**Clinical consultation**

1. **Diabetes?**
   - Yes: Offer care according to national guidance
   - No: Measure blood pressure on two further occasions

2. **Previous cardiovascular disease?**
   - Yes: Offer care according to national guidance
   - No: Raised clinic blood pressure?

   - Yes: Offer lifestyle advice
   - No: Measure blood pressure on two further occasions

3. **Hypertension?**
   - Yes: Offer a formal cardiovascular disease risk assessment
   - No: Secondary hypertension?

   - Yes: Offer to begin or step up drug therapy
   - No: Criterion for drug therapy?

   - Yes: Offer treatment to people with:
     - blood pressure of more than 160/100 mmHg or
     - isolated systolic hypertension (systolic blood pressure of more than 160 mmHg) or
     - blood pressure of more than 140/90 mmHg and:
       - 10-year cardiovascular disease risk of at least 20% or
       - existing cardiovascular disease or target organ damage.
   - No: Review within 5 years

4. **Blood pressure criterion met?**
   - Yes: Review within 1 year
   - No: Review within 5 years

**Thresholds and targets**

**Hypertension**
Persistent raised blood pressure:
- measured at the past two visits and
- systolic or diastolic pressure or both are above 140/90 mmHg.

**Threshold for offering drug treatment**
Offer treatment to people with:
- blood pressure of more than 160/100 mmHg or
- isolated systolic hypertension (systolic blood pressure of more than 160 mmHg) or
- blood pressure of more than 140/90 mmHg and:
  - 10-year cardiovascular disease risk of at least 20% or
  - existing cardiovascular disease or target organ damage.

**Treatment targets**
The aim of treatment is to reduce blood pressure to 140/90 mmHg or below.

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**Figure 1.13** Clinical guidelines or recommendations by NICE, based on the best available scientific evidence, on the appropriate treatment of individuals with hypertension.

Drugs or drug combinations, patients will either not take their drugs or not take them in accordance with the suggested schedule. Sometimes the lack of patient compliance may simply be an issue of the patient forgetting to take their medication.

“For [the cholesterol-lowering drug] simvastatin, the evidence is that marginally better lowering of total and LDL cholesterol comes from taking the tablets in the evening than in the morning.”