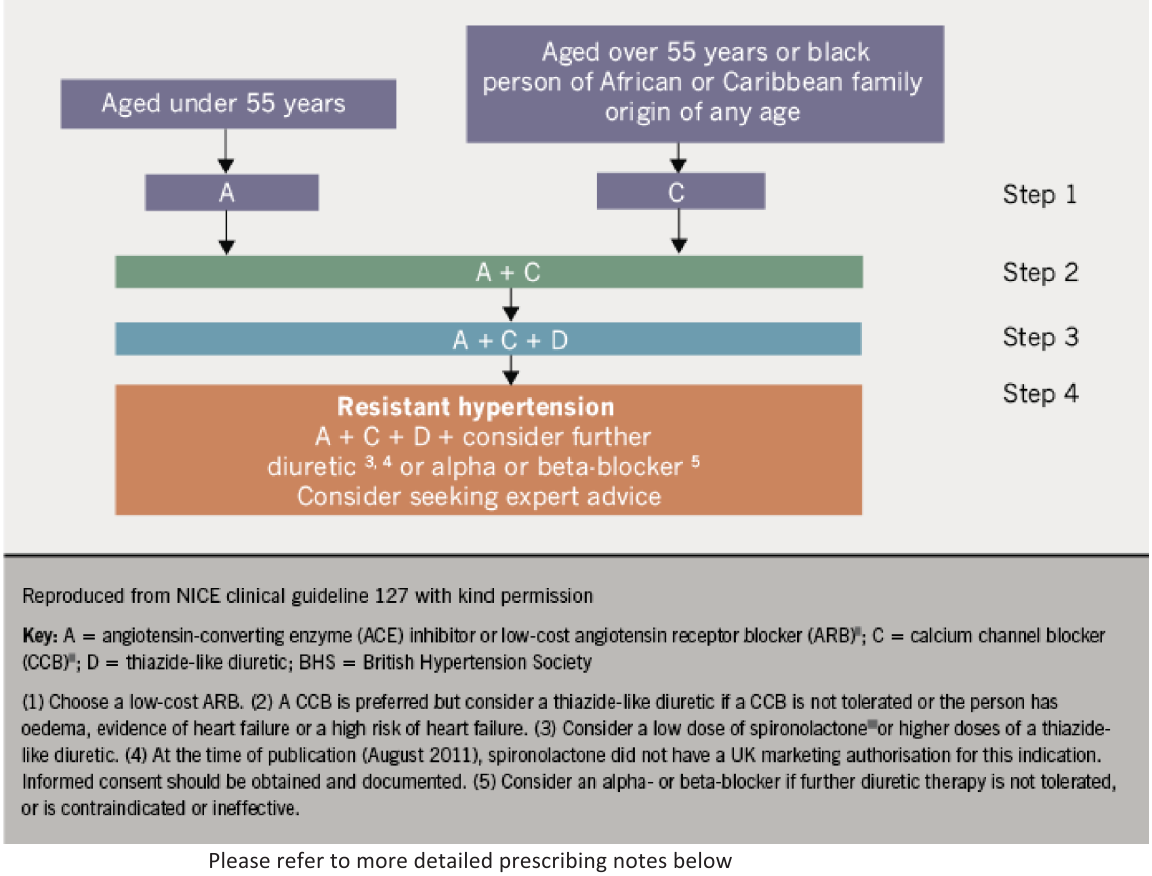
Thank you for your help.

Kind regards,
(HIA name)

Healthlines Service

NICE treatment algorithm for hypertension

NB: The guidance below is for people without diabetes. For more detailed guidance on the management of BP in patients with diabetes please see NICE Guidance CG 15 and CG 87. For detailed guidance on the management of BP in patients with CKD please see NICE clinical guideline 73



Reproduced from NICE clinical guideline 127 with kind permission

Key: A = angiotensin-converting enzyme (ACE) inhibitor or low-cost angiotensin receptor blocker (ARB)[1]; C = calcium channel blocker (CCB)[2]; D = thiazide-like diuretic; BHS = British Hypertension Society

(1) Choose a low-cost ARB. (2) A CCB is preferred but consider a thiazide-like diuretic if a CCB is not tolerated or the person has oedema, evidence of heart failure or a high risk of heart failure. (3) Consider a low dose of spironolactone[4] or higher doses of a thiazide-like diuretic. (4) At the time of publication (August 2011), spironolactone did not have a UK marketing authorisation for this indication. Informed consent should be obtained and documented. (5) Consider an alpha- or beta-blocker if further diuretic therapy is not tolerated, or is contraindicated or ineffective.

Please refer to more detailed prescribing notes below

Hypertension

NICE CG127; 2011

Pharmacological treatment

Table 1: Choice of antihypertensive

Use in conjunction with treatment steps

Step	Age < 55 years	Age > 55 years and black people of African/Caribbean descent of any age
1	A	C
2	A + C	
3	A + C + D	
4	Resistant hypertension A + C + D + additional diuretic or alpha-blocker or beta-blocker. Consider seeking specialist advice	

A = ACE inhibitor or low cost ARB
C = calcium-channel blocker
D = thiazide-like diuretic

Step 1

- Give antihypertensive drug treatment to all people < 80 years old with stage 1 hypertension and one or more of:
  - target organ damage,
  - established CV disease,
  - renal disease,
  - diabetes,
  - 10-year CV risk ≥20%.
- Give antihypertensive drug treatment to people of any age with stage 2 hypertension.
- For people < 55 years give an ACEI or low cost ARB. If an ACEI is prescribed and not tolerated – give a low cost ARB.
- For people aged > 55 years and black people of African or Caribbean descent of any age give a CCB. If a CCB is unsuitable due to oedema or intolerance, or with/at high risk of heart failure give a thiazide-like diuretic.
- Refer people < 40 years with stage 1 hypertension and no evidence of target organ damage, CV or renal disease or diabetes for specialist evaluation.

