Management Algorithm

Use the ‘Diagnosis and Treatment Initiation Algorithm’ to guide who should start medication. Separate guidance is available for people with chronic kidney disease or heart failure.

With type 2 diabetes at any age or family origin

| Age <55 years | Age ≥55 years | People of African or Caribbean family origin at any age |

Offer lifestyle advice to people with hypertension

Use clinical judgement in relation to frailty and multimorbidities

**BP Targets**

- **Age <80 years:**
  - Clinic <140/90 mmHg
  - ABPM/HBPM <135/85 mmHg

- **Age ≥80 years:**
  - Clinic <150/90 mmHg
  - ABPM/HBPM <145/85 mmHg

- If symptoms or signs of postural hypotension, use standing BP.
- Consider ABPM or HBPM if white-coat or masked hypertension.

**Step 1**

- A*

**Step 2**

- A + (C or D)

**Step 3**

- A + C + D

If hypertension not controlled with optimal tolerated doses of A + C + D, regard this as resistant hypertension.

Confirm diagnosis before considering further treatment.

**Step 4**

Consider adding a fourth antihypertensive drug or seek expert advice.

- If adding a fourth antihypertensive drug, consider:
  - low-dose spironolactone if blood potassium level is ≤4.5 mmol/l
  - an alpha-blocker or beta-blocker if blood potassium level is >4.5 mmol/l

Seek expert advice if blood pressure uncontrolled on optimal tolerated doses of 4 drugs.

*For people of African or Caribbean family origin, consider an ARB in preference to an ACE inhibitor.

†At the time of publication, spironolactone did not have a UK marketing authorisation for this indication. Informed consent should be obtained and documented.

**KEY**

A – Angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB)
C – Calcium-channel blocker (CCB)
D – Thiazide-like diuretic
ABPM – ambulatory blood pressure monitoring
BP – Blood pressure
HBPM – home blood pressure monitoring