NHS Sheffield Clinical Commissioning Group

Hypertension management in Type 2 Diabetes (Interim update September 2020)

The NICE Hypertension guidelines, which were updated in August 2019, recommend significant changes to the management of blood pressure in adults with Type 2 diabetes. The Sheffield Hypertension guidelines are therefore currently under review for update but in the interim we have released this statement to provide guidance to clinicians managing adults with Type 2 diabetes. See the current NICE Hypertension guidelines for a summary of the changes to the management of hypertension in patients with Type 2 diabetes.

The following advice and rationale have therefore been provided by NHS Sheffield CCG to clinicians in the ongoing management of diabetic patients and particularly to support the Diabetes Treatment Targets project.

- Sitting and standing clinic blood pressure should be measured at all times, unless there is already a diagnosis of postural hypotension. Where there is a drop in systolic blood pressure by >10mmHg or an existing diagnosis of postural hypotension then standing BP should always be used to assess blood pressure control.
- Aim for a blood pressure target that is **below** 140/90mmHg in *all patients.
    - *For those who are 80 years or over and where there are concerns regarding frailty and polypharmacy then aim for a blood pressure target lower than 150/90mmHg at the very least.
    - Use clinical judgement for people of any age with frailty or multimorbidity.
- Use an angiotensin II receptor blocker (ARB) in preference to an angiotensin converting enzyme inhibitor (ACEi) in people with African or Caribbean heritage.
- Please follow the NICE Hypertension guidelines treatment steps for managing hypertension.

- **For undiagnosed or uncontrolled hypertension in Type 2 diabetic patients of any age**
    - **… with underlying kidney disease or previous ischaemic stroke/TIA.**
        - Once the initial target of below 140/90mmHg has been achieved, aim for a further reduction in systolic blood pressure to below 130 mmHg unless there is evidence of severe bilateral carotid artery stenosis (>50%), for whom a systolic blood pressure target of 140-150mmHg is appropriate. See the Royal College of Physicians stroke guidelines for more information on this.
    - **…with underlying diabetic eye disease (without kidney or cerebrovascular disease).**
        - Aim for a blood pressure target below 140/90mmHg. There is not enough evidence to support pursuing lower targets in patients with diabetic retinopathy without kidney or other cardiovascular involvement. While the pathophysiology of diabetic retinopathy would advocate that lower blood pressure targets might reduce progression of the disease there is still not sufficient evidence that intensive BP control has a significant benefit over non-intensive BP control. Use clinical judgement for people of any age with frailty or multimorbidity.
- **For Type 2 diabetic patients with a diagnosis of hypertension and already controlled to previous BP targets.**
    - Do not relax blood pressure control for patients treated to lower BP targets unless there is report of adverse effects, risk of harmful drug-drug interactions and considerations for polypharmacy and frailty.

Note – The BP targets above are based on clinic blood pressure measurements (CBPM). NICE guidelines recommend the use of CBPM for the ongoing management of hypertension however, if patients are home blood pressure monitoring then aim for targets 5mmHg lower than clinic measurements. A diastolic target of < 80mm Hg has not been specified in those with CKD and stroke, this is a deviation from NICE CG182 (CKD) and the local stroke/TIA guidelines and is a pragmatic approach during COVID-19 to reduce the need for extra BP monitoring and blood tests.

Written by- Ebun Ojo (Lead pharmacist for Hypertension, NHS Sheffield CCG) on behalf of the Diabetes Treatment Target Steering Group.
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