



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Module : **Community Care and Management of
Longer-term Conditions**

Module Code : LCHS7003_LON

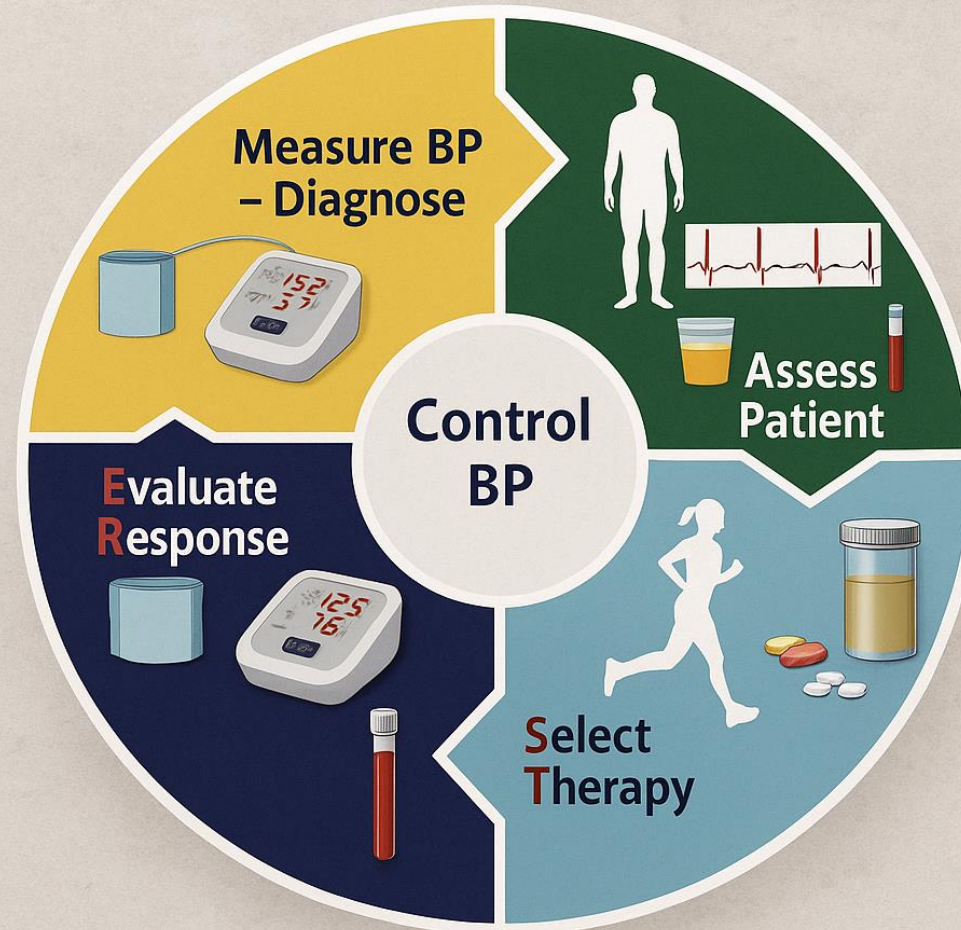
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Topic: Hypertension

