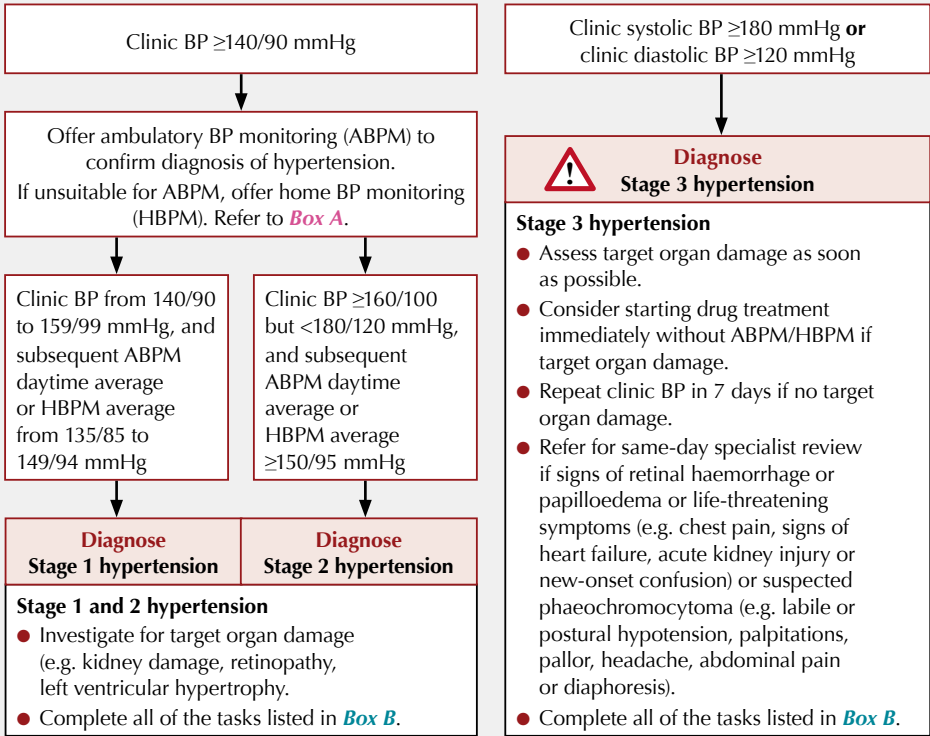


Diagnosing hypertension



Box A. Ambulatory and home blood pressure monitoring

ABPM

- Use ABPM to confirm a diagnosis of hypertension.
- Ensure at least two measurements per hour are taken during waking hours (e.g. between 8 a.m. and 10 p.m.).
- Use the average value of at least 14 measurements.
- If ABPM is not tolerated, use HBPM.

HBPM

- For information on how to monitor BP correctly at home and a diary sheet for recording measurements, see BIHS resources:
- The basics explained: bit.ly/3g1xnPa
 - Diary: bit.ly/2XexWMS
 - For each BP reading, ensure that two consecutive measurements are taken, at least 1 minute apart and with the person seated; **AND**
 - BP is recorded twice daily (ideally morning and evening); **AND**
 - BP recording continues for at least 4 days, ideally 7 days.
 - Discard measurements taken on the first day. Use the average value of all remaining measurements.

Box B. At diagnosis

- Code hypertension.
- Record height, weight, BMI, smoking status, family history of heart disease.
- Take baseline U&E, eGFR, lipids, TSH and LFT.
- Obtain urine specimen (dipstick to check for haematuria and send for ACR).
- Use results above to calculate CVD risk using QRISK[®]3 tool. If QRISK3 $> 10\%$, offer statin (refer to [NICE NG238](https://www.nice.org.uk/guidance/ng238)).⁷
- Consider [QRISK3-Lifetime](https://www.nice.org.uk/guidance/ng238) calculator for people aged < 40 years.
- Arrange non-urgent 12-lead ECG (to assess for LVH).
- Examine the fundi for the presence of hypertensive retinopathy.