

Blood pressure management

Targets

- If kidney, eye or cerebrovascular damage, set a target < 130/80 mmHg.
- Others, set a target < 140/80 mmHg.

If on antihypertensive therapy at diagnosis of diabetes

- Review BP control and medication use.
- Make changes only if BP is poorly controlled or current medications are inappropriate because of microvascular complications or metabolic problems.

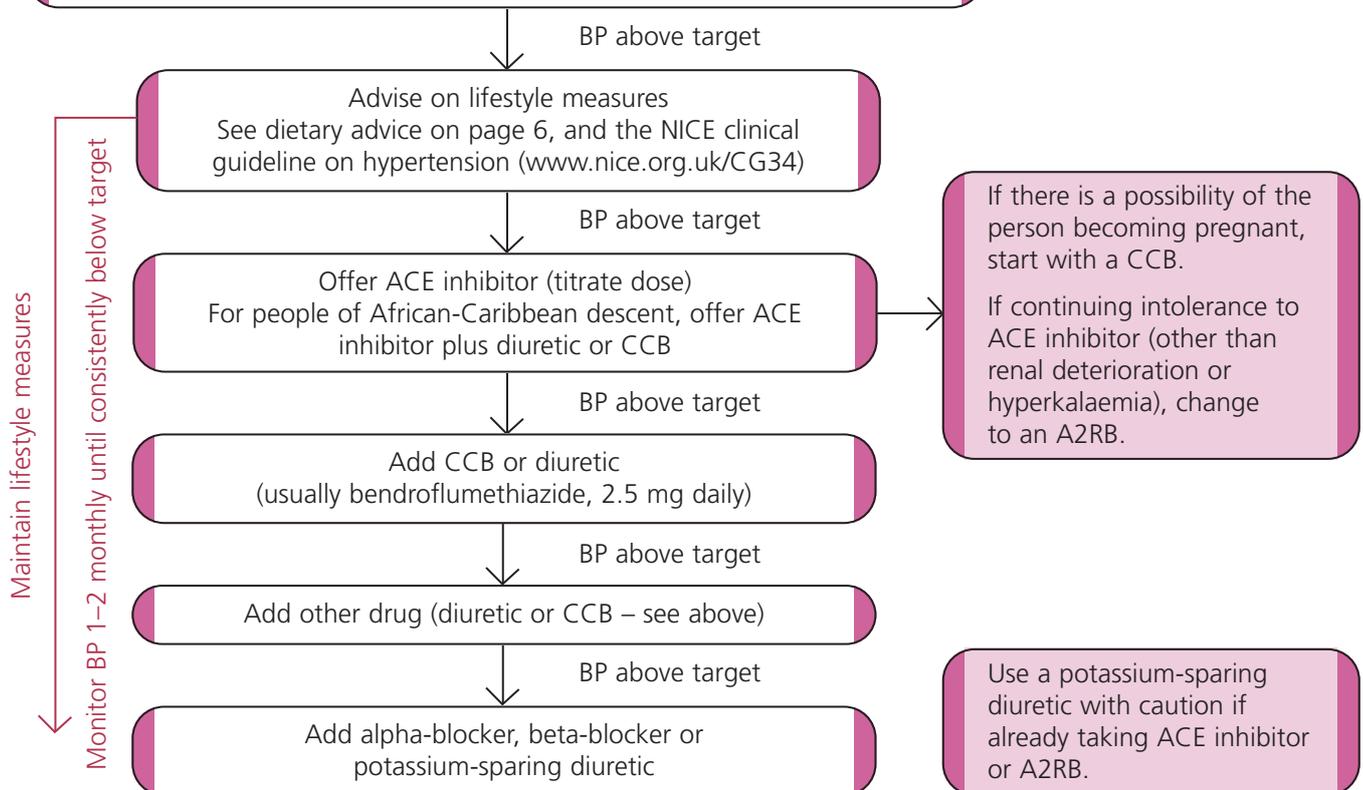
If the person's BP reaches and consistently remains at the target

- Monitor every 4–6 months and check for possible adverse effects of antihypertensive therapy (including those from unnecessarily low blood pressure).

Measure BP annually if not hypertensive or with renal disease.

If BP > target, repeat measurement within:

- 1 month if > 150/90 mmHg
- 2 months if > 140/80 mmHg
- 2 months if > 130/80 mmHg and kidney, eye or cerebrovascular damage



Antihypertensive medications can increase the likelihood of side effects such as orthostatic hypotension in a person with autonomic neuropathy.

A2RB, angiotensin II receptor blocker; AER, albumin excretion rate; BP, blood pressure; CCB, calcium-channel blocker.