**Monitoring treatment**

Use clinic BP to monitor treatment. Measure standing and sitting BP in people with:
- type 2 diabetes
- symptoms of postural hypotension
- 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

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This visual summary builds on and updates previous work on treatment published by the BIHS (formerly BHS)

[A] For 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.

[B] See 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.

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

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

ABPM = ambulatory blood pressure monitoring; ACEi = ACE inhibitor; ARB = angiotensin-II receptor blocker; BP = blood pressure; CCB = calcium-channel blocker; HBPM = home blood pressure monitoring.