

Draft NICE decision aid on medicines to control blood pressure

Deadline for comments 5pm on Friday 21 June 2019. Submission by email to: MPTprojects@nice.org.uk

Please read the [checklist](#) for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on the following questions:

1. How helpful do you think this decision aid will be in supporting discussions between healthcare professionals and patients (and, if appropriate, relatives and carers)?
2. Is there anything you would add, delete or change about each of the sections?
3. What is your overall impression of the decision aid?

Comments about the recommendations on which the decision aids are based cannot be accepted because consultation on the draft guideline has now closed. Please note also that the decision aid is based on the evidence the guideline committee considered when developing the guideline and we are not able to include other evidence.

The draft decision aid reflects the recommendations in the consultation draft of the guideline. This is to ensure that work is scheduled so that final versions can be published at the same time as the guideline. **If the guideline committee amends any relevant recommendations after considering consultation comments, the decision aids will be amended before final publication.**

Organisation name	British & Irish Hypertension Society (BIHS)
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of commentator / person completing form:	Professor Francesco Cappuccio, President, BIHS

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Decision aid for medicines to control blood pressure

Question		Comments:
		Do not paste other tables into this table because your comments could get lost – type directly into this table.
1. How helpful do you think this decision aid will be in supporting discussions between healthcare professionals and patients (and, if appropriate, relatives and carers)?		<p>The constant reinforcement of the message that you do not have to take pills, and over-estimation of the true impact (i.e. that which we all observe) of lifestyle changes alone is not going to help to promote good hypertension care.</p> <p>Evidence from randomized controlled clinical trials indicate that blood pressure lowering treatment with drugs saves lives and prevents strokes and heart attacks. Lifestyle interventions do lower blood pressure but there is scanty evidence from randomized controlled clinical trials that they save lives.</p> <p>If the aid truly lived up to its claim to be evidence based it would begin by telling patients exactly what they are at risk of, by not taking their pills and adjusting their lifestyle, and reinforce that message throughout, not repeatedly remind patients that they do not need to take pills.</p> <p>Under ‘source of data’ it is clear that most parts of the decision aid are based on the project group’s expertise, hence opinion based.</p>
2. Is there anything you would add, delete or change about each of the sections?	a. <i>Blood pressure and problems with your blood vessels and heart (introductory section)</i>	The document does not adequately describe the reasons why medicines are prescribed and the dangers of not taking them.
	b. <i>What does NICE recommend?</i>	<p>In reading this document one would assume it was an endorsement by NICE that not taking meds is a reasonable choice.</p> <p>Reference to “too much alcohol” is unhelpful – individuals need to know how much is ‘too much’ – there are national recommendations to refer to.</p>

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		<p>'try' to stop smoking should read 'stop smoking'</p> <p>'Offer help' – this is highly generic. With the exception of smoking cessation services, what 'effective' help can a GP offer? Telling patients to address life-style issues during a short GP consultation or providing leaflets is ineffective as shown in a landmark RCT by Little P et al in 2004.</p>
	c. <i>Which medicine is best?</i>	<p>"You can choose which type of blood pressure medicine you want to try adding" dismisses the fundamental differences in different drug classes. Whilst blood pressure reduction is the sole predictor of cardiovascular benefit, additional information on other benefits (not just side effects as shown in the table) could be offered to patients for an informed choice. For instance, favourable effects on progression of renal deterioration, postural hypotension, metabolic neutrality, evidence for better outcome in stroke prevention of recurrence, [...]</p>
	d. <i>What are the possible benefits from controlling my blood pressure with medicines?</i>	Should not include the option to opt out of taking meds
	e. <i>What are the possible disadvantages from taking medicines to lower my blood pressure?</i>	
	f. <i>The table of information about different medicines</i>	The table only emphasises the 'cons' of drug therapy.
	g. <i>How important are these issues to me? (table to complete)</i>	

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	<i>h. The diagrams</i>	
3. What is your overall impression of the decision aid?	This document is not evidence-based, and admittedly influenced by the opinion of the small group of members of the group.	

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Checklist for submitting comments

- Use this comment form and submit it as a Word document (**not a PDF**).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- **Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Do not include any confidential information or any medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets. Any comment forms that include such attachments will be deleted without being read.
- We do not intend to provide formal responses to comments received but we will take all comments you provide carefully into account.