

guideline for management of hypertension



Download guideline for management of hypertension



SIZE OF TREATMENT EFFECT

ESTIMATE OF CERTAINTY (PRECISION) OF TREATMENT EFFECT

| | CLASS I <i>Benefit >>> Risk</i> Procedure/Treatment SHOULD be performed/administered | CLASS IIa <i>Benefit >> Risk</i> Additional studies with <i>focused objectives needed</i> IT IS REASONABLE to perform procedure/administer treatment | CLASS IIb <i>Benefit ≥ Risk</i> Additional studies with <i>broad objectives needed; additional registry data would be helpful</i> Procedure/Treatment MAY BE CONSIDERED | CLASS III <i>No Benefit or CLASS III Harm</i> <table border="1"> <thead> <tr> <th>Procedure/Test</th> <th>Treatment</th> </tr> </thead> <tbody> <tr> <td>COR III: No benefit</td> <td>No Proven Benefit</td> </tr> <tr> <td>COR III: Harm</td> <td>Harmful to Patients</td> </tr> </tbody> </table> | Procedure/Test | Treatment | COR III: No benefit | No Proven Benefit | COR III: Harm | Harmful to Patients |
|--|--|---|--|--|----------------|-----------|---------------------|-------------------|---------------|---------------------|
| Procedure/Test | Treatment | | | | | | | | | |
| COR III: No benefit | No Proven Benefit | | | | | | | | | |
| COR III: Harm | Harmful to Patients | | | | | | | | | |
| LEVEL A Multiple populations evaluated* Data derived from multiple randomized clinical trials or meta-analyses | <ul style="list-style-type: none"> Recommendation that procedure or treatment is useful/effective Sufficient evidence from multiple randomized trials or meta-analyses | <ul style="list-style-type: none"> Recommendation in favor of treatment or procedure being useful/effective Some conflicting evidence from multiple randomized trials or meta-analyses | <ul style="list-style-type: none"> Recommendation's usefulness/efficacy less well established Greater conflicting evidence from multiple randomized trials or meta-analyses | <ul style="list-style-type: none"> Recommendation that procedure or treatment is not useful/effective and may be harmful Sufficient evidence from multiple randomized trials or meta-analyses | | | | | | |
| LEVEL B Limited populations evaluated* Data derived from a single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation that procedure or treatment is useful/effective Evidence from single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation in favor of treatment or procedure being useful/effective Some conflicting evidence from single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation's usefulness/efficacy less well established Greater conflicting evidence from single randomized trial or nonrandomized studies | <ul style="list-style-type: none"> Recommendation that procedure or treatment is not useful/effective and may be harmful Evidence from single randomized trial or nonrandomized studies | | | | | | |
| LEVEL C Very limited populations evaluated* Only consensus opinion of experts, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation that procedure or treatment is useful/effective Only expert opinion, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation in favor of treatment or procedure being useful/effective Only diverging expert opinion, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation's usefulness/efficacy less well established Only diverging expert opinion, case studies, or standard of care | <ul style="list-style-type: none"> Recommendation that procedure or treatment is not useful/effective and may be harmful Only expert opinion, case studies, or standard of care | | | | | | |

Suggested phrases for writing recommendations

should
is recommended
is indicated
is useful/effective/beneficial

is reasonable
can be useful/effective/beneficial
is probably recommended
or indicated

may/might be considered
may/might be reasonable
usefulness/effectiveness is unknown/unclear/uncertain
or not well established

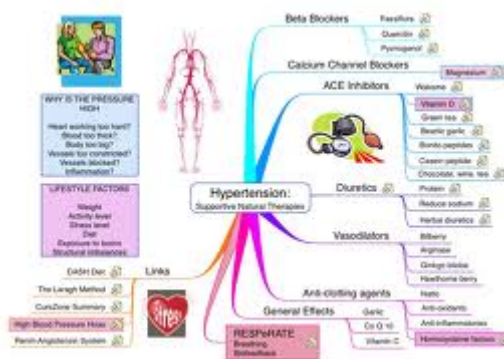
COR III: No Benefit
is not recommended
is not indicated
should not be performed/administered/other
is not useful/beneficial/effective

COR III: Harm
potentially harmful
causes harm associated with excess morbidity/mortality
should not be performed/administered/other

Comparative effectiveness phrases¹

treatment/strategy A is recommended/indicated in preference to treatment B
treatment A should be chosen over treatment B

treatment/strategy A is probably recommended/indicated in preference to treatment B
it is reasonable to choose treatment A over treatment B



1. Hypertension: The Clinical Management of Primary Hypertension in Adults: Update of Clinical Guidelines 18 and 34 [Internet]. National Clinical Guideline Centre (UK).

The new NICE/BHS hypertension guideline 1 follows NICE's lipid modification guideline in recommending using the estimated 10-year cardiovascular risk of ≤20% (see).

Guidance Tools and resources Information for the public Evidence History The guideline should not be updated at this time. For further information, please refer to.

VA/DoD CLINICAL PRACTICE GUIDELINE FOR DIAGNOSIS AND MANAGEMENT OF HYPERTENSION IN THE PRIMARY CARE SETTING Department of Veterans Administration

Hypertension in pregnancy. The management of hypertensive disorders during pregnancy.

The guideline describes the critical decision points in the Management of Hypertension in Primary Care and provides clear and comprehensive evidence based.

1. JAMA. 2014 Feb 5;311(5):507-20. doi: 10.1001/jama.2013.284427. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the.

Your responsibility. The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available.

Provides thresholds and goals and nine specific recommendations for initiating and modifying pharmacotherapy for adult patients with hypertension. From the Eighth.

Hypertension. Clinical management of primary hypertension in adults. Adults with hypertension (18 years and older) with particular consideration given to the.