

# Clinical Searches and Treatment Guidance Uncomplicated Hypertension

(under 80yrs - exc.DM/CKD 3B+/IHD/MI/CVA/PAD)

West Yorkshire and Harrogate  
HEALTHY HEARTS



Three clinical search areas have been developed in order to support Practices with recorded prevalence and treatment optimisation of hypertension:

## 1.

To help identify those patients under 80 years old on antihypertensive medication, but **not on the hypertension register**. This search excludes patients who are on other disease registers such as CHD, Diabetes, Heart Failure, PAD, Raynaud's etc. There is also a search for those who previously had a resolved code.

## 2.

To help identify those patients under 80 years old with four or more readings in the last three years above 140/90, who are **not on the hypertension register**. These searches are split by bandings based on the last reading, in order to help Practices prioritise workload i.e. those with the highest last BP reading can be reviewed first. The searches exclude those patients who have been coded with a satisfactory HBPM /ABPM result.

## 3.

To help identify those patients **on the hypertension register**, but not controlled to target 140/90. It excludes those patients who are on maximum tolerated doses of hypertensive medication. This search has been split by bandings based on the last reading, in order to help Practices prioritise workload.

These searches should be run regularly by the Practice (it's recommended at least every quarter) in order to identify those patients who will benefit from being added to the hypertension register to help optimize their treatment.

Practices across West Yorkshire and Harrogate can access the Healthy Hearts hypertension clinical searches via a variety of methods (depending on the clinical system and CCG).

Those on SystemOne\* can access the searches via a central organisational group hosted by NHS Calderdale (search for West Yorkshire and Healthy Hearts Project). EMIS\* searches are located on reporting units hosted by your local CCG.

For any questions please email  
**WYHHealthyHearts@yhahsn.com**

Follow us on Twitter  
**@WYHHealthyHeart**

\*Note all Leeds CCG Practices can access the searches via  
[Clinical Reporting > Leeds Data Quality > Healthy Hearts Leeds > Healthy Hearts Leeds 2019](#)

The treatment guidance opposite is a shortened version.

