



### Summary of NICE Guidelines

Title	Clinical management of primary hypertension in adults
NICE Reference	CG127
Date of Review:	July 2018
Date of Publication	August 2011
Summary of Guidance (Max 250 words)	<p>This guideline covers adults (<math>\geq 18</math> years) including those <math>&gt;80</math> years. CG127 does not cover patients with diabetes, children and young people, pregnant women, secondary hypertension, accelerated hypertension or acute hypertension. Key priorities include diagnosis, treatment and monitoring.</p> <p><i>Cardiovascular risk and target organ damage</i> 'Use a formal estimation of cardiovascular risk to discuss prognosis and healthcare options with people with hypertension, both for raised blood pressure and other modifiable risk factors. Estimate cardiovascular risk in line with the recommendations on Identification and assessment of CVD risk in 'Lipid modification' (NICE clinical guideline 67).'</p> <p><i>Specialist investigations</i> The guidance recommends to 'refer people to specialist care the same day if they have:</p> <ul style="list-style-type: none"><li>• accelerated hypertension (<math>&gt;180/110</math> mmHg with signs of papilloedema and/or retinal haemorrhage) <b>or</b></li><li>• suspected pheochromocytoma (labile or postural hypotension, headache, palpitations, pallor and diaphoresis).</li><li>•</li></ul> <p><i>Treatment</i> 'Offer antihypertensive treatment to everyone <math>&lt;80</math> years with stage 1 hypertension (BP <math>\geq 140/90</math> mm Hg) with one or more of: target organ damage, established cardiovascular disease, renal disease, diabetes or a 10-year cardiovascular risk <math>\geq 20</math> %. Offer people <math>&gt;80</math> years the same treatment as those 55-80 taking into account any comorbidities. Offer antihypertensive treatment all people with stage 2 hypertension (BP <math>\geq 160/100</math> mm Hg).</p> <p>For people <math>&lt;40</math> years with stage 1 hypertension and no evidence of target organ damage, cardiovascular disease, renal disease or diabetes, consider specialist evaluation of secondary causes of hypertension and potential target organ damage as 10-year cardiovascular risk assessments can underestimate the lifetime risk of cardiovascular events in this group.</p> <p>Offer lifestyle advice initially and then periodically to those undergoing assessment or treatment for hypertension.'</p>
Impact on Lab (See below)	■ Moderate

Lab professionals to be made aware	<ul style="list-style-type: none"> <li>✓ Chemical Pathologist</li> <li>✓ Clinical Scientist</li> </ul>
Please detail the impact of this guideline (Max 150 words)	<p>The guidance states that laboratory investigation of all people with hypertension should include:</p> <ul style="list-style-type: none"> <li>• Testing for the presence of protein in the urine by sending a urine sample for estimation of the albumin:creatinine ratio and test for haematuria using a reagent strip.</li> <li>• Taking a blood sample to measure plasma glucose, electrolytes, creatinine, eGFR, serum total cholesterol and HDL cholesterol</li> </ul> <p>This will allow assessment of cardiovascular risk; a small increase in requests for tests relating to the above may be expected.</p> <p>Clinical scientist/chemical pathologist should be aware of the care/treatment pathway for hypertension and how this may impact on biochemical tests used for monitoring target organ damage.</p>

### **Impact on Lab**

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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