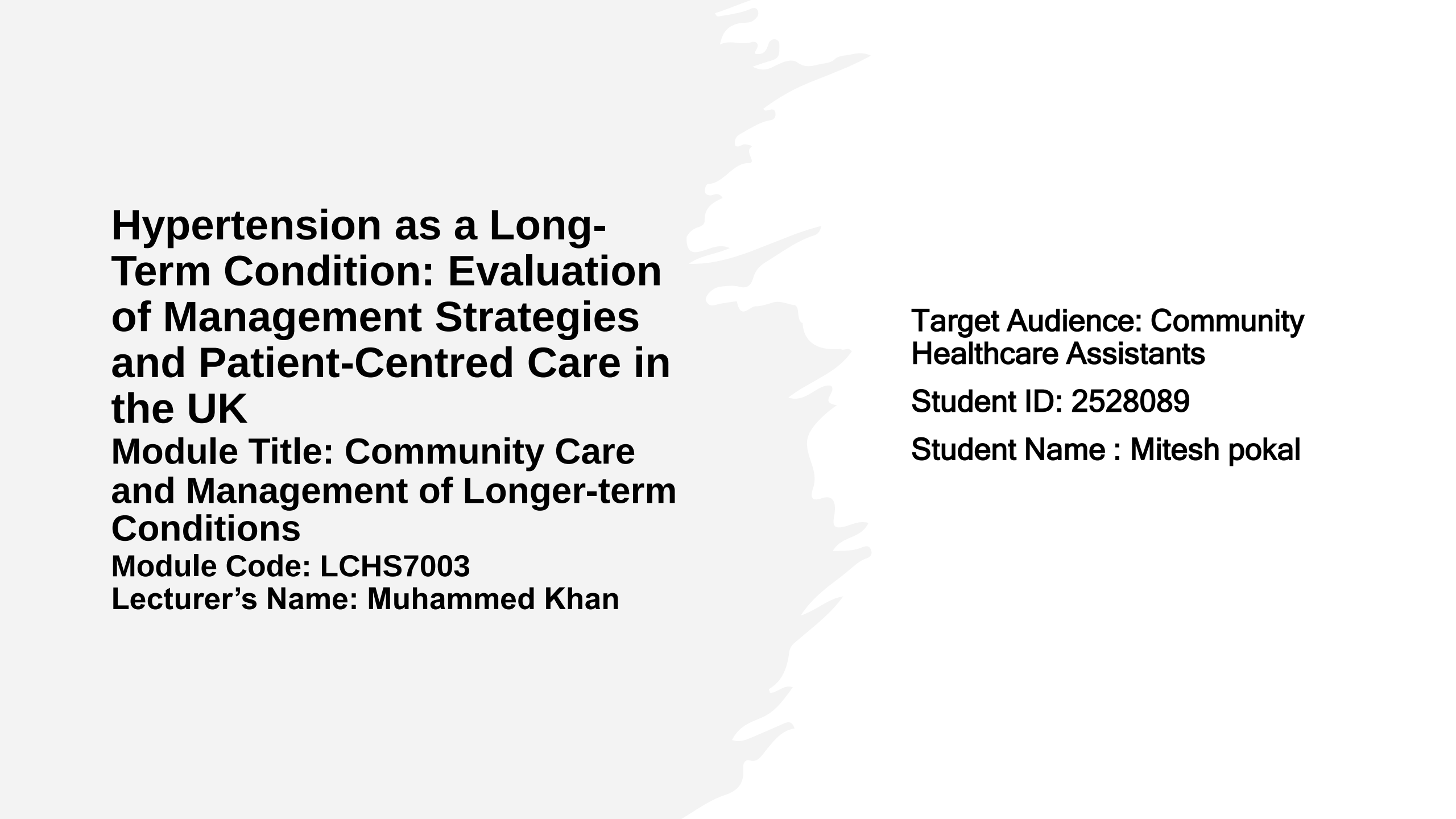




Hypertension as a Long-Term Condition: Evaluation of Management Strategies and Patient-Centred Care in the UK

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

Module Code: LCHS7003

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Target Audience: Community Healthcare Assistants

