



National
Institute for
Biological
Standards and
Control



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Blood Pressure - High

Applies to the Whole Blood and Components Donor Selection Guidelines and the Bone Marrow and Peripheral Blood Stem Cell Donor Selection Guidelines.

Obligatory

Must not donate if:

- a) The cause of hypertension is under investigation.
- b) Anti-hypertensive medication has been altered in the last four weeks.
- c) Is having problems with feeling faint, fainting or giddiness.
- d) Has suffered from heart failure.
- e) Has renal impairment requiring dialysis, the use of erythropoietin or similar drugs, or is either under active investigation or continued follow up for their renal impairment.
- f) Has required surgery for a blocked or narrowed artery including any type of amputation.
- g) Has or has had gangrene.

Discretionary

- a) If the donor is being regularly assessed for high blood pressure but treatment has not been commenced, accept.
- b) If the donor is taking medication for raised blood pressure and neither the type nor the dose has been changed in the last four weeks and they are otherwise well, accept.
- c) If gangrene was not related to diabetes or peripheral vascular disease (e.g. it was due to hypothermia or meningococcal meningitis) and all wounds are fully healed, even if amputation was required, accept.

See if relevant

Cardiovascular Disease
Central Nervous System Disease
Intermittent Claudication



Additional Information

In the UK about one in twenty individuals has hypertension. Most people with hypertension are in good health and are fit to donate blood.

It is however important that complications due to raised blood pressure are carefully assessed and, where necessary, donors are excluded from donating (e.g. those with heart failure or damage to their kidneys, or those experiencing hypotensive side effects from their medication).

Reason for Change

The rationale for **not** accepting donors on medication, other than beta blockers or diuretics, for the treatment of hypertension was reviewed by the Standing Advisory Committee for the Care and Selection of Donors in 2008. It was decided that available data did not support the deferral of all individuals with controlled hypertension taking other medications.

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