Focus Group: Social Prescribers

ESH **MASTER**plan for Hypertension Management



Introduction

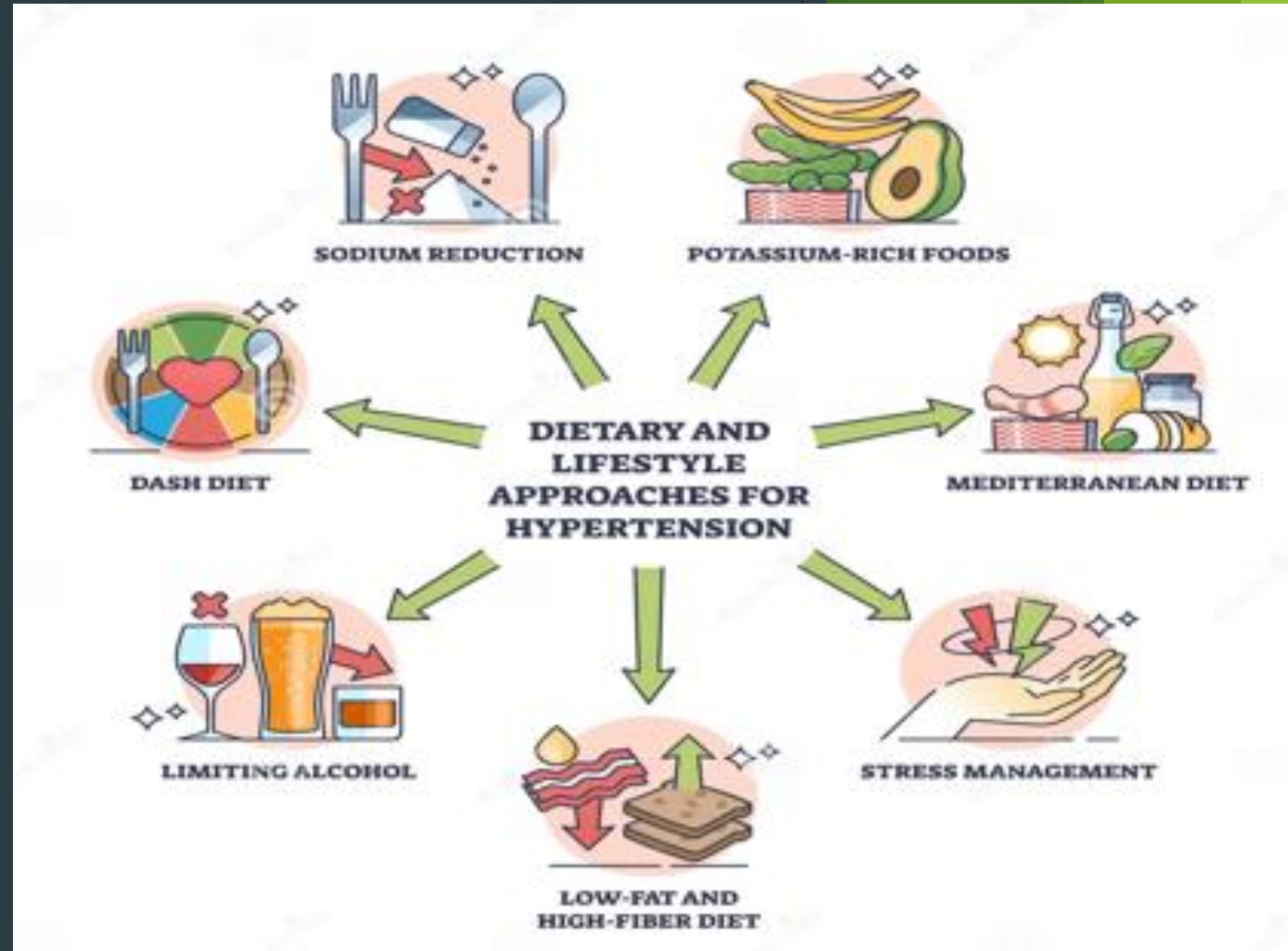
Care should be an integral part of hypertension management since it is based on a person's needs, preferences, and circumstances.

- However, lifestyle factors, other co-morbid conditions, stress levels, and behavior contribute to the development of hypertension, it is seldom possible to address such conditions effectively with a 'one-size-fits-all' approach.
- The process of tailoring treatment plans prepares patients for playing more active roles in their care, including adherence to medications and healthier behaviors, which enhances blood pressure control.
- The NHS Comprehensive Model of Care offers a structured system that is responsive to the needs of the patient with hypertension to confidently self-manage their condition and achieve better health outcomes in the long run (Chaudhari, 2025).