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Overview of Hypertension

- Hypertension is defined as a consistent elevation of arterial blood pressure levels (Ott and Schmieder, 2022).
- Hypertension is defined as a persistent elevation of arterial blood pressure beyond normal physiological limits, typically exceeding 140/90 mmHg in clinical settings.
- Diagnosed when blood pressure is over 140 over 90 millimetres of mercury (Chen, et al., 2023).
- It is often asymptomatic and early diagnosis is difficult in clinical practice.
- Causes more long-term organ damage and vascular resistance.
- Known to be a significant risk factor that can be changed to prevent cardiovascular diseases.
- This aims to provide a clear understanding of hypertension and its clinical significance.





Symptoms of Hypertension

- During the initial stages of hypertension, most people are asymptomatic (Al Rubaie and Al Hasnawy, 2025).
 - In cases of uncontrolled or severe cases, headaches and dizziness may be experienced (Kowalski, et al., 2023).
 - Visual disturbances, chest pain and shortness of breath may be a sign of high or uncontrolled blood pressure.
 - Nosebleeds and palpitations can also occur in some hypertensive individuals.
 - The symptoms usually manifest only when complications like stroke have taken place.
 - The late presentation of the symptoms adds to the risk of late diagnosis and treatment.
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Causes and Aetiology of Hypertension

- Most of the cases are primary hypertension with no known cause.
- Secondary hypertension associated with renal, endocrine or vascular diseases (Hegde, et al., 2023).
- The lifestyle issues that risk include obesity and excess salt.
- The genetic predisposition also plays a significant role in abnormal blood pressure regulation (Lieb, et al., 2013).
- Hypertension development is aggravated by chronic stress and sedentary behaviour and poor dietary habits.
- Ageing and socioeconomic factors also contribute to increased risk of hypertension development.





