

## **3T's Formulary Hypertension Guidelines**

The Formulary Working Group (FWG) has considered the new NICE hypertension guidance (August 2011: <http://guidance.nice.org.uk/CG127>) and has also sought the opinion of clinicians from the Great Western Hospitals NHS Foundation Trust. The consensus is that we disagree with the NICE guidance in terms of the choice of diuretic to be used as a third-line option.

NICE have said that Bendroflumethiazide (BDZ) should no longer be used and that Indapamide should be the diuretic of choice. NICE does not suggest that patients that are currently stable on BDZ are switched.

The evidence base for BDZ is poor and a recent meta-analysis suggests that low-dose thiazides achieve only a small fall in ambulatory blood pressure.<sup>1</sup> However, the evidence base for Indapamide is equally poor. Indapamide has not been studied long-term in typical hypertensives. It was administered to 1,930 hypertensives aged >80 in the "Hypertension in the Very Elderly Trial" (HYVET) where it failed, despite addition of Perindopril, to achieve a significant reduction in primary end point of stroke.<sup>2,3</sup> There has been no comparison of thiazide with "thiazide-like" diuretics other than for short-term blood pressure.<sup>3</sup>

As both of these options have a poor evidence base, cost of the drugs should be taken into consideration and given that Indapamide is approximately 30% more expensive for 28 days treatment versus BDZ (and modified-release Indapamide is even more expensive), it was not considered that the extra costs were justified as there was not sufficient evidence to suggest that Indapamide was more efficacious than Bendrofluazide.

Therefore the FWG conclude that: Bendrofluazide is to remain the first-choice diuretic until new evidence suggests otherwise.

### **References**

1. Messerli FH, Makani H, Banjo A, et al. Antihypertensive efficacy of hydrochlorothiazide as evaluated by ambulatory blood pressure monitoring: a meta-analysis of randomized trials. *J Am Coll Cardiol* 2011;57:590-600.
2. Beckett NS, Peters R, Fletcher AE, et al. Treatment of hypertension in patients 80 years of age or older. *N Engl J Med* 2008; 358:1887-98.
3. Brown M. The choice of diuretic in hypertension: saving the baby from the bathwater. *Heart*. October 2011; 97 (19): 1547-1551.

**Approved by 3T's Formulary Working Group: Dec-2011.**

**Review Date: Dec-2013.**

**Number of pages: 1**