

Person—hypertension treatment status (antihypertensive medication), code N

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Person—hypertension treatment status (antihypertensive medication), code N

Identifying and definitional attributes

| | |
|-----------------------|--|
| Metadata item type: | Data Element |
| Short name: | Hypertension - treatment |
| Synonymous names: | Hypertension - treatment |
| METEOR identifier: | 270232 |
| Registration status: | Health , Superseded 21/09/2005 |
| Data Element Concept: | Person—hypertension treatment status (antihypertensive medication) |
| Value Domain: | Antihypertensive medication code N |

Value domain attributes

Representational attributes

| | | |
|----------------------------------|--------------|---|
| Representation class: | Code | |
| Data type: | Number | |
| Format: | N | |
| Maximum character length: | 1 | |
| | Value | Meaning |
| Permissible values: | 1 | Yes - currently being treated for hypertension using antihypertensive medication |
| | 2 | No - not currently being treated for hypertension using antihypertensive medication |
| Supplementary values: | 9 | Not stated/inadequately described |

Collection and usage attributes

| | |
|----------------|--|
| Guide for use: | Record whether or not on treatment for hypertension. Only record yes if on an antihypertensive medication for their blood pressure. |
|----------------|--|

Data element attributes

Collection and usage attributes

| | |
|---------------------|--|
| Collection methods: | Ask the individual if he/she is currently treated with anti-hypertensive medications. Alternatively obtain the relevant information from appropriate documentation. |
|---------------------|--|

Source and reference attributes

| | |
|--------------------------|---|
| Submitting organisation: | National diabetes data working group |
| Origin: | National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary. |

Relational attributes

Related metadata references:

Has been superseded by [Person—hypertension treatment with antihypertensive medication indicator \(current\), code N](#)
[Health](#), Standard 21/09/2005

Implementation in Data Set Specifications:

[Diabetes \(clinical\) DSS](#)
[Health](#), Superseded 21/09/2005

DSS specific information:

Hypertension is probably the most important public health problem in developed countries. It is common, asymptomatic, readily detectable, usually easily treatable, and often leads to lethal complications if left untreated.

Elevated blood pressure (Hypertension) is a recognised risk for microvascular and macro vascular complications of diabetes (coronary, cerebral and peripheral).

Hypertension is elevated arterial blood pressure above the normal range (130 to 139/85 to 89 mm Hg) and values above these are defined as hypertension. Lower levels of target blood pressure should be aimed for in specific groups, e.g. in diabetics aim for blood pressure less than 135/80 mm Hg.

Many diabetics fail to control high blood pressure. Among all the diabetics with high blood pressure, 29% were unaware that they had high blood pressure and only slightly more than half were receiving hypertensive medications as treatment. Numbers of studies have shown that good management of blood pressure is at least as important as good control of blood glucose and the reduction of cholesterol in preventing the complications of diabetes.

Antihypertensives - Australian Medicines Handbook: February, 2001. Tight blood control in diabetes usually requires combination therapy as stated by (Australian Diabetes society) Therapeutic Guidelines Limited (05.04.2002).

People taking antihypertensives are also encouraged to make healthy lifestyle changes, such as quit smoking, lose weight and have regular physical activity. The level of blood pressure should generally be established on at least two to four occasions prior to initiating antihypertensive medication.

Systematic reviews of studies that have reported outcomes in patients with diabetes and hypertension indicate that combination therapy is frequently required and may be more beneficial than monotherapy. In the past multi-drug therapy to control hypertension has not been advocated much, but according to the special report published in the American Journal of Kidney Diseases, if ACE inhibitor therapy alone doesn't achieve good blood pressure control, multi-drug therapy should be implemented. (Heart Center Online)

Pahor M, Psaty BM, Furberg CD. Treatment of hypertensive patients with diabetes. Lancet 1998; 351:689-90. Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group [erratum appears in Br Med J 1999; 318:29]. Br Med J 1998; 317:703-13. Grossman E, Messerli FH, Goldbourt U, Curb JD, Pressel SL, Cutler JA, Savage PJ, Applegate WB, Black H, et al. Effect of diuretic-based antihypertensive treatment on cardiovascular disease risk in older diabetic patients with isolated systolic hypertension. Systolic Hypertension in the Elderly Program Cooperative Research Group. JAMA 1996; 276:1886-92. Hypertension in diabetes[Australian Prescriber Feb 2002]. American Journal of Preventive Medicine 2002;21.