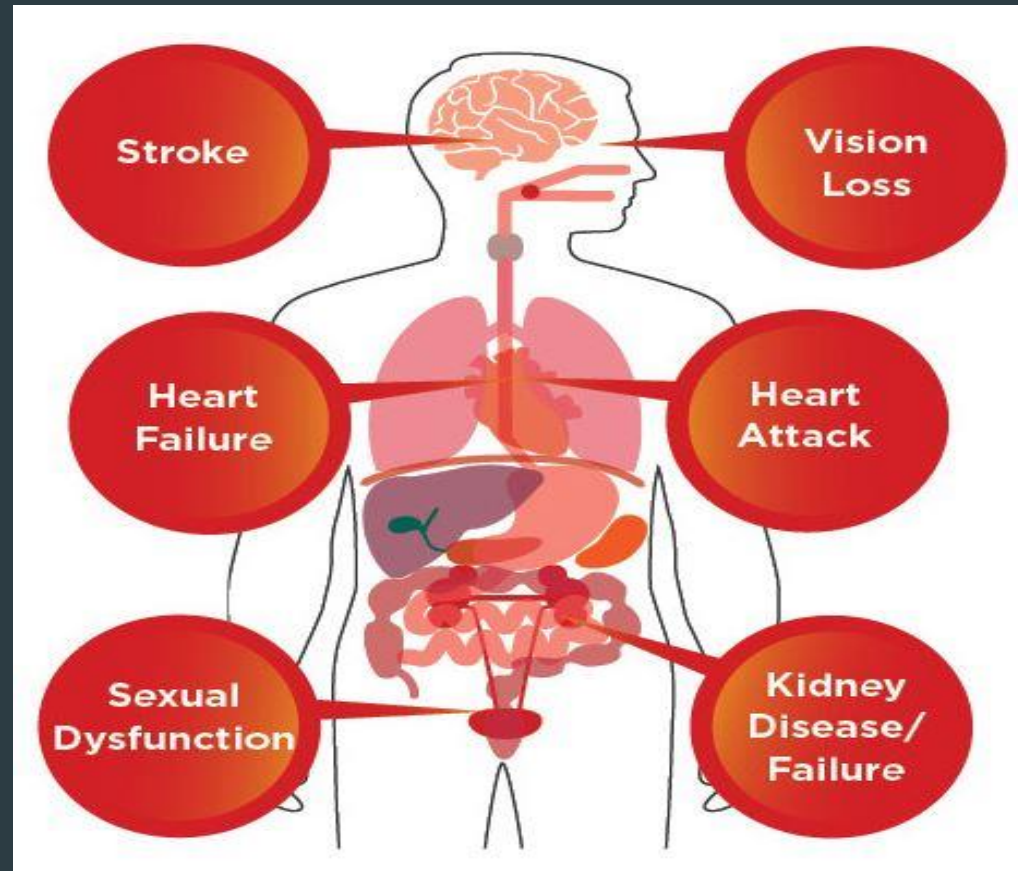
Overview and Definition

- ▶ Hypertension, or high blood pressure as it is also known, is a chronic illness where the pressure of the blood on the walls of the arteries is irregularly high at all times (Moore et al., 2022).
- ▶ This causes additional pressure on the cardiovascular system and heart. It is very widespread and occurs in approximately one out of four adults in the UK, and approximately 1.28 billion people around the world (Bogerd et al., 2024).
- ▶ The population of people with high blood pressure is on the rise due to factors such as aging and the shift in the lifestyle of people.
- ▶ Unless high blood pressure is addressed seriously, it significantly increases the chances of heart disease, strokes, kidney problems and other life-threatening illnesses (Zhou et al., 2021).



