

How do I control my blood pressure? Lifestyle options and choice of medicines

Patient decision aid: user guide and data sources

Background

The NICE guideline on hypertension in adults makes recommendations about medicines and supports a shared decision-making approach to care. Decisions about medicines involve a trade-off between reducing the risk of cardiovascular disease and the disutility of taking daily medicines, monitoring requirements and the possibility of side effects.

The NICE decision aid for hypertension in adults can help healthcare professionals explain and discuss this trade-off, and help people with hypertension make more informed decisions about whether to take medicines at all; whether to add extra medicines to step 1 or step 2 treatment; and, if so, which medicines they would like to try.

Developing and updating the decision aid

This patient decision aid was developed by the NICE Medicines and Technologies Programme and a project group drawn from the guideline committee including health professionals and lay members, according to the [NICE decision aids process guide](#). Stakeholders who responded to the guideline consultation commented on drafts of the patient decision aid.

NICE decision aids are reviewed as part of the surveillance process for the guidance to which they relate. If the guidance and the relevant recommendations are modified, the decision aid will also be updated.

Sources of data

The decision aid is based on the evidence reviews on drug treatment carried out for the NICE guideline on hypertension in adults. Information on possible side effects and the risk of experiencing them is taken from the [BNF](#) (August 2019 update). The

possible side effects highlighted were chosen to reflect the side effects that people with hypertension are most often concerned about, based on the project group's expertise and experience. Other information in the decision aid is based on the project group's expertise.

It is not possible to indicate the absolute effect of blood pressure reduction on a person's cardiovascular risk (such as events prevented per 100 people). This is because the NICE evidence review did not find a constant relative risk reduction for any given degree of blood pressure reduction from any given starting blood pressure. In addition, other risk factor modifications such as changes to body mass index, smoking status and lipids will have a complex effect on an individual person's risk. Similarly, it is not possible to indicate the likely absolute risk of hypotension and related adverse events such as fainting. There are CVD risk assessment tools based on QRisk2 (the risk calculator recommended in NICE's guideline on [cardiovascular disease: risk assessment and reduction, including lipid modification](#)). The tools enable healthcare professionals to estimate the person's 10-year risk of cardiovascular disease, and show how that risk could change with interventions such as stopping smoking, losing weight, lowering blood pressure or taking a statin.