

Person—hypertension treatment with antihypertensive medication indicator (current), code N

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Person—hypertension treatment with antihypertensive medication indicator (current), code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Hypertension - treatment
METEOR identifier:	302442
Registration status:	Health , Standard 21/09/2005
Definition:	Whether a person is currently being treated for hypertension (high blood pressure) using antihypertensive medication, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—hypertension treatment with antihypertensive medication indicator
METEOR identifier:	304497
Registration status:	Health , Standard 21/09/2005
Definition:	Whether an individual is being treated for hypertension (high blood pressure) using antihypertensive medication.
Object class:	Person
Property:	Hypertension treatment with antihypertensive medication indicator

Source and reference attributes

Submitting organisation:	National diabetes data working group
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Value domain attributes

Identifying and definitional attributes

Value domain:	Yes/no/not stated/inadequately described code N
METEOR identifier:	301747
Registration status:	Health , Standard 21/09/2005 Housing assistance , Standard 10/02/2006 Community Services (retired) , Standard 14/02/2006 Early Childhood , Standard 21/05/2010 Homelessness , Standard 23/08/2010 Independent Hospital Pricing Authority , Standard 01/11/2012 Disability , Standard 07/10/2014 Indigenous , Standard 13/03/2015 Children and Families , Standard 22/11/2016 Australian Teacher Workforce Data Oversight Board , Recorded 25/10/2022 Tasmanian Health , Standard 08/11/2023
Definition:	A code set representing 'yes', 'no' and 'not stated/inadequately described'.

Representational attributes

Representation class:	Code
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Data type:	Boolean	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Yes
	2	No
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 9 Not stated/inadequately described
This code is not for use in primary data collections.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

Guide for use: CODE 1 Yes
Record if a person is currently being treated for hypertension using antihypertensive medication.

CODE 2 No
Record if a person is not currently being treated for hypertension using antihypertensive medication.

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.

Reference documents: 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.

Relational attributes

Related metadata references:

Supersedes [Person—hypertension treatment status \(antihypertensive medication\), code N](#)

[Health](#), Superseded 21/09/2005

Implementation in Data Set Specifications:

[Acute coronary syndrome \(clinical\) DSS](#)

[Health](#), Superseded 01/09/2012

[Acute coronary syndrome \(clinical\) DSS](#)

[Health](#), Superseded 02/05/2013

[Acute coronary syndrome \(clinical\) NBPDS 2013-](#)

[Health](#), Standard 02/05/2013

Implementation start date: 01/07/2013

[Diabetes \(clinical\) NBPDS](#)

[Health](#), Standard 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)