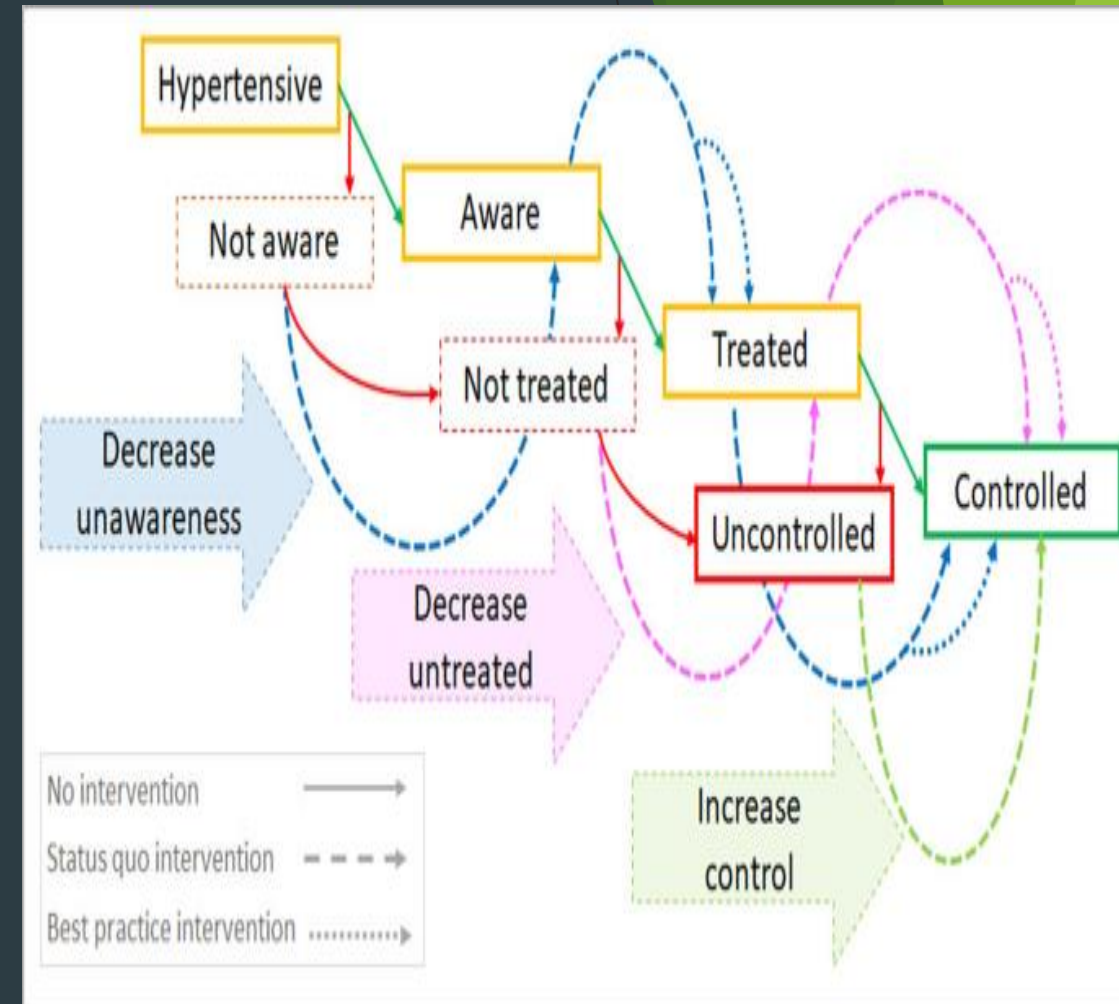
Symptoms and Aetiology

- ▶ Hypertension is considered to be a "silent killer" as symptoms usually do not show up in the majority of people.
- ▶ The etiology includes both modifiable and non-modifiable causes (Moore et al., 2022).
- ▶ Modifiable contributors include obesity, physical inactivity, high intake of salt, excessive consumption of alcohol, smoking, and chronic stress.
- ▶ Medical conditions such as diabetes, kidney disease, and disorders of the hormonal system result in secondary hypertension (Msoka, 2025).



Prevalence in the UK and Worldwide

- ▶ One of the most prevalent long-term diseases is hypertension, which is the health issue that occurs in one out of four adults in the UK, and in the world, one point two eight billion individuals are affected by this condition, which is a significant social health concern (Liu et al., 2022).
- ▶ It is also a broad social burden because individuals develop a long-term disability, poor quality of life, work disability, and low productivity, such changes because of their persistent symptoms and health complications (Wilson et al., 2025).
- ▶ It is economically very high as hypertension is very hard to manage and therefore, complications possible due to poorly managed hypertension are expensive like stroke, heart attacks, kidney disease and hospitalizations, which strain NHS resources (Mancia et al., 2023).
- ▶ These social and financial effects put together render prevention, early diagnosis and individualised treatment critical.

