Assessment Tool: Identifying and Monitoring Uncontrolled Hypertension

ASSESSMENT OF ADULT PATIENTS AT RISK

This assessment tool helps pharmacists identify and monitor patients whose blood pressure remains uncontrolled (≥130/80 mmHg) despite treatment[1]. It supports a structured review of possible contributing factors — including adherence, treatment optimisation, lifestyle, and access — and guides appropriate referral to primary care for further management.

Offer the patient a private space to sit and talk

1. IDENTIFY

Common triggers* for patient consultation about hypertension:

- Comorbidities
- Medications
- Symptoms
- Non-adherence to treatment

2. ASSESS

Ask the patient:

- **Blood pressure readings:** Most recent clinic readings; any home or ambulatory measurements (if available); and the average over 7 days (if recorded).
- **Medication use:** Any missed or delayed doses, or difficulties taking prescribed medicines regularly.
- **Physical activity and weight:** Level of daily movement and whether the patient considers themselves physically inactive or overweight.
- **Tobacco use:** Current or past use of cigarettes, e-cigarettes, or chewing tobacco.

3. EDUCATE

Provide education on:

- The asymptomatic or "silent" nature of uncontrolled hypertension, and why early monitoring and follow up are essential.
- How lifestyle changes, such as improving diet, increasing physical activity, and stopping tobacco use, can significantly improve blood pressure.
- The importance of regular medical check-ups and follow-up appointments.
- The risks of uncontrolled hypertension, including heart attack, stroke, and kidney disease, and other serious complications.
- The importance to treatment adherence (medication and lifestyle changes).

Triggers for patient consultation*

Comorbidities

- Cardiovascular disease (heart disease or stroke)
- Diabetes (high blood sugar)
- Chronic kidney disease
- High risk for cardiovascular disease.

Symptoms

Headaches, dizziness, chest discomfort, blurred vision, ear ringing, or nosebleeds may occur.

Medications

For example, Angiotensin-converting enzyme inhibitors (ACEIs), angiotensin II receptor blockers (ARBs), beta blockers, calcium channel blockers.

Non-adherence to treatment

Cost, forgetfulness, side effects, low awareness, complex schedule, lack of support, stress, beliefs, access issues.

* These are common triggers for patient consultation and do not represent an exhaustive list. For more information on comorbidities, medications, and symptoms, please refer to the educational guide.

4. REFER

- If the patient appears to to have uncontrolled hypertension, recommend that they visit their doctor for further evaluation.
- Obtain the patient's consent to share the **Primary Care Referral Letter for Uncontrolled Hypertension** with the doctor. The referral letter documents your patient assessment and key recommendations.
  Consider following up with the doctor directly if needed regarding next steps.
- If the patient does not currently have a doctor, encourage them to register with a primary care provider.

5. DOCUMENT

- Use the **Patient Information Leaflet** included in the **Pharmacist Toolkit** to document your conversation with the patient.
- Review risk factors, provide lifestyle recommendations, and note follow-up actions.
- Sign and date the leaflet and offer a copy to the patient.
- Use this leaflet as a visual aid during counselling or provide it afterwards.

Suggested counselling points

- Encourage regular blood pressure monitoring.
- Educate about the importance of reducing salt (sodium) intake.
- Promote at least 150 minutes of moderate physical activity per week.
- Encourage and support patients to stop using tobacco at every opportunity, and signpost them to resources that can help.
- Highlight the benefits of limiting alcohol consumption.
- Discuss stress management strategies and relaxation techniques.
- Advise on the importance of adhering to prescribed treatment, both pharmacological and non-pharmacological.
- Encourage consultation with a pharmacist or physician before using over-the-counter medicines.

