**Clinic BP**

- **≤ 140/90 mmHg**
  - **Normotensive**

- **140/90 to 179/109 mmHg**
  - **Stage 1 hypertension**

- **≥ 180/110 mmHg**
  - **Stage 2 hypertension**

*Accelerated hypertension* is a clinic BP ≥ 180/120 mmHg with signs of retinal haemorrhage or papillodema.

**Offer ABPM or HBPM** (if ABPM is declined or not tolerated) to confirm the diagnosis.

**Evidence of target organ damage?**

- **No**
  - Consider alternative causes for target organ damage.
  - **Age > 80 years?**
    - **Yes**
      - Consider antihypertensive drug treatment in addition to lifestyle advice.
      - **Age < 40 years?**
        - **Yes**
          - Consider specialist referral.
          - **No**
            - Offer annual review of care to monitor blood pressure, provide support and discuss lifestyle, symptoms and medication.

- **Yes**
  - Offer antihypertensive drug treatment in addition to lifestyle advice.

**Evidence of target organ damage, cardiovascular disease, renal disease, diabetes or a 10-year risk ≥ 10%?**

- **No**
  - Offer ABPM or HBPM to confirm the diagnosis.

- **Yes**
  - Consider antihypertensive drug treatment or increased non-pharmacological therapy.

**Offer to check blood pressure at least every 5 years, more often if blood pressure is close to 140/90 mmHg.**

**Use clinical judgement in relation to frailty and multimorbidities.**

---

**KEY**

- **ABPM** – ambulatory blood pressure monitoring
- **BP** – blood pressure
- **HBPM** – home blood pressure monitoring

---

**Diagnosis and Treatment Initiation Algorithm**

Use the 'Management Algorithm' to guide BP targets and choice of antihypertensive drug.