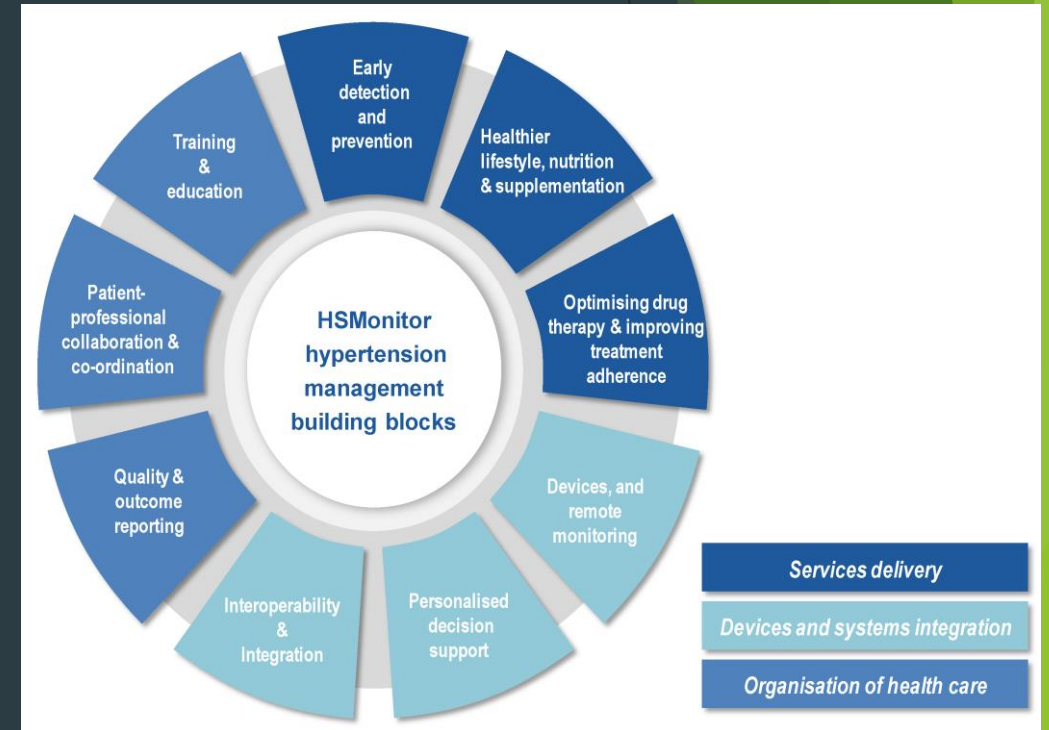


Economic and Social Burden

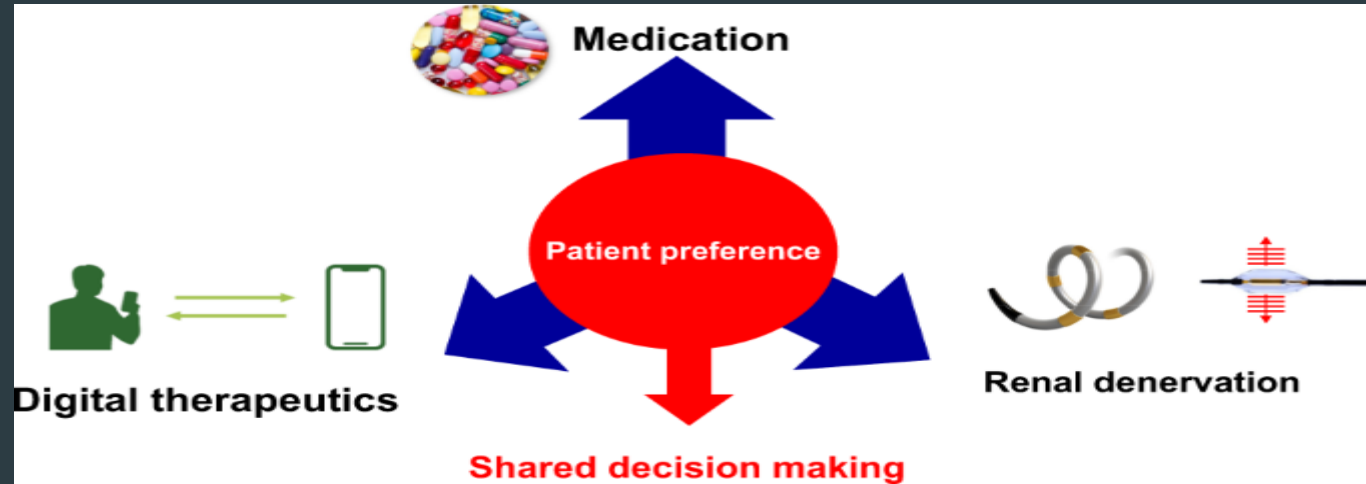
- ▶ Hypertension has significant economic and social consequences not only in the UK but also globally (Nakagomi et al., 2022).
- ▶ The condition is causing higher spending in the NHS amounting to an estimated 2.1 billion each year because of frequent GP visits, lifelong medication use, and consequences such as stroke and heart disease (Lemp et al., 2022).
- ▶ It also reduces productivity, which takes into account more than 30 million lost working days annually due to absence and disability. Globally, hypertension is a health problem with over 1.3 billion cases, which are contributing to a rise in healthcare expenditure, resulting in more than 10 million premature deaths each year (World Health Organization, 2023).
- ▶ Globally, over 1.3 billion individuals are exposed to hypertension, which is increasing spending on healthcare and leading to early deaths of over 10 million people every year. The low- and middle-income countries have the most significant burden as they have little resources (Wilson et al., 2025).
- ▶ At the societal level, hypertension reduces life quality, as well as dependency on caregivers and health disparities, which is why it is one of the priority global health issues.

Diagnosis and Initial Assessment (NICE NG136)

- ▶ A whole-population intervention on high blood pressure is interested in the prevention of the risk of all community members rather than just individuals with high blood pressure (Hanssen et al., 2022).
- ▶ Hypertension diagnosis relies on recurring blood pressure measurement by use of calibrated sphygmomanometer. At various instances of time confirmatory readings will be raised.
- ▶ Prevention is low-salt diet, physical activity, body weight control, lack of smoking, alcohol and stress management (Hickmann et al., 2022).



