



**Wolverhampton
Diabetes Care**

What Care to Expect

Hypertension Prescribing Protocol

Protocol for selection of drugs and instructions for titration

Profile patient, review list of agents and relative indication, select 1st, 2nd, 3rd and 4th line agent, a 5th may be needed.

Agent 1 =	Start dose	Target dose	Adjust every (weeks)	monitor - pulse, bp, u/e and
Agent 2 =	Start dose	Target dose	Adjust every (weeks)	monitor - pulse, bp, u/e and
Agent 3 =	Start dose	Target dose	Adjust every (weeks)	monitor - pulse, bp, u/e and
Agent 4 =	Start dose	Target dose	Adjust every (weeks)	monitor - pulse, bp, u/e and
Agent 5 =	Start dose	Target dose	Adjust every (weeks)	monitor - pulse, bp, u/e and

Class	Drug	Standard dose	Compelling indications	Important contra-indications	Report if
Diuretic	Bendrofluazide	2.5mg od	Elderly, systolic hypertension	Abnormal U+Es	Electrolyte disturbance especially low K+ and/or low Na+
B-blocker	Atenolol	25-100mg od	IHD	Airways obstruction, heart block, peripheral vascular disease, cardiac failure.	Bradycardia <60 / min
ACE inhibitor	Ramipril	10mg	Cardiac failure	Preganancy, chronic renal failure, reno-vascular disease, peripheral vascular disease	Cough, electrolyte disturbance, rising creatinine > 10%
ARB	Losartan, Candesartan	100mg 8-16mg	ACE inhibitors cough.	As for ACE Inhibitors	As above
Calcium CBs (dihydropyridine)	Felodipine	10mg od	Systolic hypertension, IHD	Bradycardia, LVF with pulmonary congestion, second or third degree AV block. Pregnancy and breastfeeding	Oedema
Calcium CBs (rate limiting)	Diltiazem XL (Slozem)	180-360mg od	IHD	As above, combination with B blocker.	Bradycardia <60 /min, oedema
Alpha blocker	Doxazosin	up to 8mg od	Prostatism	Urinary incontinence, cardiac failure	Urine incontinence especially in women

Printed name and signature of responsible prescribing doctor (with date):