Step 2

- If BP not controlled at step 1; give a CCB with an ACEI/ARB.
- For black people of African or Caribbean descent; give an ARB in preference to an ACEI, in combination with a CCB.
- If a CCB is not suitable due to oedema or intolerance, or with/at high risk of heart failure give a thiazide-like diuretic.
- Review drug treatment to ensure at optimal doses before considering Step 3.

Step 3

- Give an ACEI or an ARB in combination with a CCB and a thiazide-like diuretic.
- If clinic BP remains ≥140/90mmHg with **optimal drug treatment** – regard this as resistant hypertension and consider step 4 or seek specialist advice.

Step 4

- For patients with resistant hypertension; add a further diuretic:
  - if serum potassium ≤4.5mmol/L: give spironolactone* ° 25mg once daily,
  - if serum potassium >4.5mmol/L: give a higher-dose thiazide-like diuretic.
- If further diuretic therapy is not tolerated, is contraindicated or ineffective; consider an alpha-blocker or beta-blocker.
- If BP remains uncontrolled with **optimal drug treatment** - seek specialist advice.

*See Summary of Product Characteristics for full prescribing information.

°Unlicensed indication. Obtain and document informed consent.

Prescribing

- Give patients with isolated systolic hypertension (systolic BP ≥160 mmHg) the same treatment as patients with both raised systolic and diastolic BP.
- For patients > 80 years give the same treatment as patients aged ≥ 55 years. Take account of any comorbidity and concurrent drugs.
- Prescribe:
  - drugs taken once a day if possible,
  - generic drugs where appropriate, to minimise cost.

ACEI and ARB

- If an ACEI is not tolerated, give a low cost ARB.
- **Do NOT** combine an ACEI with an ARB.

Diuretics

- Bendroflumethiazide or hydrochlorothiazide are no longer the recommended thiazide-like diuretics for hypertension.
- If a diuretic is started or changed, give:
  - chlortalidone* 12.5 to 25mg once daily, §
  - indapamide* 1.5mg modified-release once daily or 2.5mg once daily.
- For people already taking bendroflumethiazide or hydrochlorothiazide whose BP is stable; continue treatment.
- Use spironolactone* ° with caution in patients with a reduced eGFR due to the increased risk of hyperkalaemia.

Calcium channel blocker

- CCBs are now the preferred treatment option at step 2 as they are cost effective.

Beta-blockers

- Beta-blockers are not recommended but can be used in step 1 for:
  - younger people when an ACEI or ARB is contraindicated or not tolerated or,
  - there is evidence of increased sympathetic drive or,
  - in women of child-bearing potential.
- If a patient on a beta-blocker needs a second drug, add a CCB rather than a thiazide-like diuretic to reduce the risk of developing diabetes.

§ Editorial note – chlortalidone is only available in the UK as a 50mg strength tablet. The recommended dose can only be given if tablets are halved or quartered. This is not practical for most patients and would not guarantee a consistent daily dose.

Monitoring

- Use clinic BP to monitor response to treatment.
- For people with 'white coat' hypertension, use ABPM or HBPM with clinic BP measurements to monitor response to treatment.
- For patients receiving further diuretic therapy, monitor serum sodium, potassium and renal function.

Blood pressure targets

Clinic BP

- Aged < 80 years: aim for BP <140/90mmHg.
- Aged > 80 years: aim for BP <150/90mmHg.

ABPM or HBPM

- Aged < 80 years: aim for average BP <135/85mmHg.
- Aged > 80 years: aim for average BP <145/85mmHg.

NICE Pathway

A 'NICE Pathway' is available to support this guideline. This is an online tool that brings together guidance in an electronic flowchart and allows users to see all NICE guidance on a specific condition across a care pathway:
NICE Pathway: Hypertension

Please return this form to the Healthlines Service

Address:

Healthlines Daily Coordinator
NHS Direct Nottingham
Seaton House
City Link

NB This summary guidance is for people without diabetes. For more detailed guidance on the management of BP in patients with diabetes please see NICE Guidance CG 15 and CG 87. For detailed guidance on the management of BP in patients with CKD please see NICE clinical guideline 73

London Road
Nottingham
NG2 4LA

Telephone: [redacted]
Email: [redacted]

Patient's name: (*imported into note*)
Patient's date of birth: (*imported into note*)
Address: (*imported into note*)
NHS number:(*imported into note*)
Patient's Healthlines study number: (*imported into note*)

Please indicate below:

☐ I have changed the patient's treatment as follows:

.....

.....

.....

☐ I do not wish to increase the patient's BP treatment. I understand that this may mean that their BP is above the targets recommended by NICE. Please do not contact me again unless the patient's BP reaches or exceeds:

...../..... (please enter new target for this patient)

Signed ……..

GP Name……..

Date ……