

## NICE guidelines

### Equality impact assessment

#### Hypertension in adults: diagnosis and management (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### **2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)**

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

- Age – stakeholders raised that it is important to note that older adults often have covert established cardiovascular disease (CVD). By the age of 75, CV risk is overwhelmingly driven by age alone. Age is already included as a subgroup that will be considered within the scope of this update, and cardiovascular risk assessment will be a consideration as part of the update of the NICE guideline for cardiovascular disease (CG181).
- Pregnancy and maternity – stakeholders raised that women who develop pre-eclampsia / eclampsia during pregnancy are at higher risk of hypertension, cardiovascular disease and related events in later life. This will be a consideration as part of the update of the NICE guideline for cardiovascular disease (CG181).
- Sex – stakeholders raised that women, especially post-menopause required consideration. They suggested this is particularly important to prevent development or escalation of cardiovascular disease in terms of avoiding diagnostic delays in females. Diagnosis of hypertension is not an area due to be updated at this time however.
- Socio-economic factors – stakeholders raised that deprivation and health inequalities linked to hypertension should be considered. These will be considered by the committee when forming recommendations, however separate recommendations were not expected to be needed for particular subgroups and therefore this has not been detailed in the scope. It was further noted that people from Black Asian and Minority Ethnic backgrounds are more likely to face socio-economic problems, and the most deprived are more likely to develop diabetes than the rest of the population.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No changes were required to the scope as a result of new potential equalities issues raised.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

No.

Updated by Developer: Serena Carville

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Approved by NICE quality assurance lead: Kay Nolan

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