

## Management

### Primary Care management includes

- ♦ diagnosis and treatment of uncomplicated essential hypertension
- ♦ ongoing management of hypertension within locally agreed protocols
- ♦ ambulatory or home BP monitoring as indicated

### Specialist management includes

- ♦ urgent assessment of unstable or severe cases
- ♦ assessment and treatment of patients with evidence of end organ damage
- ♦ investigation of underlying causes of secondary hypertension
- ♦ advice in cases of multiple drug intolerance, contraindications
- ♦ refer treatment refractory hypertension (defined as uncontrolled hypertension on three concurrent anti-hypertensive medications) for assessment and management to exclude secondary causes..

## When to refer

### Emergency [liaise with on-call specialist or refer to A&E]

- ♦ accelerated (malignant) hypertension (papilloedema, fundal haemorrhages and exudates, proteinuria, and haematuria)

### Urgent out-patient referral [refer direct, copy to CAS]

- ♦ severe hypertension (if greater than 220/120 mmHg)
- ♦ impending cardiovascular complications, for example transient ischaemic attack (TIA), left ventricular failure

### Refer to CAS

- ♦ possible underlying cause (secondary hypertension):
  - ♦ Any clue in history or examination of a secondary cause
  - ♦ Hypokalaemia/increased plasma sodium (Conn's syndrome?)
  - ♦ Elevated serum creatinine
  - ♦ Proteinuria or haematuria (after excluding urinary tract infection)
  - ♦ Young age (any person with hypertension less than 20 years of age; any person needing treatment less than 30 years old)
- ♦ unusual blood pressure (BP) variability
- ♦ consider hospital initiation of an ACE inhibitor in high-risk groups
- ♦ therapeutic problems, for example treatment resistance, multiple drug intolerance, or contraindications
- ♦ do not refer for 'white coat' hypertension: request primary care ambulatory BP monitoring or home BP recording.

### Refer to RARC

- ♦ if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.