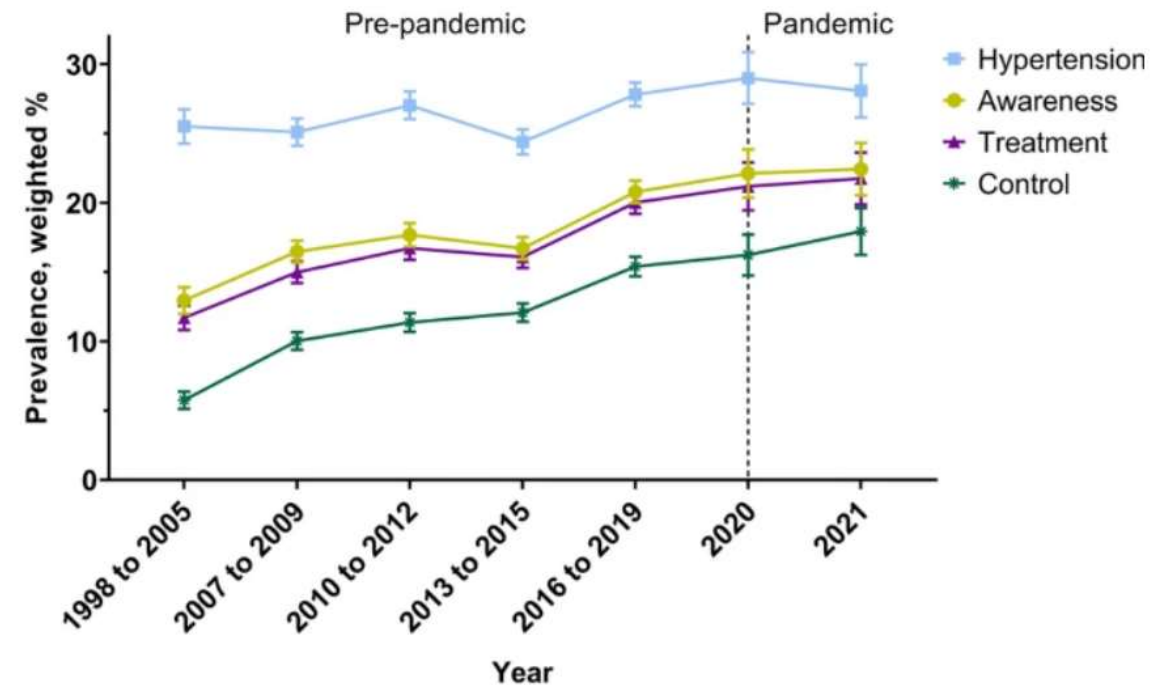
Types of Hypertension

- Primary hypertension is acquired slowly and without a well-recognised medical aetiology.
 - Secondary hypertension is caused by other health problems or drugs.
 - Isolated systolic hypertension is prevalent in the elderly because of vascular hardening (Rahmi, et al., 2023).
 - Hypertensive crisis is a dangerous and extreme rise that should be treated immediately.
 - The classification of types is important in the choice of management strategies.
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Prevalence of Hypertension (UK & Global)

- This number is about one out of three adults in the United Kingdom who are affected (Blood Pressure UK, 2017).
- Globally, around 1.28 billion adults are affected by hypertension (WHO, 2025).
- Prevalence is on the increase worldwide with the onset of age and a change in lifestyles.
- Increased frequency among socioeconomically deprived and ethnic minorities.
- A large number of people end up undiagnosed even with screening facilities.
- According to WHO, (2025), rising incidence causes a great burden on health care systems around the world.

Figure 1



Source: Joffres, et al., (2013)

Economic Burden of Hypertension

- The management of hypertension takes up a significant part of the NHS spending, costing over £2 billion every year.
- The cost goes up sharply when cardiovascular complications develop.
- Continuous medication and monitoring resources are needed in the long-term treatment (Albishi, et al., 2024).
- Stroke and heart disease admissions in hospitals raise the cost.
- Prevention measures that are deemed cheaper than prevention treatment methods.

Social Burden of Hypertension

- Hypertension reduces quality of life due to long-term health complications (Kandasamy, et al., 2025).
- Greater dependence after cardiovascular or stroke occurrences has an impact on families (Gronewold, et al., 2021).
- The burden of caregivers increases with the advancement of hypertension-related disabilities (Verma, et al., 2016).
- The problem of health inequalities worsens health outcomes in disadvantaged and marginalised groups (Abdi, et al., 2025).
- Management of chronic conditions has effects on mental health and social well-being.



