

## Blood Pressure Management Algorithm (see [APC-approved hypertension guidelines](#))

### Targets

- If microvascular complications (proteinuria, retinopathy, microalbuminuria) present aim for  $\leq 130/80$  mmHg
- Others, set a target  $< 140/80$  mmHg

### If on antihypertensive therapy at diagnosis of diabetes

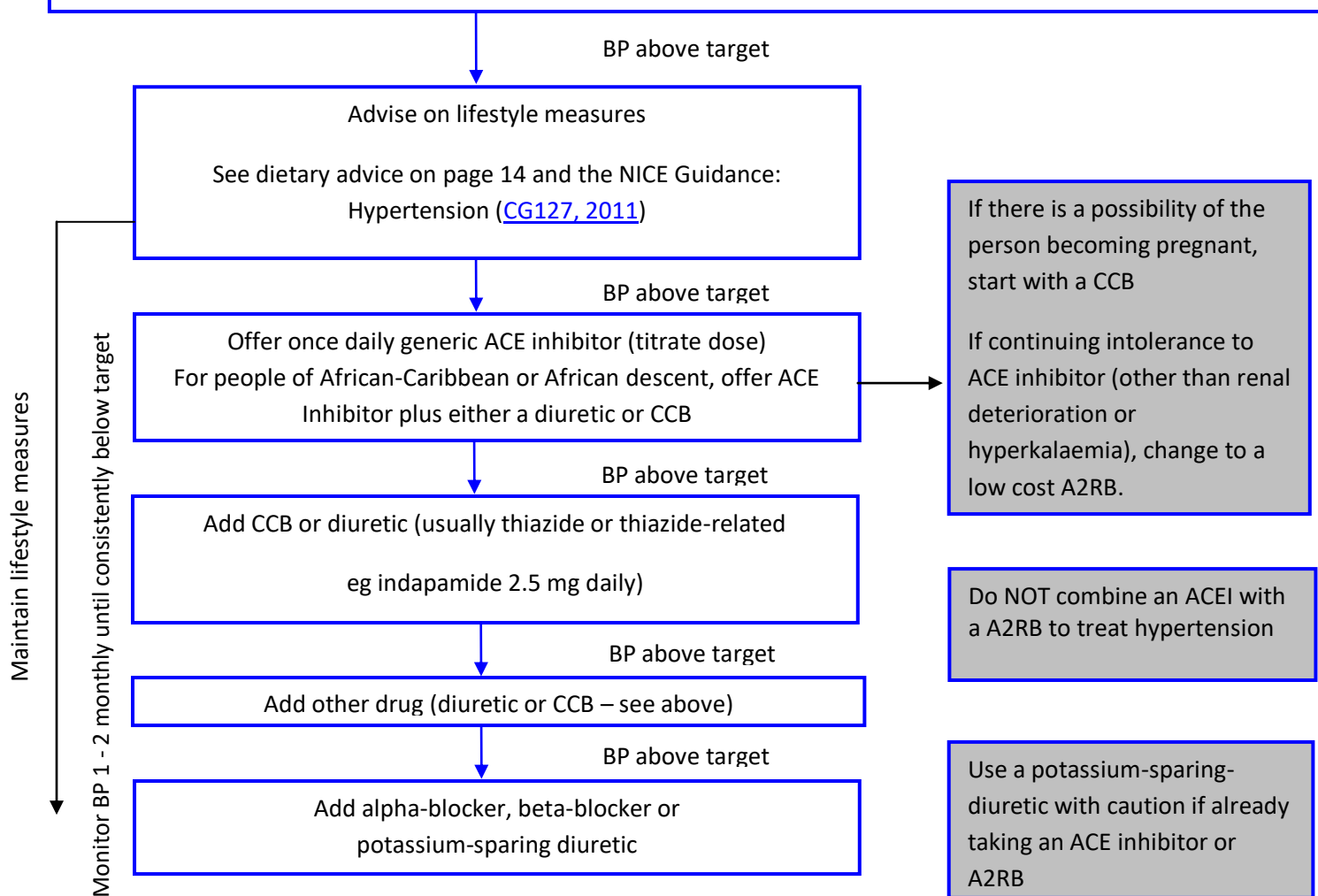
- Review BP control and medication use.
- Make changes only if BP is poorly controlled or current medications are inappropriate because of microvascular complications or metabolic problems. Monitor BP every 1-2 months and intensify therapy until BP reaches target.

### If the person's BP reaches and consistently remains at the target

- Monitor every 4-6 months and check for possible adverse effects of antihypertensive therapy (including those from unnecessarily low blood pressure).

Measure BP annually if not hypertensive or with renal disease. If BP > target, repeat measurement within:

- 1 month if  $> 150/90$  mmHg
- 2 months if  $> 140/80$  mmHg
- 2 months if  $> 130/80$  mmHg and kidney, eye or cerebrovascular damage



Antihypertensive medications can increase the likelihood of side effects such as orthostatic hypotension in a person with autonomic neuropathy.

A2RB: angiotensin II receptor blocker; AER: albumin excretion rate; BP: blood pressure; CCB: calcium-channel blocker.

Reference: [NICE Guidance NG28 \(Type 2 Diabetes, 2015\)](#)