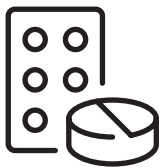


➔ TYPE 2 DIABETES GUIDANCE INCLUDED IN NICE HYPERTENSION GUIDELINES 136



## TARGETS:

People <80 years:	Clinic BP <140/90	ABPM/HBPM <135/85
People ≥80 years:	Clinic BP <150/90	ABPM/HBPM <145/85



## STEP 1:

Angiotensin Converting Enzyme inhibitor (ACEi) end in 'pril' eg. lisinopril, Ramipril  
OR  
Angiotensin Receptor Blocker (ARB) end in 'artan' eg. candesartan, losartan



## STEP 2:

Calcium Channel Blocker (CCB) end in 'dipine' eg. amlodipine, felodipine.  
OR  
Thiazide-like diuretic eg. indapamide



## STEP 3:

ACEi or ARB + CCB + thiazide-like diuretic



## STEP 4:

Review ABPM or HBPM seek expert advice  
Check they are taking all of their medications as prescribed  
If necessary add low dose spironolactone if K is  $\leq 4.5\text{mmol/l}$  or alpha/beta blocker if K  $> 4.5\text{mmol/l}$   
Seek expert advice if BP uncontrolled on optimal tolerated doses of 4 drugs



## TECHNIQUE:

- Palpate radial pulse before taking BP; try to detect AF, increased risk with diabetes
- 5 minutes of seated rest (no talking!)
- Measure sitting and standing BP, if postural hypotension detected ( $\geq 20\text{mmHg}$  difference) use standing readings for medication titration and targets

For further information contact:

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