Management of Hypertension Using UK Guidance & Models of Care



- ▶ A whole-population model of the management of high blood pressure is focused on minimizing the risk of the entire community, rather than just high blood pressure patients (Van Hout et al., 2023).
- ▶ Prevention is more effective when supported physically and mentally through stress management programs and health initiatives at the workplace and easy access to lifestyle support services (Howard et al., 2022).
- ▶ General prevention programs like promoting healthy diet, intake of salt, physical activity and obesity prevention campaigns on national level. Some initiatives such as blood pressure screenings, smoking cessation programs and policies to assist individuals in reducing alcohol intake facilitate the detection and prevention of high blood pressure at an earlier stage.

Treatment Options in the United Kingdom

- ▶ Hypertension treatment is in line with the NICE NG136 which prescribes to use ACE inhibitors or ARBs initially, and calcium-channel blockers (CCBs) or thiazide-like diuretics later based on age and ethnicity (Lemogne et al., 2022).
- ▶ The existing comorbidities are also important in the treatment options, as they often involve diabetes, chronic kidney disease (CKD), high cholesterol, obesity, cardiovascular disease and history of stroke (Pathak et al., 2022).
- ▶ Such circumstances elevate the chances of complication, and individual treatment is necessary.
- ▶ Lifestyle interventions, including salt consumption, weight control, and physical exercise, are in addition to medication because they are significantly important in enhancing outcomes (Valenzuela et al., 2021).

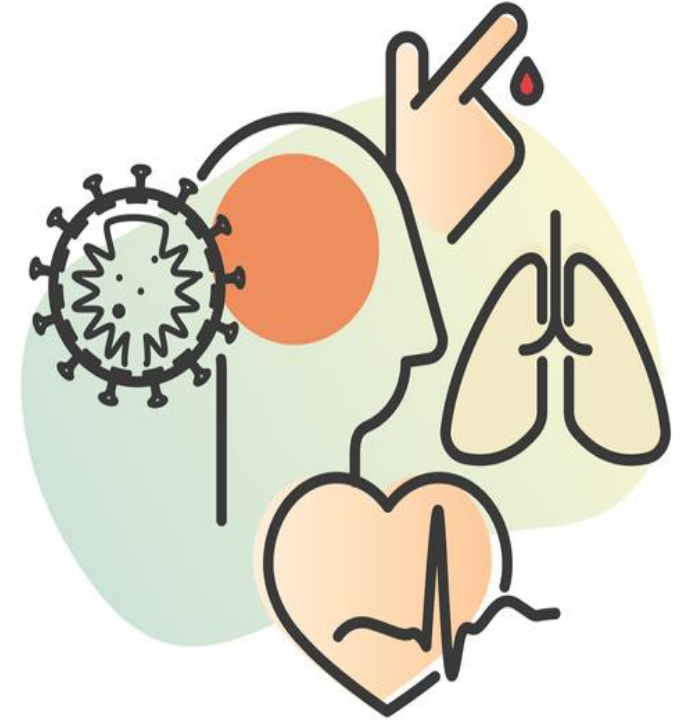


The image shows a handwritten nursing care plan for a patient with hypertension. The plan is organized into a table with columns for Assessment, Nursing Diagnosis, Goal, Intervention, and Evaluation. The text is written in cursive. Overlaid on the image are large, bold, red and blue text elements that read "Nursing Care Plan" and "Hypertension".

Assessment	Nursing Diagnosis	Goal	Intervention	Evaluation
Subjective Data:- Patient says that he/she have Headache & Dizziness.	At risk for decreased cardiac output related to/due to disease and as evidenced by Physical Examination.	To increase Cardiac output.	→ check the Vital Sign. → Provide Comfortable Position. → Provide Patient Claim	→ checked the Vital Sign. (145/89 mmHg) → Provided Comfortable Position. → Provided Patient Claim
Objective Data:- Patient's Blood Pressure is 124/78 mmHg.				Patient feel Well. & Blood Pressure (124/78 mmHg)

Comorbidities

- ▶ Extended stress of the cardiovascular system as a result of hypertension is closely linked with a number of important comorbidities. These comorbidities are common coronary artery disease, heart failure, and stroke because of the impact of blood vessel and heart damage (Gadó et al., 2022).
- ▶ Hypertension is regularly accompanied by metabolic disorders of type 2 diabetes, hyperlipidaemia, and obesity that contribute to the overall cardiovascular risk (Barbato et al., 2023).
- ▶ There are also possibilities of individuals developing peripheral arterial disease, atrial fibrillation, and hypertensive retinopathy, which indicates extensive damage to the vascular system (Piñeiro-Fernandez et al., 2022).
- ▶ These comorbidities combined increase morbidity and death in the patients.



