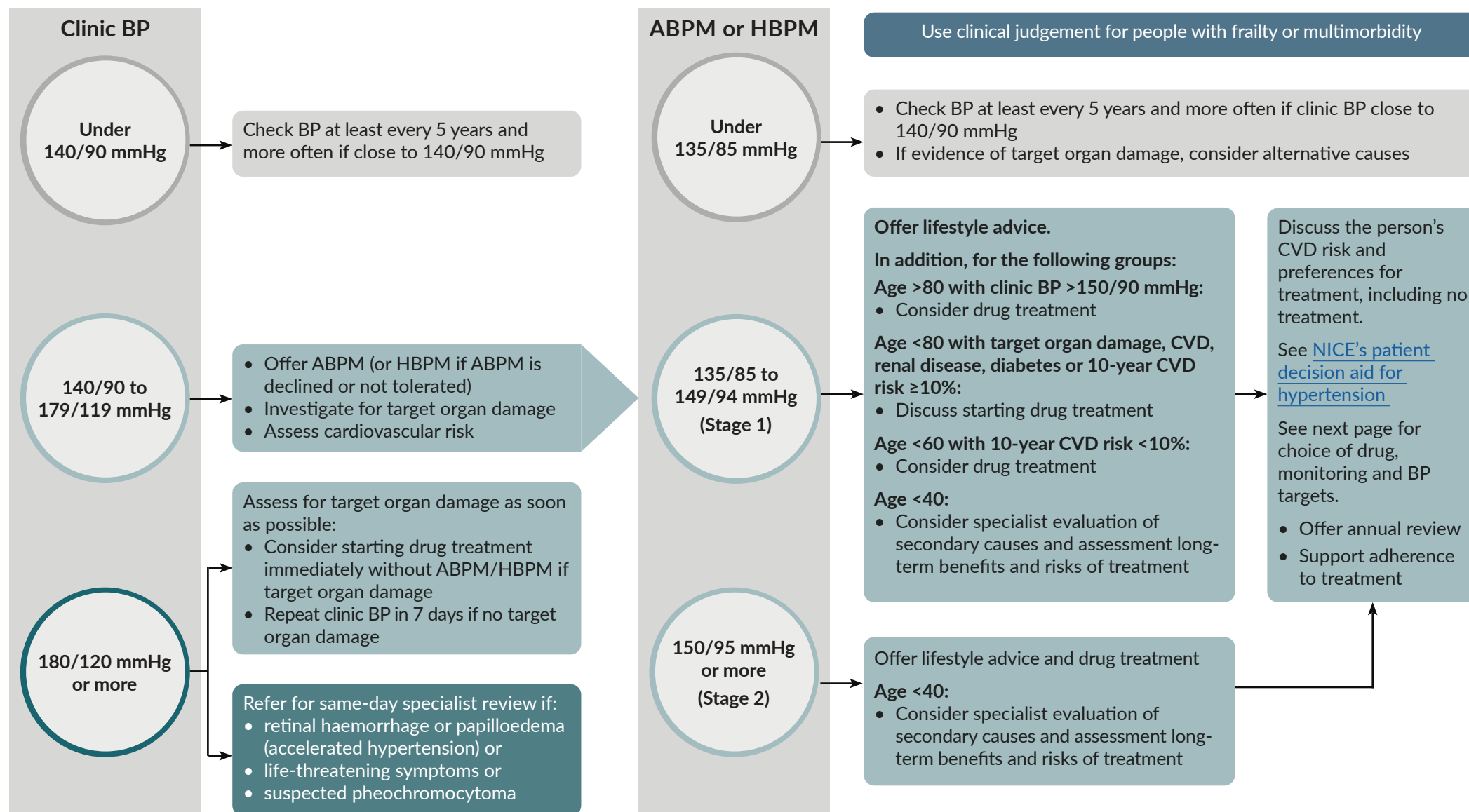
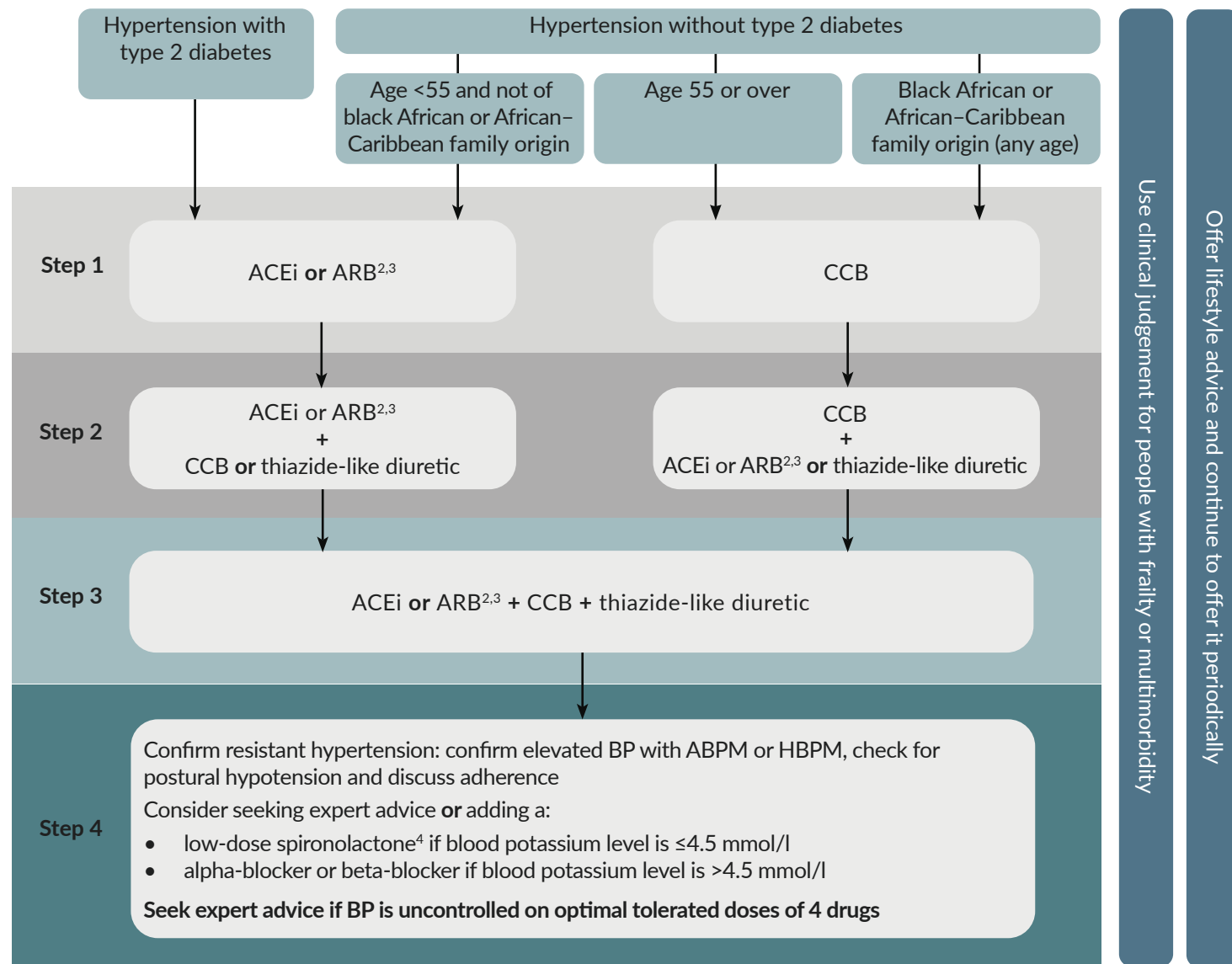


