

B-QuiCK: Hypertension management

Is antihypertensive treatment required?

Patients with a blood pressure of $\geq 160/100$ mmHg should be initiated on antihypertensive treatment immediately, in addition to lifestyle changes, regardless of their five-year CVD risk.

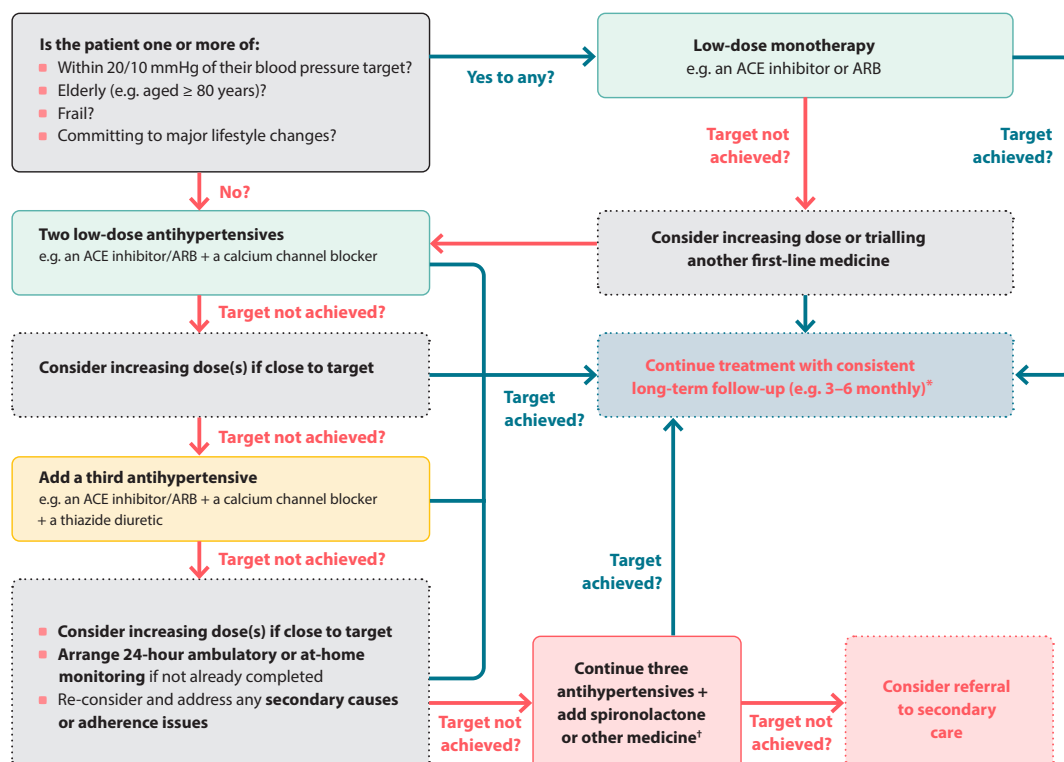
For all other patients with a blood pressure persistently $\geq 130/80$ mmHg, the [2018 Ministry of Health cardiovascular risk consensus statement](#) recommends calculating their five-year CVD risk to guide antihypertensive medicine decisions. In patients with:

- **Five-year CVD risk $< 5\%$:** antihypertensive treatment is not recommended; proceed with lifestyle changes
- **Five-year CVD risk 5 – 15%:** consider antihypertensive treatment if blood pressure is $\geq 140/90$ mmHg, in addition to lifestyle changes
- **Five-year CVD risk $\geq 15\%$:** antihypertensive treatment is recommended, in addition to lifestyle change

N.B. The 2024 ESC Guidelines for the management of elevated blood pressure and hypertension introduced the term “elevated blood pressure” which is defined as $120 - 139/70 - 89$ mmHg. The decision on when to initiate antihypertensive medicines in patients within this group is determined by the presence of cardiovascular disease risk factors and the success of lifestyle interventions. Read the [full guideline here](#).

Summary: approach to antihypertensive treatment of patients with uncomplicated hypertension in primary care.

N.B. Co-morbidities can influence the selection of approach to antihypertensive use. See the full article for more information.



* Blood pressure should be monitored at least every four-to-six weeks during medicine titration until blood pressure targets have been achieved. The frequency of follow-up in the long-term depends on a range of patient-specific factors, e.g. the severity of hypertension in the context of the patient's overall CVD risk.

† Such as a beta-blocker or an alpha-blocker

Targets for the treatment of hypertension

Discuss healthy lifestyle changes with consideration of individual or cultural barriers to achieving these.

Blood pressure target	
Initial target for “most adults”, provided it is <u>well tolerated</u>	120 – 129/70 – 79 mmHg
People that <u>do not tolerate</u> the above BP recommendation, or those with:	
<ul style="list-style-type: none">■ Symptomatic orthostatic hypotension■ Aged 85 years or over■ Moderate-to-severe frailty■ Limited life expectancy	Discuss treatment goals to guide decision making; targets can be more lenient (e.g. <140/90 mmHg) but should be “ <i>as low as reasonably achievable</i> ”

N.B. This table has been updated to reflect recommendations from the [2024 ESC Guidelines for the management of elevated blood pressure and hypertension](#).

It is strongly recommended to review the original resource at your convenience for full details of recommendations and evidence. See full article here: [bpac.org.nz/2023/hypertension.aspx](https://www.bpac.org.nz/2023/hypertension.aspx)



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