

### Thresholds and targets for treatment

The following thresholds for treatment<sup>(1)</sup> are recommended:

- Accelerated (malignant) **hypertension** (with papilloedema or fundal haemorrhages and exudates) *or* acute cardiovascular complications, admit for **immediate treatment**;
- Where the initial blood pressure is systolic  $\geq 220$  mmHg *or* diastolic  $\geq 120$  mmHg, **treat immediately**;
- Where the initial blood pressure is systolic 180–219 mmHg *or* diastolic 110–119 mmHg, confirm over 1–2 weeks then **treat** if these values are sustained;
- Where the initial blood pressure is systolic 160–179 mmHg *or* diastolic 100–109 mmHg, *and* the patient has cardiovascular complications, target-organ damage (e.g. left ventricular hypertrophy, renal impairment) or diabetes mellitus (type 1 or 2), confirm over 3–4 weeks then **treat** if these values are sustained;
- Where the initial blood pressure is systolic 160–179 mmHg *or* diastolic 100–109 mmHg, but the patient has *no* cardiovascular complications, no target-organ damage, or no diabetes, advise lifestyle changes, reassess weekly initially and **treat** if these values are sustained on repeat measurements over 4–12 weeks;
- Where the initial blood pressure is systolic 140–159 mmHg *or* diastolic 90–99 mmHg *and* the patient has cardiovascular complications, target-organ damage or diabetes, confirm within 12 weeks and **treat** if these values are sustained;
- Where the initial blood pressure is systolic 140–159 mmHg *or* diastolic 90–99 mmHg and *no* cardiovascular complications, no target-organ damage, or no diabetes, advise lifestyle changes and **reassess** monthly; **treat** persistent mild **hypertension** if the 10-year cardiovascular disease risk is 20% or more.<sup>(2)</sup>

A target systolic blood pressure  $< 140$  mmHg *and* diastolic blood pressure  $< 90$  mmHg is suggested. A lower target systolic blood pressure  $< 130$  mmHg *and* diastolic blood pressure  $< 80$  mmHg should be considered for those with established atherosclerotic cardiovascular disease, diabetes, or chronic renal failure. In some individuals it may not be possible to reduce blood pressure below the suggested targets despite the use of appropriate therapy.