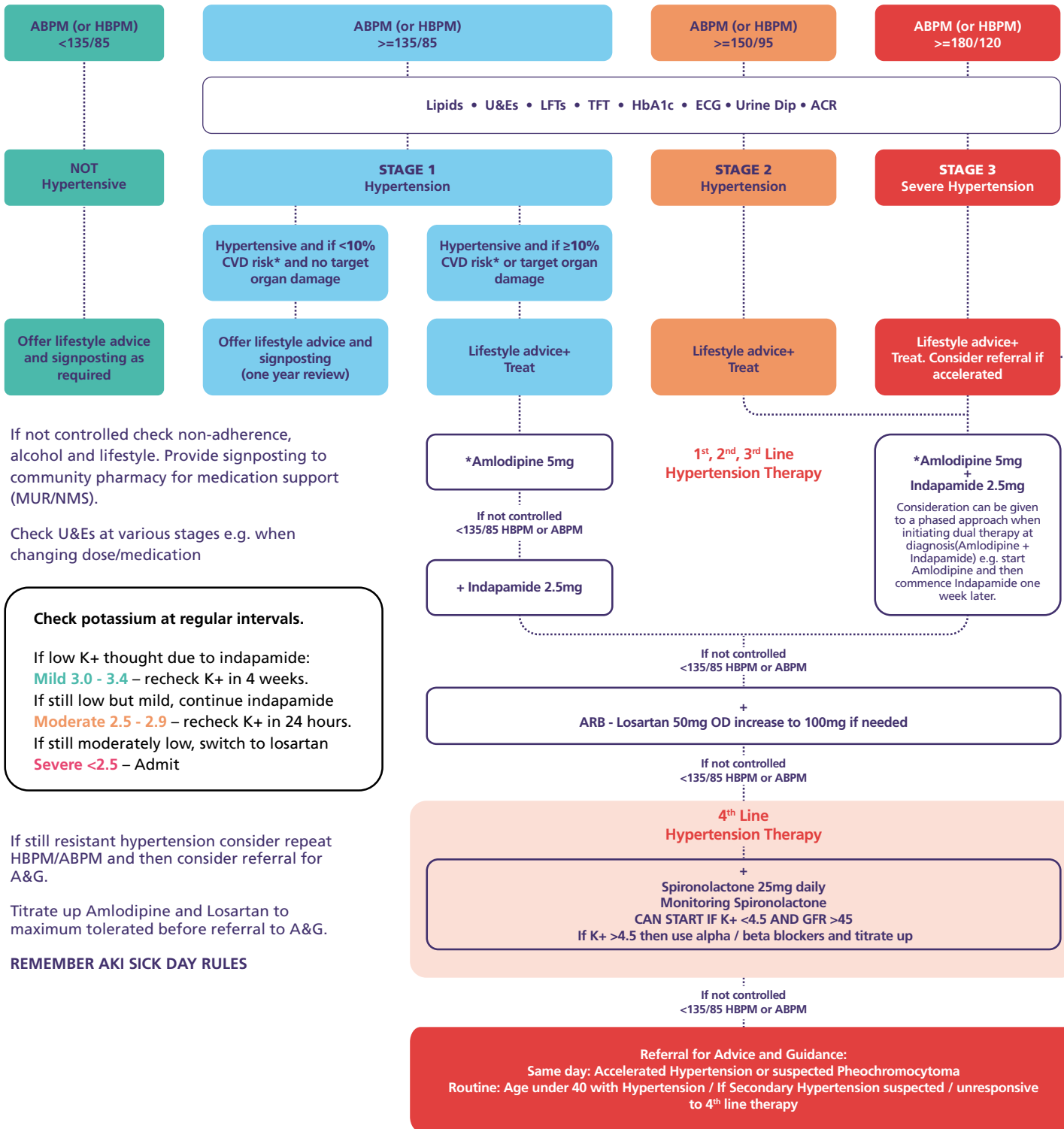
The full version is available to download at [www.westyorkshireandharrogatehealthyhearts.co.uk/professionals](http://www.westyorkshireandharrogatehealthyhearts.co.uk/professionals)

West Yorkshire and Harrogate  
Health and Care Partnership



Yorkshire  
& Humber  
AHSN

Recommend use of ABPM for diagnosis.  
(HBPM if not available/tolerated).  
If Clinic BP  $\geq 140/90$  confirm diagnosis with ABPM/HBPM.  
If Clinic BP  $\geq 180/120$  consider immediate treatment.



If not controlled check non-adherence, alcohol and lifestyle. Provide signposting to community pharmacy for medication support (MUR/NMS).

Check U&Es at various stages e.g. when changing dose/medication

**Check potassium at regular intervals.**

If low K<sup>+</sup> thought due to indapamide:  
**Mild 3.0 - 3.4** – recheck K<sup>+</sup> in 4 weeks.  
 If still low but mild, continue indapamide  
**Moderate 2.5 - 2.9** – recheck K<sup>+</sup> in 24 hours.  
 If still moderately low, switch to losartan  
**Severe <2.5** – Admit

If still resistant hypertension consider repeat HBPM/ABPM and then consider referral for A&G.

Titrate up Amlodipine and Losartan to maximum tolerated before referral to A&G.

**REMEMBER AKI SICK DAY RULES**

**AKI SICK DAY RULES**

When unwell with any of the following: Vomiting, diarrhoea, or general dehydration due to intercurrent illness, then STOP taking the medicines listed below (restart after feeling well/after 24-48hrs of eating and drinking normally):

- ACE Inhibitors, ARBs, NSAIDs, Diuretics, Metformin, Sulfonylureas, SGLT2 inhibitors (e.g. Empagliflozin)

For further details, see: [www.nice.org.uk/advice/KTT17/chapter/Evidence-context](http://www.nice.org.uk/advice/KTT17/chapter/Evidence-context)