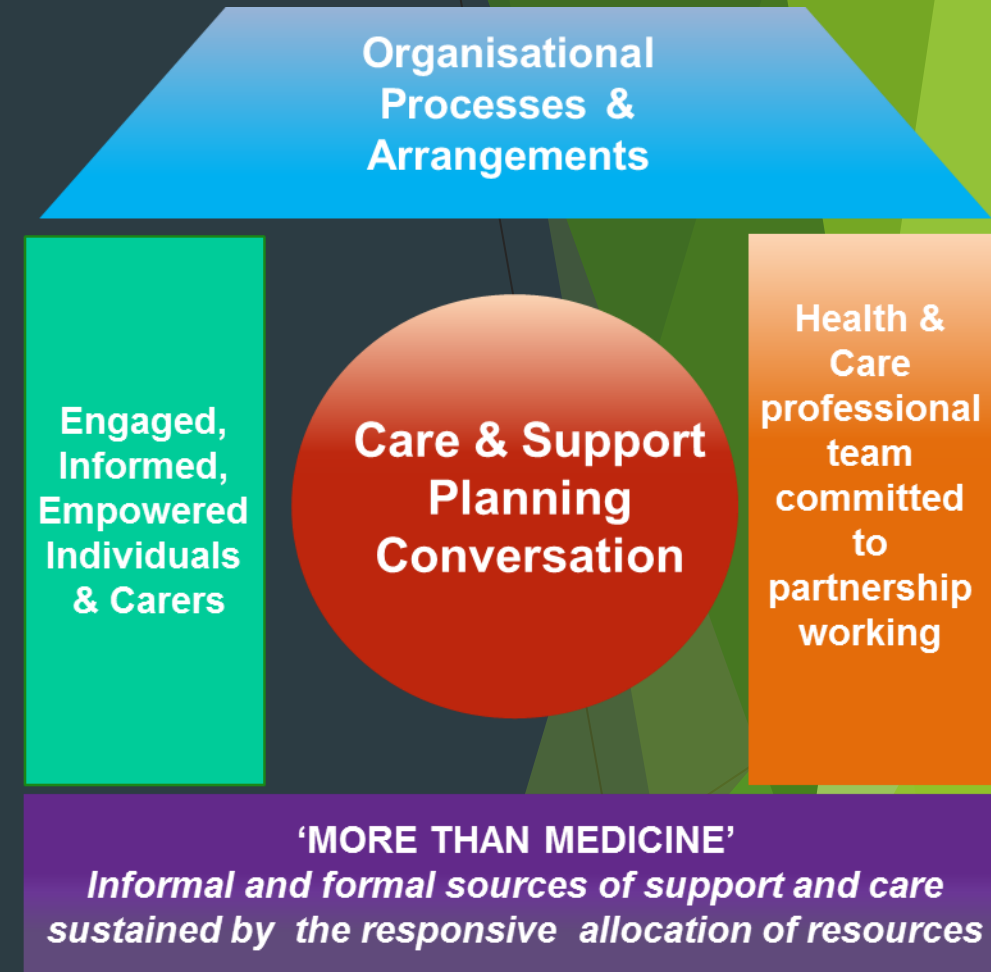
Prevention of Hypertension

- ▶ Referrals to either walking groups, fitness groups, or local sport will assist them in creating healthy habits to their heart.
- ▶ They can look after their blood pressure level by using home blood pressure monitors and thus their blood pressure readings can be monitored regularly and any changes can be detected in time.
- ▶ Social prescribing and self-managed support is a strategy that will see individuals with high blood pressure provided with the tools to make their health their own priority (Commodore-Mensah et al., 2022).
- ▶ Patients can cope with emotions that raise their blood pressure with the help of programs, which assist in reducing stress, e.g., mindfulness programmes or meeting with a counselor (Zhang and Kamel Boulos, 2023).
- ▶ The House of Care model supports this practice through making sure that patients and health practitioners will collaboratively plan their care.



Suitable Model of Care

- ▶ This practice is especially consistent with the House of Care model that is based on the concept of collaboration between the patient and the healthcare professional as a partnership.
- ▶ Informed decisions, individualized support, and collective responsibility in the management of long-term conditions are highlighted in the model.
- ▶ Even further, shared decision making supports the element of the House of Care model of collaborative care planning by providing information on the treatment options to the individuals as they explain the benefits and harms.
- ▶ Discussing with the patient medication, lifestyle changes, blood pressure control, and treatment modification is a way of acknowledging the importance of the patient and doing what the patient finds important in the case of hypertension, which serves the purposes of the model to respect the values of the patient and encourage the patient to take an active role in their care (Van Hout et al., 2023).