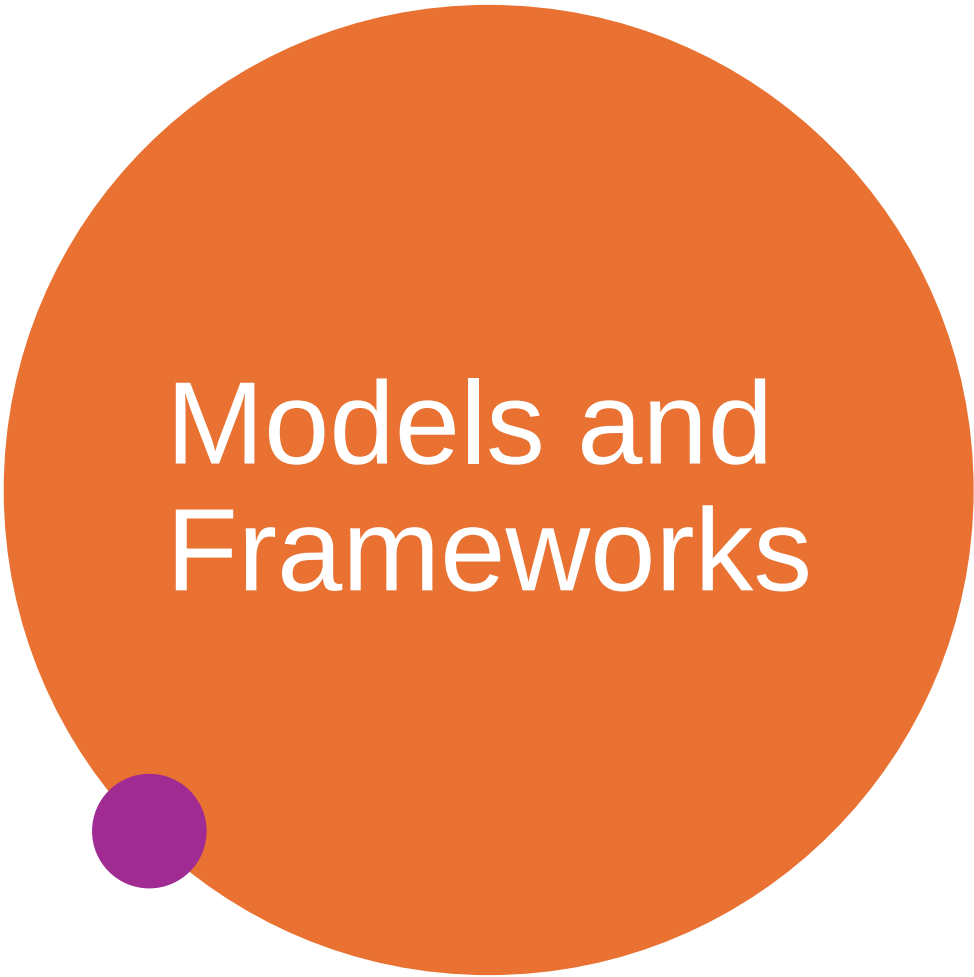
Diagnosis & Initial Assessment

- Blood pressure based on clinic, home or ambulatory blood pressure measurements.
- Measurements include systolic and diastolic values, recorded in millimetres of mercury (mmHg).
- Ambulatory monitoring is regarded as the gold standard to accurately diagnose hypertension (Lee, 2024).
- The cardiovascular risk level is assessed with risk assessment tools like QRISK3 (Mu, et al., 2022).
- Laboratory studies determine causal disease and foci of organ destruction.
- Early detection allows prompt intervention and avoids the development of the disease.

Management of Hypertension

- Lifestyle changes are the first-line management strategy based on the recommendations made by NICE guidelines (Charchar, et al., 2024).
- Pharmacological intervention on the age, ethnicity and risk factors.
- Treatment stepwise is more effective in controlling blood pressure in the long run.
- Adherence among patients is one of the significant issues in long-term hypertension therapy (Hamrahan, et al., 2022).
- Practices may not be completely guided by guidelines due to the complexity inherent in individual patients.





Models and Frameworks

- The Chronic Care Model is based on the management of long-term hypertension with the help of structured care and follow-up of patients (Zhang et al., 2025).
- The biopsychosocial model takes into account physical, psychological, and social factors affecting the outcomes of hypertension (Bolton, 2023).
- Patient-centred care also supports shared decision making, leading to better adherence and patient involvement (Rosenlund, 2025).
- Integrated care models increase the level of coordination between the primary and secondary services, enhancing continuity of care.
- Frameworks enhance the results, yet they need to be implemented regularly, with sufficient resources and trained medical practitioners.
- Partial integration and barriers at the system level tend to decrease the practical usefulness of these models.

Treatment



Pharmacological treatments involve the use of ACE inhibitors, diuretics and calcium channel blockers (Sinha and Agarwal, 2019).



Lifestyle interventions encompass a change in diet, physical activity and weight.



A lowering of the salt content in the blood lowers blood pressure considerably in high hypertensive patients (Aliasgharzadeh, et al., 2022).



