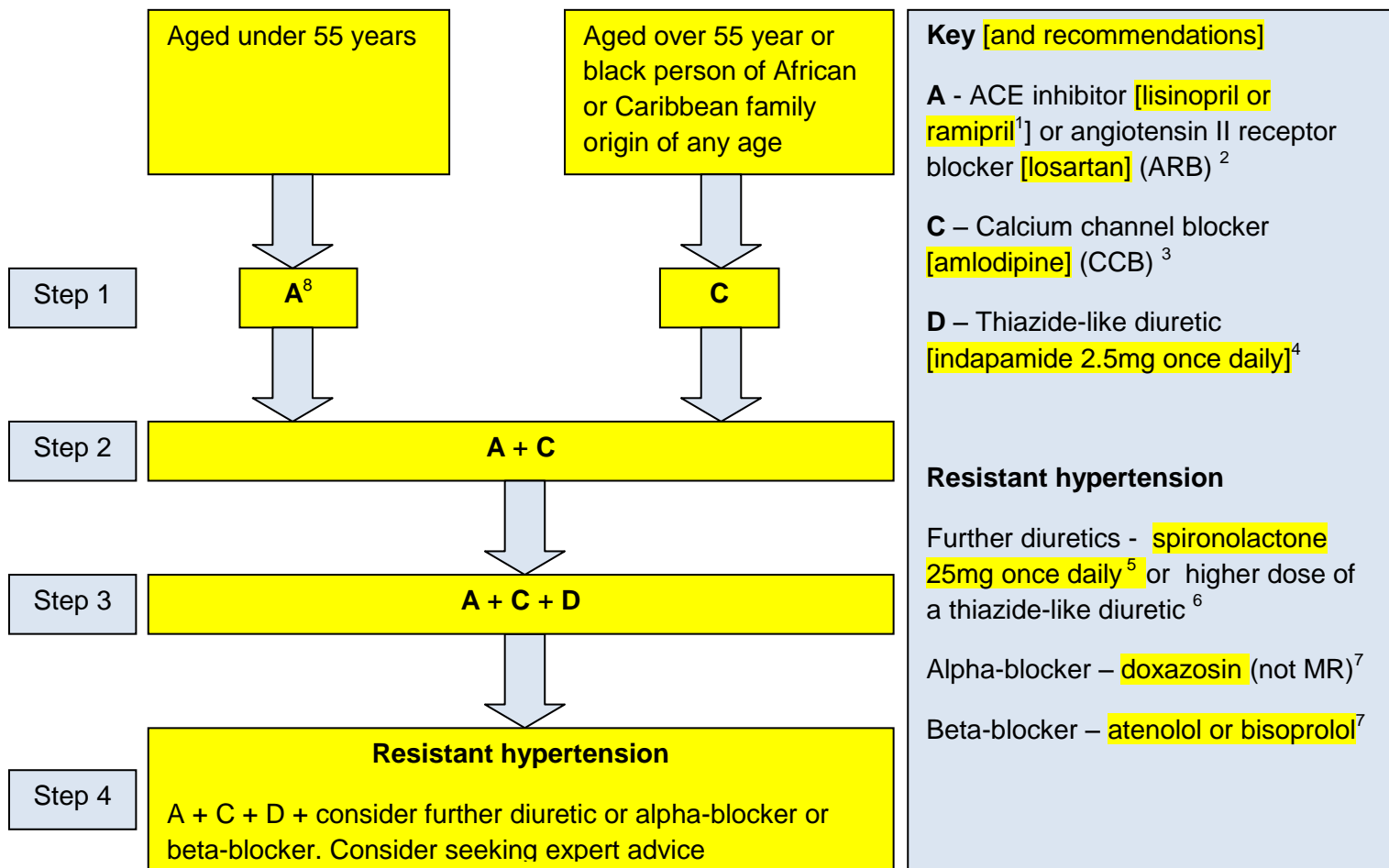


Hypertension guidelines - NICE CG 127 (August 2011)



Notes

- 1 NICE does not recommend any particular ACEI as the benefits for hypertension (and heart failure) are likely to be class effects. However, locally we have agreed that in line with cost effective prescribing and current evidence lisinopril or ramipril are the first choices
- 2 ACE inhibitors and ARBs should not be used in combination to treat hypertension. Consider a low cost ARB, in preference to an ACE inhibitor, in combination with a CCB in black people of African or Caribbean family origin at step 2.
- 3 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. People who are already having treatment with diuretics and whose blood pressure is well controlled should not have their treatment switched to a CCB
- 4 People who are already having treatment with classical thiazide diuretics, e.g. bendroflumethiazide, and whose blood pressure is stable and well controlled should continue with this drug: their diuretic should not routinely be switched to a thiazide-like diuretic such as indapamide or chlortalidone
- 5 Consider low dose spironolactone if the blood potassium level is ≤ 4.5 mmol/l. Use particular caution in people with a reduced estimated glomerular filtration rate because they have an increased risk of hyperkalaemia. 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
- 6 Consider higher dose thiazide-like diuretic treatment if the blood potassium level is >4.5 mmol/l
- 7 Consider an alpha-blocker or beta-blocker if further diuretic therapy is not tolerated, or is contraindicated or ineffective
- 8 Beta blockers may be considered at step 1 for younger people if ACE inhibitors and ARBs are contraindicated or not tolerated or there is evidence of increased sympathetic drive, and for women of child-bearing potential