Recommendations Using the Comprehensive Model of Personalised Care

- ▶ The individualized care plan is to be adapted into the life of the patient, taking into consideration cultural background, food habits and willingness to change.
- ▶ The use of regular check-ups, monitoring blood pressure at home, and making adjustments to medication will assist all individuals to track the progress and make changes to the plan in case it is necessary (Cassarino et al., 2021).
- ▶ Personalized care and support are developed to address the needs, goals, lifestyle, and situation of the patient to make them proactively engage in the effort to manage high blood pressure (Pathak et al., 2022).
- ▶ Patients collaborate with their physicians to establish personal goals, such as achieving some level of blood pressure, the number of medications, or health improvement by means of lifestyle change.



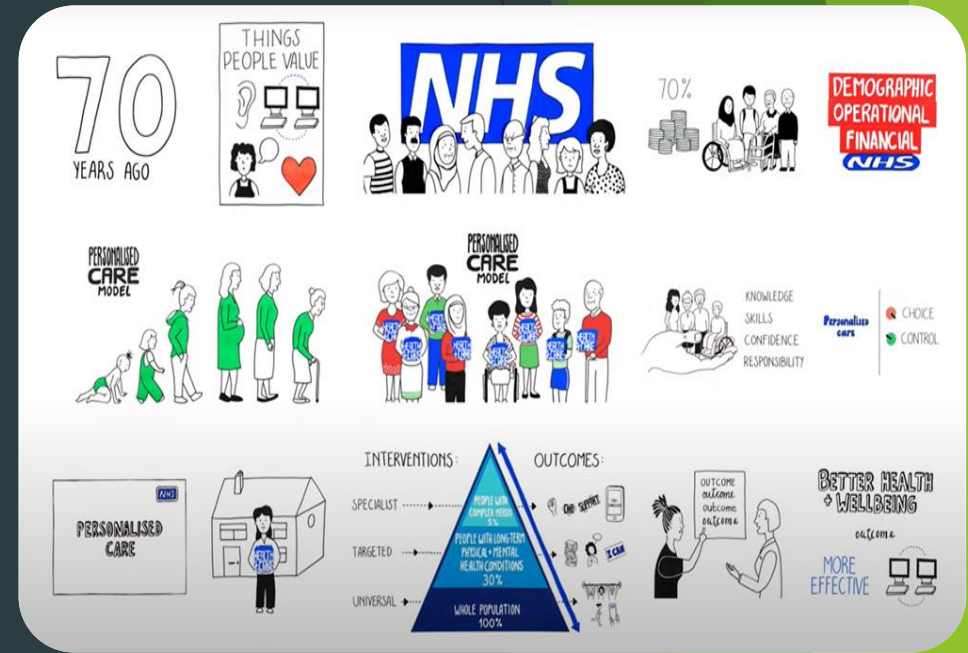
Skills, Values & Behaviors for Co-productive Care

- ▶ They can continuously check their blood pressure and detect any changes at the early levels with the assistance of home blood pressure monitors.
- ▶ A guided self-management and social prescribing give the individuals with high blood pressure the means of self-management of their health (Commodore-Mensah et al., 2022).
- ▶ Personal Health Budgets (PHBs) and Integrated Personal Budgets allow people to be more at liberty in the means in which they handle their hypertension by purchasing personal treatments to meet their health goals (O'Sullivan et al., 2024).
- ▶ The strength of Personal Health Budgets (PHBs) and Integrated Personal Budgets lies in the fact that they give more control and personal management of how individuals manage the hypertension by buying their individual treatments to achieve their health goals (Potempa, K. and Chamroonsawasdi, n.d).



Conclusion

- ▶ The new Operating Model of Personalised Care underlines the level to which six key areas facilitated decision making, personalising care and support planning, supporting self-management, introducing social prescribing, and utilising personal health budgets and empowering choice (Zhao et al., 2022).
- ▶ Adoption of new personalized care model of hypertension is the same direction that assists the patient since he is diagnosed and until the time he is continued (McCann et al., 2024).
- ▶ Personalised care is an entire patient-oriented intervention in the prevention of early and the management of high blood pressure throughout life.
- ▶ It permits a patient to be more engaged and enables them to adhere to treatment by making plans that suit the special needs, values, and abilities of each member, which encourages long-term modifications in the habits of that person.



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