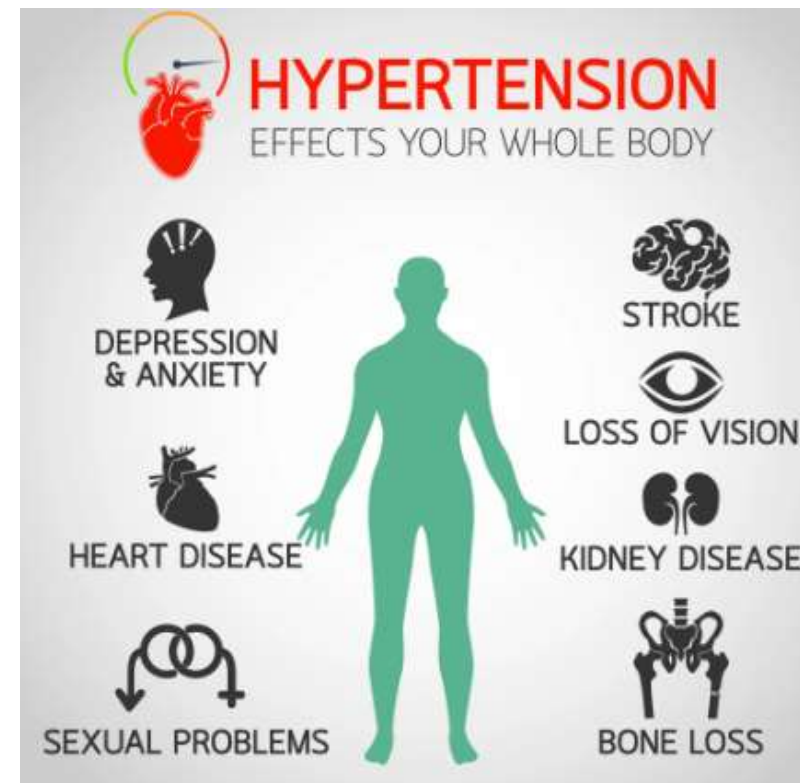
The combination therapy is usually needed to control blood pressure in the long term (Canoy, et al., 2022).



The success of treatment is determined by adherence and frequent monitoring.

Comorbidities

- Hypertension is strongly correlated with cardiovascular diseases and stroke development (Fuchs and Whelton, 2020).
- Chronic kidney disease is a common occurrence as a result of long-term high blood pressure.
- Diabetes is also common with it and this predisposes it to complications.
- Multimorbidity makes the treatment more difficult and makes the management of healthcare more complex (Aramrat, et al., 2022).
- Hypertension is a significant risk factor that increases the risk of various chronic diseases.



Prevention



Primary prevention is aimed at lifestyle change and risk reduction.



Frequent screening is used to detect and implement intervention measures in time.



Awareness about healthy behaviours and hypertension is created through public health campaigns (Akbarpour, et al., 2018).



Cutting down on salt intake is important in prevention measures.



Prevention involves individual behaviour change as well as systemic policy interventions.

Skills, Values, Behaviours

- Good communication enhances patient comprehension and compliance with therapeutic plans (Sharkiya, 2023).
- Understanding and cultural competence are required in providing patient-centred care.
- Shared decision-making empowers patients and enhances long-term outcomes to a great extent (Petersson, et al., 2022).
- Autonomy and informed consent of the patient are respected in ethical practice.
- Interdisciplinary collaboration enhances the quality and continuity of care delivery.

Recommendations (Personalised Care Model)



Shared decision-making increases patient involvement and better treatment adherence rates (Hoque, 2024).



Personalised care planning involves interventions that are customised according to patient needs (Lv, et al., 2017).



Supported self-management enables patients to have the ability to manage hypertension on their own.



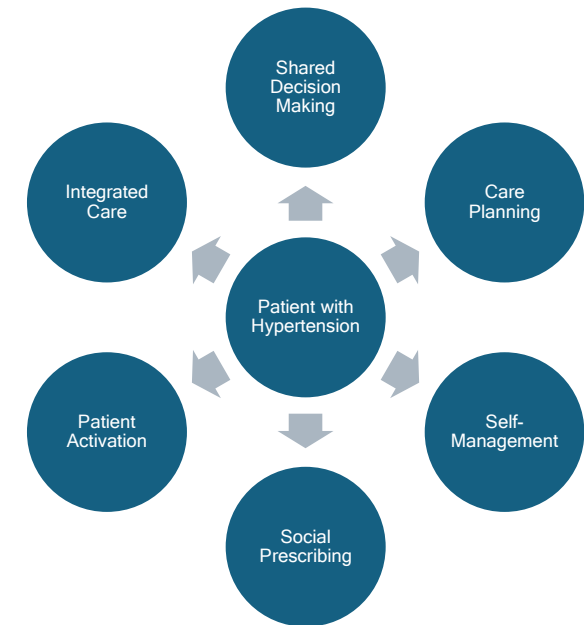
Social prescribing deals with broader determinants of health and well-being (Freak-Poli, et al., 2025).



Integrated care systems provide coordinated and continuous care.



Enabling choice allows patients to select services and providers, improving satisfaction and outcomes.



Represents Personalised Care Model

Source: By Author

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