NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**NICE INDICATOR DEVELOPMENT PROGRAMME**

**Resource impact statement: NM175**

**Date:** August 2019

# Indicator

NM175: The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the 3 months before or after the date of entry on the hypertension register.

# Introduction

Alcohol is a cause of significant public health burden, but use is widespread amongst most groups of society. Alcohol is the leading cause of ill-health, early mortality and disability in those aged 15-49 years of age ([NHS Digital 2017b, Statistics on alcohol](https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/statistics-on-alcohol-england-2017)).

As well as the recognised physical health complications of alcohol, it has also been linked to a number of conditions including hypertension, and alcohol use can make controlling blood pressure levels more difficult. Tools such as AUDIT-C and FAST can help to identify at risk drinkers who may not be alcohol dependent but drink too much.

People with hypertension are at increased risk of developing cardiovascular disease (CVD). CVD remains the second highest cause of premature death and is a major contributor to heath inequalities ([NHS England 2017, Next steps on the NHS five year forward view](https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/)). The risk of CVD can be reduced by treating hypertension and reducing lifestyle risks such as alcohol consumption.

This indicator is intended to identify those with at risk alcohol consumption in order to more effectively treat their hypertension.

# Resource impact

The resource impact of the proposed indicator is unlikely to be significant. Expert opinion is that it is already standard practice to conduct alcohol screening for people with hypertension and use of the FAST or AUDIT-C tools is not expected to lead to any additional costs.

Long term savings may be achieved by reducing the risk of cardiovascular disease and avoiding CVD events.