Depending on the patient's profile and needs, consider the following tools to reinforce key counselling points:

- **Lifestyle modification advice** – poster with tailored suggestions on diet, exercise, and lifestyle changes.
- **My hypertension treatment plan –** Supporting medication use, adherence, and healthy lifestyle changes.
- **How to measure blood pressure** – Educating on proper blood pressure measurement technique and interpretation of results
- **Blood pressure monitoring record** – To help patients track daily/ weekly BP readings

Uncontrolled hypertension monitoring checklist

If your blood pressure has stayed high despite taking medication or making healthy changes, this checklist can help identify possible causes. Please answer the following questions:

1. How often do you check and record your blood pressure at home (or with a pharmacy monitor)?

- ☐ Never
- ☐ Once a week
- ☐ Once a month
- ☐ Several times a week

2. Have you missed or changed the way you take your blood pressure medicines in the past 2 weeks (e.g., skipped doses, changed timing, or stopped any medicine)?

- ☐ Never
- ☐ 3–5 times
- ☐ 1–2 times
- ☐ More than 5 times

3. Have you experienced any of the following symptoms in the past month? (tick all that apply)?

- ☐ Headaches
- ☐ Chest pain
- ☐ Dizziness
- ☐ None of the above
- ☐ Blurred vision
- ☐ Other:_____

4. How often do you consume salty or processed foods, or use additional salt in cooking?

- ☐ Rarely
- ☐ 3–4 times a week
- ☐ 1–2 times a week
- ☐ Almost daily

5. Do you engage in physical activity (e.g., walking, cycling) for at least 30 minutes, and how well are you managing stress and sleep?

- ☐ Never
- ☐ 3–4 times a week
- ☐ 1–2 times a week
- ☐ 5 or more times per week

6. Do you ever find it hard to refill your medicines or attend follow-up visits?

- ☐ Yes
- ☐ No

What do your answers mean?

- **Question 1:** Regular monitoring helps you and your healthcare team see if your treatment is working. If readings remain high, bring your record to your pharmacist or doctor for review.
- **Question 2:** Missing or altering doses can make your blood pressure stay high. Your pharmacist can help you set reminders, manage side effects, and review other medicines that might interfere with your treatment (such as painkillers or cold remedies).
- **Question 3:** These symptoms may indicate that your blood pressure remains high or that your treatment needs review. Tell your pharmacist or doctor if you notice any of them regularly.
- **Question 4:** High salt intake, alcohol, and some over-the-counter products can raise your blood pressure or reduce the effect of your medicines. Your pharmacist can review your diet and check if any products you use might interfere with your treatment.
- **Question 5:** Regular movement, good sleep, and stress management all help control blood pressure. If these are difficult for you, your pharmacist can suggest practical routines and relaxation techniques.
- **Question 6:** Access or cost issues can delay blood pressure control. Encourage patients to talk to the pharmacist about possible solutions, delivery services, or generic alternatives.

What can we do to help?

- As your pharmacists, we can support you in monitoring your blood pressure.
- We can help you develop a plan to take your medications regularly.
- We can support you in making lifestyle changes, including advice on healthy eating, physical activity, tobacco cessation, and stress management.
- We can show you how to properly use a home blood pressure monitor.
- If needed, we can refer you to your doctor for further evaluation or treatment adjustments.

Identifying common issues in the management of uncontrolled hypertension

Pharmacists should be alert to the following issues that may explain persistent high readings despite treatment:

- **Monitoring issues:** inconsistent or incorrect home BP measurements; not recording readings; uncertainty about technique.
- **Medication-related:** side effects, cost barriers, complex regimens, or drug interactions (e.g., NSAIDs, decongestants).
- **Lifestyle factors:** high salt intake, alcohol, obesity, inactivity, smoking, poor sleep, or chronic stress.
- **System factors:** missed follow-ups, limited access to medicines or care, or lack of treatment intensification.

Pharmacists should discuss these barriers with patients, provide tailored advice, and collaborate with doctors to optimise care.

References:
1. 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2025 Sep 16;152(11):e114-e218. DOI: 10.1161/CIR.0000000000001356

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