Offer lifestyle advice and continue to offer it periodically



Choice of antihypertensive drug¹, monitoring treatment and BP targets



Monitoring treatment

Use clinic BP to monitor treatment.

Measure standing and sitting BP in people with:

- type 2 diabetes or
- symptoms of postural hypotension or
- aged 80 and over.

Advise people who want to self-monitor to use HBPM. Provide training and advice.

Consider ABPM or HBPM, in addition to clinic BP, for people with white-coat effect or masked hypertension.

BP targets

Reduce and maintain BP to the following targets:

Age <80 years:

- Clinic BP <140/90 mmHg
- ABPM/HBPM <135/85 mmHg

Age ≥ 80 years:

- Clinic BP <150/90 mmHg
- ABPM/HBPM <145/85 mmHg

Postural hypotension:

- Base target on standing BP

Frailty or multimorbidity:

- Use clinical judgement

¹For women considering pregnancy or who are pregnant or breastfeeding, see NICE's guideline on [hypertension in pregnancy](#). For people with chronic kidney disease, see NICE's guideline on [chronic kidney disease](#). For people with heart failure, see NICE's guideline on [chronic heart failure](#)

²See MHRA drug safety updates on [ACE inhibitors and angiotensin-II receptor antagonists: not for use in pregnancy](#), which states 'Use in women who are planning pregnancy should be avoided unless absolutely necessary, in which case the potential risks and benefits should be discussed', [ACE inhibitors and angiotensin II receptor antagonists: use during breastfeeding](#) and [clarification: ACE inhibitors and angiotensin II receptor antagonists](#). See also NICE's guideline on [hypertension in pregnancy](#).

³Consider an ARB, in preference to an ACE inhibitor in adults of African and Caribbean family origin.

⁴At the time of publication (August 2019), not all preparations of spironolactone have a UK marketing authorisation for this indication.