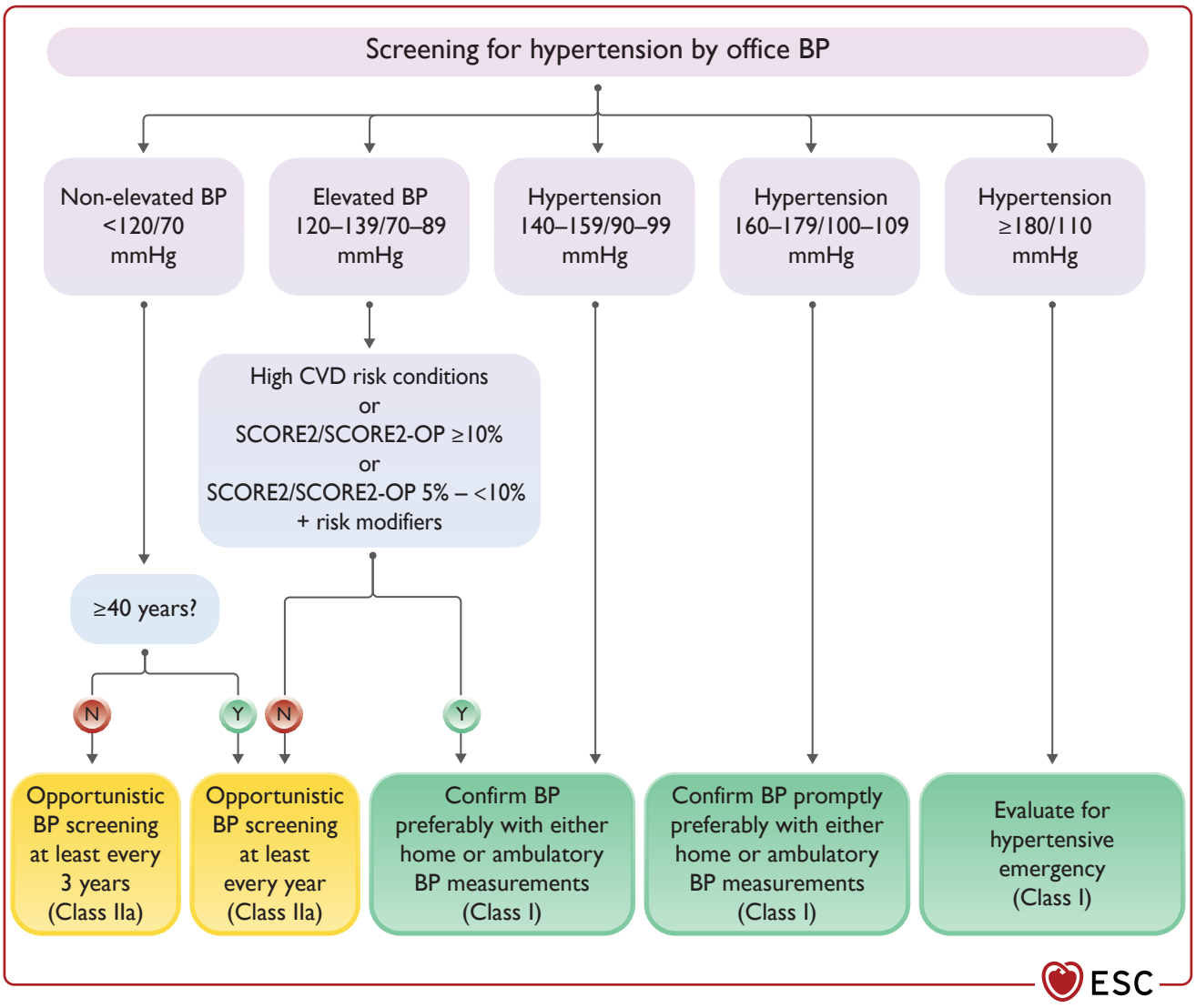

Figure 10 Protocol for confirming hypertension diagnosis. BP, blood pressure; CVD, cardiovascular disease; SCORE2, Systematic COronary Risk Evaluation 2; SCORE2-OP, Systematic COronary Risk Evaluation 2–Older Persons.

7.3. Communicating the diagnosis

Behavioural responses to health-related threats are strongly influenced by five core themes (termed 'illness representations'), which are identity, timeline, cause, consequences, and control/cure.[243,244] These illness representations form the basis of how patients understand a diagnosis, and can influence their responses after being diagnosed with hypertension.[243] This conceptual framework can help guide the clinical communication of a diagnosis of hypertension. For example, patients' understanding of the chronic nature of hypertension (i.e. timeline theme) is key for ensuring long-term engagement with medical treatment.[245] Prior to commencing treatment, it is helpful to understand the extent to which patients believe that medications are necessary and ascertain if they have concerns.[246] The core illness representations and beliefs about medicines for clinicians to consider are included in *Table 7*.

The 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice recommend "an informed discussion about CVD risk and treatment benefits—tailored to the needs of a patient" as part of a diagnosis communication in hypertension.[170] This can be facilitated using an interdisciplinary healthcare-provided approach (see *Section 11*) and by visual information or other more accessible material that might optimally communicate hypertension-related risk.[128] Visualizing risk by medical imaging to motivate risk-reducing behaviour changes may also be beneficial.[247]

7.4. Baseline assessment and diagnostic approach

7.4.1. Medical history, medication history, and physical examination

The purpose of clinical evaluation is to diagnose hypertension, delineate factors potentially contributing to hypertension, identify other CVD risk factors, define relevant comorbidities, screen for potential secondary causes of hypertension (where indicated), and establish whether