NICE National Institute for Health and Care Excellence

NICE

Hypertension: haematuria for target organ damage

NICE indicator
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www.nice.org.uk/indicators/ind122

Indicator

The percentage of patients with a new diagnosis of hypertension in the preceding 1 April to 31 March who have a record of a test for haematuria in the 3 months before or after the date of entry to the hypertension register.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

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Rationale

Routine assessment of hypertension or suspected hypertension should include clinical history and examination to identify associated cardiovascular disease and the risk of this, consideration of secondary causes of hypertension and measurement of simple markers that indicate target organ damage. The results of these assessments can help determine appropriate drug therapy and whether to offer additional therapies to reduce the risk of other cardiovascular disease.

The risk of complications associated with hypertension is affected by presence of target organ damage. Testing for haematuria using a reagent strip can help to identify kidney disease in people with a new diagnosis of hypertension and guide antihypertensive drug treatment.

Source guidance

Hypertension in adults: diagnosis and management. NICE guideline NG136 (2019, updated 2023), recommendations 1.2.5 and 1.3.3

Specification

Numerator: The number of patients in the denominator who have a record of a test for haematuria in the 3 months before or after the date of entry to the hypertension register.

Denominator: The number of patients with a new diagnosis of hypertension in the preceding 1 April to 31 March.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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