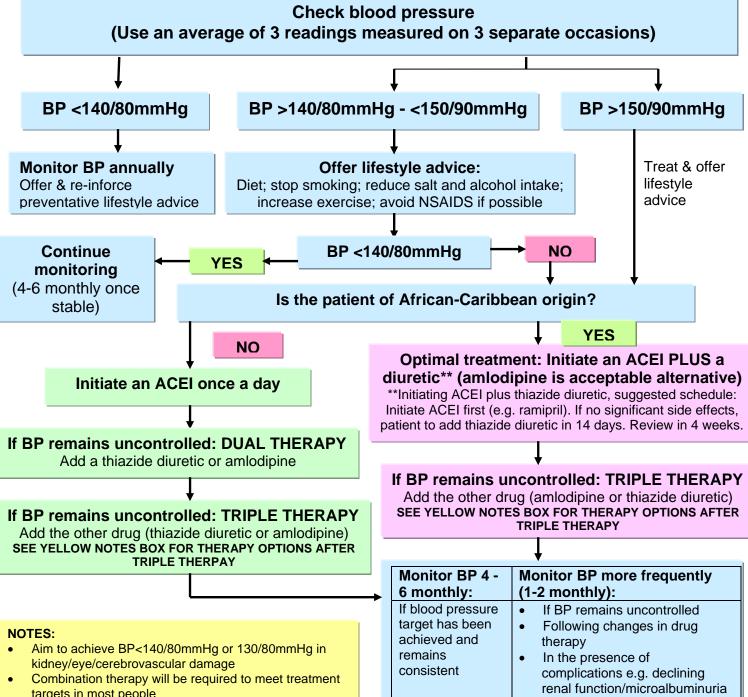


## **TYPE 2 DIABETES** AND BLOOD PRESSURE





- targets in most people
- If BP control not achieved on triple therapy consider adding alpha-blocker, beta-blocker or potassium-sparing diuretic (care with ACE-Inhibitors (ACEI)) or refer to specialist. Beta-blockers are still effective for certain indications and should be considered in these patients e.g. angina, previous myocardial infarction.
- A calcium channel blocker should be 1st line in women where there is a possibility of becoming pregnant. Avoid ACEI and Angiotensin Receptor Blockers (ARBs).
- Diuretic of choice is usually bendroflumethiazide 2.5mg daily
- Re-check HbA1c and lipids within three months of initiating a diuretic
- Use generically available drugs where possible.
- Monitor BP every 4-6 months once BP stable.

## References:

- NICE Guideline Type 2 Diabetes, May 2008, available at www.nice.org.uk
- South East London Cardiac Network (SELCN) ACEi & ARB FAQs, June 2008
- Opinions of diabetologists at GSTFT and KCH

## **ACE** inhibitors

- Obtain baseline BP and U&Es before initiation.
- · Measure serum creatinine and electrolytes within 2 weeks of initiating ACEI therapy or change in dose. If serum creatinine increases by more than 50% (or >350micromol/L) after initiation – stop ACEI and seek specialist advice. Refer to SELCN<sup>2</sup>ACEI & ARB FAQs document<sup>2</sup> for further information.
- · Cough is not necessarily an indication for drug withdrawal and patients should be strongly encouraged to persevere as symptoms usually resolve within 1-4 weeks. If ACEI withdrawal necessary, re-challenge with a different ACEI once symptoms have resolved.
- Only consider an ARB if ACEI is contraindicated or there is continuing intolerance to the ACEI (other than renal deterioration or hyperkalaemia)
- ACEI should be titrated to the maximum tolerated dose.

Document updated: October 2009, Approved: January 2010