Diagnosis/assessment/monitoring of hypertension:
- Measure BP in both arms & if a difference of ≥ 15 mmHg, base management on the higher reading.
- Hypertension should be confirmed ideally by use of ambulatory BP monitoring (ABPM).
- However, if ABPM unsuitable, home BP monitoring (HBPM) may be used; if using HBPM record BP morning and evening for 7 days (minimum 4), discard readings on the first day and use an average of the remaining readings.
- Hypertension diagnosis confirmed in those with clinic BP ≥ 140/90 AND ABPM/HBPM ≥135/85.
  - Stage 1 = clinic BP 140/90-159/99 and ABPM/HBPM 135/85-149/94.
  - Stage 2 = clinic BP 160/100-179/119 and ABPM/HBPM ≥ 150/95.
- Either clinic readings or HBPM may be used for monitoring hypertension.
- For adults <40 with hypertension consider specialist referral for secondary causes/treatment.

Antihypertensive drug treatment (always together with lifestyle advice):
- Offer drug treatment to those (any age) with stage 2 hypertension.
- Discuss starting drug treatment in those < 80 yrs old with stage 1 hypertension AND:
  - Target organ damage, CVD, renal disease, diabetes, OR 10 year CVD risk ≥10%.
  - Consider drug treatment in younger adults <60 years old even if CVD risk <10%.
  - Discuss individual CVD risk and preferences for treatment, including no treatment, and explain risks and benefits before starting drug treatment - click here for patient decision aid.
- Consider drugs if ≥ 80 yrs old & clinic BP ≥ 150/90 (once hypertension confirmed on ABPM/HBPM).

Targets (based on clinic readings so add 5/5 to HBPM):
- Aged < 80 years old <140/90.
- Aged ≥ 80 years old <150/90 (but use clinical judgement in those with frailty or multimorbidity).
- Use STANDING BP readings if postural drop ≥20 mmHg or symptoms of postural hypotension.

Drug treatment:
- Step 1:
  - ACEI or ARB (if <55 and not African or Caribbean family origin, OR diabetic of ANY family origin).
  - CCB for all others - if CCB not tolerated (e.g. oedema) use thiazide-like diuretic (e.g. indapamide).
- Step 2:
  - If on ACEI/ARB add either CCB or thiazide-like diuretic.
  - If on CCB add ACE/ARB or thiazide-like diuretic.
- Step 3:
  - Before considering triple therapy check drugs at optimal doses and review concordance.
  - If further treatment required combine ACE/ARB + CCB + thiazide.
- Step 4:
  - Before considering further treatment confirm elevated readings with ABPM or HBPM assess for postural hypotension and check concordance.
  - If further treatment required options include spironolactone (if K ≤4.5 mol/l), further diuretic, alpha or beta blocker; if still not controlled on 4 drugs seek expert advice.
- Patients of African or Caribbean origin should have ARB in preference to ACEI.

Severe hypertension (stage 3 hypertension = clinic BP ≥ 180/120):
- Refer for same day specialist assessment if BP ≥180/120 AND
  - Signs of retinal haemorrhage/papilloedema or suspected pheochromocytoma or life-threatening symptoms (e.g. new-onset confusion, chest pain, heart failure or new renal failure).
- If BP ≥180/120 and no signs above:
  - Investigate for target organ damage ASAP.
  - If target organ damage presents start drug treatment without waiting for ABPM/HBPM readings.
  - If no target organ damage, repeat BP readings within 7 days.